

Florida Medicaid Management Information System/ Decision Support System/ Fiscal Agent Operations

Documentation Procedures Manual

Version 15.0

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Document Information Page

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Amendment History Page

Summary of Changes

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 1.0	12/11/2007	Donna Nicholson	Approved document
Version 1.1	12/12/07	Donna Nicholson	Revised/added text in the following chapters: “Documentation Standards” on page 3-1; “Deliverables Process (Operations)” on page 4-1; “Working with FrameMaker” on page 6-1; “Business Design Document (BDD) Updates” on page 8-1; “Procedures Manuals” on page 10-1; “Facilitator/Participant Guides” on page 11-1; “Miscellaneous Documents” on page 12-1. New chapter added to the manual: “Working with Adobe Acrobat Professional” on page 7-1
Version 1.2	2/14/08	Donna Nicholson	Revised/added information to: “Footers” on page 3-6; “Naming Conventions - Images” on page 3-12; “Supplemental Documentation” on page 3-16; “Upload Error Message” on page 5-7; “Reformat TOC Appearance” on page 6-6; “Rename Chapter Files in Book” on page 6-7; “BDD Scripts” on page 8-2; “Comparison Files” on page 8-3; “To Include or Not to Include” on page 9-2; “Updating TDDs in FrameMaker” on page 9-10; “Updates from Microsoft Word Script Runs” on page 9-4; “Change Management TDD” on page 9-16; “Claims TDD” on page 9-16; “COTS Rules Engine TDD” on page 9-17; “Security Management TDD” on page 9-18; “Financial TDD” on page 9-17; “Reference TDD” on page 9-17; “Prepare the Deliverables Packet” on page B-3;
Version 2.0	March 3, 2008	Donna Nicholson	Revisions based on internal quality assurance review (consisting primarily of punctuation and consistency findings.)

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 3.0	May 22, 2008	Donna Nicholson	Changes included in: “Operations Phase User Documentation Process” on page 4-1; “2. Be sure to upload the complete FrameMaker file sets, any new images, and the zipped TDDs for the week into the associated file on the QA(ustlhnas02) drive. This ensures that our QA drive is up-to-date in the event that out individual files are inaccessible.” on page 9-14. Added: “Procedures Manual List” on page 10-1 “Training Module Breakdown” on page 11-1
Version 4.0	June 5, 2008	Donna Nicholson	Added: “Cross-References and Change Bars” on page 6-11. Changed: “Standards for Front Matter” on page 3-1
Version 5.0	February 5, 2008	Donna Nicholson	Revisions for ongoing maintenance of document: “Documentation Standards” on page 3-1; “Supplemental Documentation” on page 3-16; “Deliverables Process (Operations)” on page 4-1; “Claims TDD” on page 9-16. Added: “FileZilla - iTRACE Folders” on page 4-19 Moved to Appendix from chapter 4: “DDI Deliverables Process” on page B-1.
Version 6.0	November 16, 2009	Donna Nicholson	Ongoing maintenance with changes to document as indicated by red change bars throughout.
Version 7.0	February 22, 2010	Donna Nicholson	Transition from EDS to HP Enterprise Services

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 8.0	June 23, 2010	Donna Nicholson	<p>Updates to:</p> <ul style="list-style-type: none"> • “Standards for Front Matter” on page 3-1 to reflect new AHCA logo, update Document Information and Amendment History pages descriptions; • “Submission for Approval” on page 4-11 to correspond to process outlined by AHCA; • “Downloading From FileZilla” on page 9-8 moved from chapter 4. <p>Added:</p> <ul style="list-style-type: none"> • “Operations Phase User Documentation Process” on page 4-1 to record the process as outlined by AHCA; • “Timetable Summary Chart” on page 4-5; • “AHCA Contacts” on page 4-5 • “FIP/Correspondence” on page 4-14; • “Editing TDD Scripts” on page 9-6 for help fixing the script return; • “Recipient Management FGs/PGs” on page 11-7 to direct the tech writer to new Images folder location.
Version 8.0 (continued)	June 23, 2010	Donna Nicholson	<ul style="list-style-type: none"> • Edited “Timetable Summary Chart” on page 4-5 to reflect State-identified changes to User Documentation. • “g. Due Date - select from the calendar or enter in mm/dd/yyyy format. This date is based on the response from AHCA date indicated in the letter. In the case of a letter received from AHCA/MFAO, this date is based on the contractual delivery schedule (three days, five days, eight days) or as indicated in the letter.” on page 4-15; • Updated “AVRS TDD” on page 9-15; • “COTS Rules Engine TDD” on page 9-17 for Claims TDD; • Added “Recipient Services Contact Center Procedures Manual” on page 10-10; • Edited “Produce a Facilitator Guide” on page 11-4 and “Produce a Participant Guide” on page 11-6 to include more detail.

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 9.0	March 16, 2011	Donna Nicholson	<ul style="list-style-type: none">• Changed two instances of “calendar days” to “workdays” in the discussion of the Operations procedures for User Documentation at Step 2 of “Procedure Steps” on page 4-2 and in the “Timetable Summary Chart” on page 4-5.• Edited the HP contact for the “Project Management Organization PM” on page 4-6• Changed the last step in the summary diagram for the WPR process to indicate “Upload to SharePoint pending AHCA approval” at the “WPR Step Summary” on page 4-22.• Added instructions for printing large TDDs to PDF (Claims TDD): “COTS Rules Engine TDD” on page 9-17.

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 10.0	April 6, 2011	Donna Nicholson	<ul style="list-style-type: none"> Updated list of names for HP contacts for: <ul style="list-style-type: none"> - Facilitator/Participant Guides to Jennifer Lambdin, - Buy-In Procedures Manual (PM) to Alea Bates, - File Maintenance Service Auth PM to Cheryl Miller, - PMO PM to Mary Brooks, - Provider Enrollment Processing PM to Trish Mansfield, - Resolutions PM to Cheryl Miller, - Secure Web Portal User Guide to Kathleen Lane, - Systems Admin PM to Beth Henry in “AHCA Contacts” on page 4-5; Added information on two Change Orders scripts: “1. Change Orders:” on page 9-5; Added “Change Orders Script - Claims” on page 9-18; Added “Change Orders Script - Reference” on page 9-17; Added “Change Orders Script - System Wide” on page 9-18; Added instructions for special handling of the “Provider Enrollment Processing Procedures Manual” on page 10-11.
	August 21, 2011	Donna Nicholson	<p>Edits made throughout the manual in response to comments attached to email from Kate Torning (9/21). The majority of the changes were typographical corrections, punctuation, or spelling and are not listed in detail in this History. The following content changes resulted from the review:</p> <ul style="list-style-type: none"> Replaced Arabella Reeves with Christina Lopez as the AHCA contact for the Publications Coordinator Procedures Manual in “AHCA Contacts” on page 4-5; Added image to step 2.a (2) in “TableCleaner” on page 6-16; Added image to step 2.b (1) in “TableCleaner” on page 6-16; Text removed from “Provider ID” on page B-4: “Because the provider number is always used, the description for the field should contain the information for that provider number (provider's identification number character 9 representing the Provider MCD, unless the Provider NPI is being used).” Numerous corrections and additions made to the Glossary as indicated in the MCM letter attachment. Entries added are: <ul style="list-style-type: none"> • ACWM; • DBA;

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Version 10.0 (continued)			<ul style="list-style-type: none"> • FG/PG; • FIP; • FrameMaker; • TANF; • Work Product Review (WPR). • Removed from Glossary: <ul style="list-style-type: none"> • CRPC; and • TAD.
	June 29, 2012	Donna Nicholson	MCM 70882-12 requested changes to list of AHCA and HP staff in “AHCA Contacts” on page 4-5. This change is included in version 11.0.
Version 11.0	June 29, 2012	Donna Nicholson	<p>Changes included in this version for clarification or documentation of current processes and to include edits from MCM 70882-12 (version 10.0):</p> <p>Changes to Chapter 4:</p> <ul style="list-style-type: none"> • Edited list of “AHCA Contacts” on page 4-5; • Updated “Submission for Approval” on page 4-11 to reflect current procedures; • Added instructions for setting up the “Administrative Services Requests” on page 4-12; • Added list of “Hard Copy Counts for Approved Systems Documentation” on page 4-13; • Updated “FIP/Correspondence” on page 4-14 to reflect current procedures. <ul style="list-style-type: none"> • “First Submission” on page 4-14; and • “Resubmission or Approved Document” on page 4-15. • Added “MFAO Correspondence Reviews” on page 4-16. <p>Changes to Chapter 5:</p> <ul style="list-style-type: none"> • Updated field descriptions for SharePoint tracking spreadsheets currently in use: <ul style="list-style-type: none"> • “Prod Approved” on page 5-8; • “FG/PG, PMs, and Other” on page 5-9; • “Tracking Deliverables” on page 5-10; and <p>Changes to Chapter 6:</p> <ul style="list-style-type: none"> • Added reason and resolution for TOC misalignment in “Reformat TOC Appearance” on page 6-6; • Added caution against renaming FM files to “Rename Chapter Files in Book” on page 6-7 • Added instruction to “Resequence Chapters” on page 6-10; • Edited step 3 and 5 instructions in “Apply Formats Across All Files in the Book” on page 6-10;

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Version 11.0 (continued)			<ul style="list-style-type: none"> Updated the Add/Edit sample image in “Update Variables in FrontMatter” on page 6-25; Updated images to reflect FrameMaker 10 in “Cross-References and Change Bars” on page 6-11 and “Variables” on page 6-24; <p>Changes to Chapter 9:</p> <ul style="list-style-type: none"> Added NoHeadingRowTable tag information to “Change Orders Script - Reference” on page 9-17; Added a summary checklist for TDD development to “TDD Steps - Summary Checklist” on page 9-15; <p>Changes to Chapter 10:</p> <ul style="list-style-type: none"> Added new manual names to and removed Recipient Contact Center Procedures Manual from the “Procedures Manual List” on page 10-1; Added Florida 5010 Companion Guides to “Procedures Manuals Requiring Special Handling” on page 10-7; Added Performance Reporting Procedures Manual to “Procedures Manuals Requiring Special Handling” on page 10-7; Added new procedure for production and approval of the “Employee Procedure Manuals” on page 10-8; and Added recently implemented process for obtaining “pre-approval” of sections of the “Performance Reporting Procedures Manual” on page 10-11. <p>Changes to Chapter 11:</p> <ul style="list-style-type: none"> Removed Managed Care training manuals listings from “Training Module Breakdown” on page 11-1; and Added “Facilitator/Participant Guides Checklist” on page 11-8. <p>Changes to Chapter 13:</p> <ul style="list-style-type: none"> Added new chapter: “Documentation Team Reports” on page 13-1. <ul style="list-style-type: none"> “Status Workload Reports” on page 13-1; “Monthly Summary of Workload Reports” on page 13-2; and “Submitted but Not Approved Report” on page 13-3. <p>Changes to Chapter 14:</p> <ul style="list-style-type: none"> Added new chapter: “Quality Assurance Report Card Support” on page 14-1.

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 12.0	August 5, 2013	Jim Matthews, Mia Sartschev	<p>Changes included in this version for clarification or documentation of current processes and to include edits from MCM 70882-12 (version 10.0), and updates for versions 11.0 and 12.0:</p> <ul style="list-style-type: none"> • Changes throughout the document to upgrade text and formatting to meet Florida and HP standards; • Changes throughout the document to reflect software upgrades to Adobe Acrobat Professional 11.0 and FrameMaker 10.0; • Changes throughout the document to update screen captures for new versions of SharePoint and FrameMaker; • Changes throughout the document to correct SharePoint path names; • Updates to “AHCA Contacts” on page 4-5; • View Change in “Document Tracking Spreadsheets” on page 5-7; • Extensive updates to “Saving PDF Document as a Word File” on page 7-1; • Medikids section no longer imported by reference 9-5; • Remove Claims special instructions for building a FrameMaker book. This is no longer needed with FrameMaker 10.0. in section 9.5. • Instructions for posting to the Web Portal in “Employee Procedure Manuals” on page 10-8; • Updated list in “Training Module Breakdown” on page 11-1; • Added a note to “First Health User Guide (UAT Training)” on page 11-6; • Updates to “Disaster Recovery Plan” on page 12-1; • Updates to “Quality Assurance Report Card Support” on page 14-1; and • Added new section “Using Adobe Acrobat for Shared Reviews” on page 7-10.
Version 13.0	April 15, 2015	Jim Matthews, Victoria Diaz	<ul style="list-style-type: none"> • Updated link for SharePoint in “Purpose” on page 1-1; • Replaced HP and AHCA logos in table for “Cover Page” on page 3-1; and • Updated contacts in “AHCA Contacts” on page 4-5.

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 13.1	March 17, 2017	Laura Mauney	<p>General Updates:</p> <ul style="list-style-type: none"> • Global update of “HP Enterprise Services” to “Enterprise Services”; • Global update of “MCM” to “MFAO”; • Global update of software version number of FrameMaker 10 to FrameMaker 12; • General copy edits and grammatical corrections; • Clarification of procedures for “Version Numbering” on page 3-1; • Update of procedure for “TOCs in MS Word” on page 3-5; • Update of AHCA Contacts Table in “AHCA Contacts” on page 4-5; • Update to FileZilla > iTRACE document upload procedures in “Posting Updated Systems Documentation” on page 4-19; • Update of image and instructions for “FrameMaker Help” on page 6-30; • Update to instructions for “Edit Document Text Tool” on page 7-1; • Update to instructions for “Deleting and Inserting Pages” on page 7-2; • Update to image for “ICreate PDF by Inserting Pages” on page 7-8; and • Update to instruction # “8. Convert to PDF, then re-save as a Reduced Size PDF and zip the file.” on page 9-11. <p>SPECIAL REQUEST: To streamline the deliverables process to include electronic copies only (PDFs on DVD and iTRACE), Enterprise Services requests a procedural change to remove or modify:</p> <ul style="list-style-type: none"> • “(1) One hard copy (duplexed on 3-hole paper) for first review, or number of copies (duplexed on 3-hole paper) for final approved documents as defined in “Hard Copy Counts for Approved Systems Documentation” on page 4-13;” on page 4-12; and • “Hard Copy Counts for Approved Systems Documentation” on page 4-13.
Version 14.0	July 6, 2017	Laura Mauney	Approved in MFAO Letter # 81426-17.
Version 14.1 Draft	July 22, 2019	Jessica C. Gonzalez	<p>Extensively revised the following chapter to reflect updated procedures for TDDs:</p> <ul style="list-style-type: none"> • “Technical Design Document (TDD) Updates” on page 9-1.

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 14.2 Draft	March 20, 2020	Nancy Massey	Revised the following sections to reflect the new process for updating a TDD: <ul style="list-style-type: none">• “Overview” on page 9-1.• “Identifying Updates for the TDD” on page 9-1
Version 14.3 Draft	July 10, 2020	David Jost	The following changes were made: <ul style="list-style-type: none">• Updated section 4.2 on “AHCA Contacts” on page 4-5.• Removed section 14.2 “TDD Random Samples” as this sections will be referenced in the FMMIS Systems Performance Reporting Procedures Manual.• Updated section 14.1 “User Documentation Report Card” on page 14-1• Updated section on “Miscellaneous Documents Validation” on page 14-1 and renumbered to section 14.2.
Version 15.0	August 18, 2020	David Jost	Approved per MFAO Letter No. 88242-20.
	December 7, 2020	Karl Ozaeta	Updated with Gainwell branding.

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1 Introduction

1.1 Purpose

The Documentation Procedures Manual provides a reference for internal use by Gainwell Technologies technical writers and editors. Documenting associated technical writer procedures facilitates orientation of new technical writers to the account and ensures timely document development in compliance with Gainwell Technologies and Florida account standards.

The instructions in this document are based on version XI or DC for Adobe® Acrobat Pro®, Adobe® FrameMaker® versions 12 through 17, Word® 2013, and SharePoint™. Updates to these software versions may result in changes to the sample screen captures and procedures throughout this document.

Note: Microsoft Office 365 is not recommended for use in these procedures due to capacity requirements.

This manual also provides guidelines for Gainwell Documentation editors to prepare and submit formal deliverables to the client, MFAO. The manual details styling guidelines mandated by the State of Florida, instructions for document development, quality review, delivery, and archiving, and best practices for using various tools to complete required SLA activities related to, among others:

1. Project Management Documents (See the Project Management PM for more information);
2. Technical Design Documents;
3. Operational Procedure Manuals;
4. Training Materials (see the FMMIS User Training Guide for more information); and
5. Provider Publications (see the Publications Coordinator PM for more information).

The manual also contains a Glossary of common terms used by Gainwell and MFAO, as well as a comprehensive style guide in Chapter 3, “Documentation Standards” on page 3-1, for writing, editing, and formatting deliverables to the established State of Florida editorial standards.

Audience

The manual is intended for use by the following Gainwell Technologies staff:

1. Documentation Editors;
2. Project Management Office personnel;
3. Publications Manager and Supervisor;
4. Quality Assurance Specialists;
5. Technical Writers; and
6. Other Gainwell Technologies personnel as needed to fulfill their job duties.

1.2 How the Manual is Structured

The manual is divided into chapters that group similar information, including the following topics:

1. Introduction;
2. Roles and responsibilities;
3. Documentation standards;
4. Formal Deliverables Process;
5. SharePoint and the Documentation Archive Drive;
6. Working with FrameMaker;
7. Working with Adobe Acrobat;
8. Business Design Documents (BDD) updates;
9. Technical Design Documents (TDD) updates;
10. Procedures manuals;
11. Facilitator/Participant guides;
12. Miscellaneous documents;
13. Documentation Team Reports;
14. Quality Assurance Report Card Support;
15. Appendix of Business Area and Functional Area names;
16. Appendix of Technical Documentation Standards;
17. Glossary; and
18. Index.

As updates to this document are made, change bars display for the most recent changes. The change bars display in red in the electronic copy, but will appear black in a hard copy of this document.

2 Roles and Responsibilities

The following outlines the job description for the technical writers on the Florida Medicaid account. Additional skills and functions may be added as deemed appropriate by the Provider Technical Services Supervisor.

2.1 Technical Writer (Editor)

Exempt

Reports To: Provider Technical Services Supervisor

Work Hours: 8:00 am - 5:00 pm

Job Description

This position supports our organization's deliverables and publications by writing, drafting, editing, and approving changes. The main function of the technical writer is to support our business units in document development by providing specialized writing skills and to manage the document inventory through the document management system.

Prerequisites

1. Equivalent work experience;
2. Meets technical writing experience requirements;
3. Demonstrates strong communication skills;
4. Bachelor's degree in related field or equivalent work experience;
5. Ability to work with others to translate business requirements into standard formatted documentation;
6. Experience with an automated document management system;
7. Ability to design, edit, and write documentation;
8. Intermediate to advanced level experience with Microsoft® (MS) Word®, Adobe® Acrobat Professional®, and other MS Office® Applications;
9. Ability to work independently with minimal supervision and assistance; and
10. Experience with health care systems or services is a plus, particularly with Medicaid programs.

Job Specific Skills and Essential Functions

1. Reviews all written material for conformance to standards;
2. Validates content and accuracy of written materials;
3. Maintains documentation inventory using an automated documentation management system, to include Web publications for both internal and external documentation;

4. Develops and follows documented procedures for maintenance and distribution of deliverables and publications, to include procedures for changing, reviewing, and managing versions; and
5. Develops documentation that conforms to the standards and meets planned deadlines.

3 Documentation Standards

This section provides the standards to be used for developing documentation for the Florida Medicaid Management Information System/Decision Support System (FMMIS/DSS) operations.

3.1 Purpose

The purpose is to establish the documentation standards for the FMMIS/DSS project. It is intended to be a living document, updated as necessary. The document's goal is to achieve consistency in format, style, and content guidance within the project. It provides standard formats and guidelines for developing and writing documentation.

3.2 Standards for Front Matter

The following sections detail the front matter of each document. Front matter consists of the cover, Document Information, and Amendment History pages.

Version Numbering

During the Operations Phase, use a whole number (that is, Version 2.0, Version 3.0, and so on) to designate the version number for updates.


When drafting a new document, increase version numbers in decimal increments followed by the word "Draft"; for example, "0.1 Draft" for a new document in progress, or "8.1 Draft" for an updated document in progress.

Upon AHCA approval of all documents, the version number is updated to the next whole number.

EXCEPTION: Training Facilitator and Participant Guides are updated in whole numbers only, even during the update process; for example, a new version in progress will be numbered per the next whole number as "6.0 Draft," and when approved the version will become "6.0".

Cover Page

There are no headers or footers on the cover page (nothing on the cover page is in italics). Refer to the cover page of this document as an example. The cover page of each document must include the following items:

Required Information	Actual Content or Sample	Requirements
AHCA Logo		The Agency for Health Care Administration (AHCA) logo is in the upper right corner. Import By Reference: logo_with_bar.PNG


Required Information	Actual Content or Sample	Requirements
Project Name	Florida Medicaid Management Information System/Decision Support System/Fiscal Agent Operations	Spell out completely. FM Style: FLTitle Right justified 24 pt Arial in Bold
Title of Document	Documentation Standards	Avoid using acronyms in the title. Right justified FM Style: FLDocName FM Variable: DocumentName 28 pt Arial in Bold
Version #	Version x.0	Right justified FM variable: Version# Arial Bold, 14 pt x = 1, 2, 3, and so on.
Date of Document – Submission Date	Month DD, CCYY	Right justified FM Variable: Version Date Arial Bold, 14 pt This is the modification date for documents being submitted as approved without comments, or the submission date for subsequent updates.
Name and Business Address of the Contractor	Agency for Health Care Administration 2727 Mahan Drive, Bldg. 3 Tallahassee, FL 32301 Gainwell Technologies 2671 Executive Center Circle Tallahassee, FL 32301	Right justified FM Style: FLAddress Arial, 14 pt in Bold
Graphic		Import By Reference from the FrameMaker > Common_ file (and right-align the Anchored Frame): gainwell_logo_150_rgb_pos.PNG

Table to define styles for Cover Page elements.

Document Information Page

The Document Information Page includes the information listed in the following table. The heading of the page uses FLHeading3UPM, Arial Bold, 14 pt font. The page numbering in the footer begins with *ii*.

Document Information Page

Required Information	Definition
Document:	<Title> (The use of the DocumentName variable matches the title to the cover page.) FM variable: DocumentName
Document ID:	Assigned correspondence tracking number. The tracking number corresponds to the Gainwell Technologies submission letter for the current version.
Version Number:	Version x.0 FM Variable: Version#
QA Reviewer:	QA Reviewer's Name (<i>Person who reviewed the document during the Work Product Review (WPR) as representative of the Quality Assurance team</i>)
QA Review Approval Date:	The date the document was reviewed in the WPR. Format is Month DD, CCYY.
Location:	https://itrace.flmmis.com/Florida/ProjectPlan/ (Location is where the document can be accessed. It will be the Florida iTRACE/PMO page for deliverables.)
Owner:	Florida Team or appropriate Florida Subject Matter Expert (SME) that is, FMMIS/DSS PMO
Author:	Author's name (<i>Person who developed the document with email address</i>) that is, Any Name (any.name@gainwelltechnologies.com)
Approved By:	Name of AHCA representative, for example, Angela Ramsey, AHCA Implementation Lead
Approval Date:	Month DD, CCYY and MFAO Letter number (<i>Date document is approved by State, taken from the approval letter</i>).

Field Descriptions for Document Information Page

Amendment History

The Amendment History is placed in documents that are expected to be modified after initial creation. For example, a document used only once, such as the Project Announcement, need not have an Amendment History table, while a Statement of Work or a Configuration Management Plan each have an Amendment History table since these documents can change during the contract's life cycle. The heading of the page uses FLHeading3UPM, Arial Bold, 14 pt font. The subheading is in FLBody style, Times New Roman 12 pt font.

On Amendment History, with submission of document as approved, the first line provides the version number and reason for change. On future updates, provide a summary list of changes to procedures manuals or training guides in sufficient detail to allow the reader to understand the changes made and identify changes with cross-references to the edited pages. For TDDs, identify change orders and associated system objects with cross-references to these items.

A sample of the Amendment History follows:

Amendment History

Summary of Change

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 1.0	1/15/2007	Owner Name	Approved Document

Sample of Amendment History Table

The data elements along with descriptions follow:

Required Information	Description
Document Version #	This field, for configuration management purposes, lists the version number of the document.
Modified Date	This is the date on which final approval by AHCA is given, or on which modifications for ongoing maintenance occurs (that is, submission date).
Modified By	This is the name of the person who made the changes (usually the author).
Section, Page(s) and Text Revised	This is the description of the specific changes that were made. Use FrameMaker's Cross-Reference feature to identify heading and page number where the change occurred for the version being documented. See "Cross-References and Change Bars" on page 6-11 for additional information.

Field Descriptions for the Amendment History Table

3.3 Table of Contents

A Table of Contents (TOC) is generated for documents with multiple sections. A TOC will not generate unless the headings in the document have been tagged with the appropriate style. This includes Appendix and attachment title pages.

TOC starts on a new page in Word® documents, but is a standalone chapter in FrameMaker (FM). See "Table of Contents" on page 6-4 for instructions for adding a TOC in FrameMaker®.

TOCs in MS Word

When inserting the TOC in MS Word®, follow the steps below:

1. Place the cursor at the top of the page below where you want the Table of Contents inserted.
2. Click the References tab.
3. Open the Table of Contents menu.
4. Click Custom Table of Contents.
5. Click Options to choose the styles you wish to appear in the Table.
6. Click Okay to generate the Table.

7. Be sure to update the Table each time the document is edited, to ensure the list and pagination remains current.

3.4 Standards for Headers, Footers, and Margins

This section defines the approved headers, footers, and margins standards.

Headers

The cover page does not have a header.

The header is at the top of the document page and the format is as follows:

1. Styling font for the information in the header is: Header, Times New Roman, 10 pt. All wording is in italics. The FrameMaker® (FM) paragraph style is FLHeader.
2. The project name is on the first line of header, centered.
3. The document title is on the second line under the project name, centered, followed by a space, a dash, and a space. The FM variable is DocumentName.
4. Same line as document name is the version number, between document title and date. The FM variable is Version#.
5. Same line as document name is the date (that is, Month DD, CCYY), separated from the Version number by a space, a dash, and a space. The FM variable is Version Date.
6. Place a border line, (solid line ½ pt.) below the header text.

The following is an example:

*FMMIS/DSS/Fiscal Agent Implementation
Project Charter – Version 1.0 – July 27, 2020*

Footers

The cover page does not have a footer.

The footer is at the bottom of all other document pages and the format includes:

1. Styling font for the text in the footer is: Footer, Times New Roman, 8 pt. Italics. The FM paragraph Style is FLFooter.
2. First line contains the page number, centered.
 - a. The footer in the FrontMatter.fm begins on the page after the title page (Document Information Page through end of that section). It is in lowercase italicized roman numerals, and begins with *ii*.
 - b. In the Word deliverable, the footer in the main body begins with 1 and is in regular numerals, not italicized with “Page # of ###” (for example, Page 45 of 152). When all changes are made in the document, change the “of ###” manually to ensure that you are capturing only the number of content pages, not the entire document. Appendices continue the num-

bering from the previous section in Word documents.

Note: “#” in Page # is AutoText and updates automatically.

- c. In FM, the variable is Chapter Number - Current Page # and it is not necessary to change this manually because it is included in the style settings.
3. Second line, centered, is the standard Gainwell Technologies copyright statement. The copyright symbol is followed by the year of publication for the latest version of the document.
4. Place a border line, (solid line ½ pt) above the footer text.

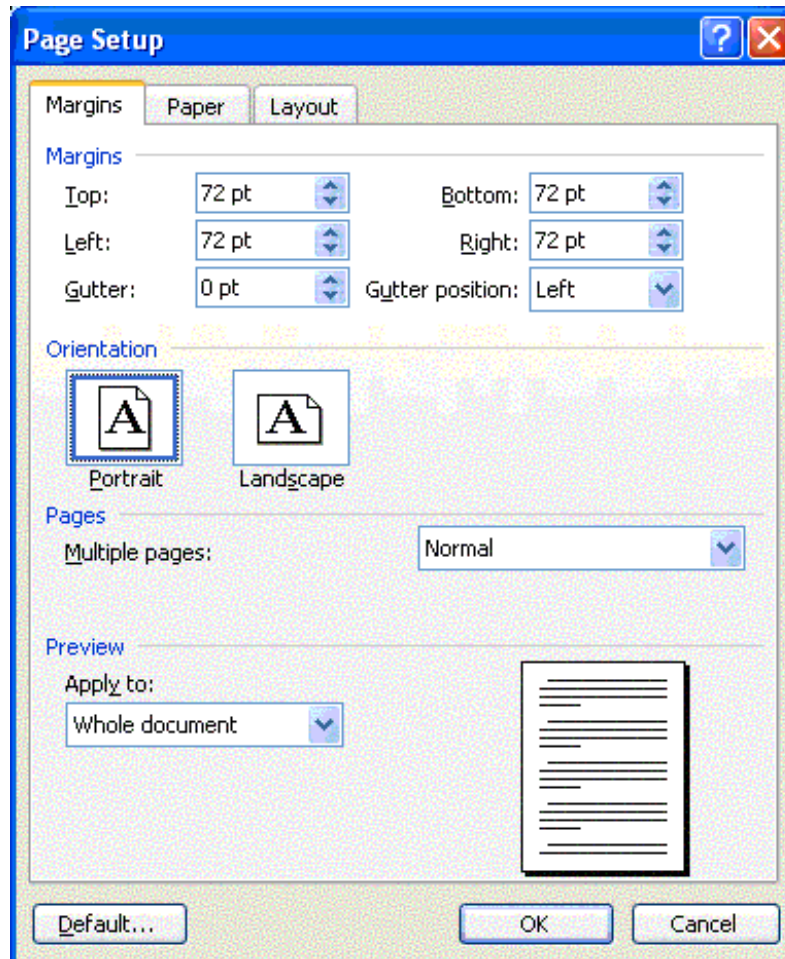
The following is an example of a footer:

*Page 1 of ##
Copyright © 2020, All rights reserved.*

Margins

Margins in FrameMaker files are set at 1” (left) and 7.5” (right). Do not resize margins in FrameMaker.

All margins for Word® documents are:



Example of Page Setup Margin settings for Word documents

3.5 Standards for Headings

This section discusses the structure of headings, levels 1 through 4.

For all styles:

1. Text always follows a heading using BodyText, Times New Roman, 12 pt.
2. Set paragraph properties to “Keep with Next” in Word.
3. Colons are not used at the end of heading titles.

Note: All text is continuous without page breaks unless there is a specific reason such as the beginning of a landscape section. This means that headings may fall anywhere on the page. See “Page Breaks ” on page 3-14 for instructions on when to insert page breaks before a heading.

Level 1 Headings

Heading 1 style in Word®:

1. Font style of Arial 18 pt;
2. Numbered as 1, 2, 3, and so on, with no punctuation; and
3. Spacing is 18 pt before and 6 pt after.

Level 2 Headings

Heading 2 style in Word®:

1. Font style of Arial 16 pt;
2. Numbered as 1.1, 1.2, 1.3, and so on; and
3. Spacing is 18 pt before and 6 pt after.

Level 3 Headings

Note: In TDDs and BDDs, Level 3 Heading is not numbered.

Heading 3 style in Word®:

1. Font style of Arial 14 pt;
2. Spacing is 16 pt before and 6 pt after; and
3. Numbered as 1.1.1, 1.1.2, 1.1.3, and so on (in Word documents only).

Level 4 Heading

Note: In TDD and BDD deliverables, Level 4 Heading is not numbered.

Heading 4 style in Word®:

1. Font style of Arial 12 pt, Bold.

Appendix Headings

1. Font style is Arial 18 pt;
2. Title case;
3. Use alphabetical numbering as Appendix A., Appendix B., and so on, with period after letter; and
4. Spacing is 18 pt before and 6 pt after.

3.6 Cross-Reference Between MS Word® and Adobe® FrameMaker® Styles

The following table documents the style, font, and numbering recommended for Florida documents. On the menu bar in Word, style type selection can be made by using the pull down menu.

MS Word Style	Font	Bold/Italic	Font Size	Spacing Before/After (FM)	FM Style
Title	Arial	Bold	28	0/12	
Heading 1	Arial	Bold	18	18/6	FLChapterTitleUPM FLAppendixUPM
Heading 2	Arial	Bold	16	18/6	FLHeading2UPM
Heading 3	Arial	Bold	14	14/5	FLHeading3UPM
Heading 4	Arial	Bold	12	6/6	FLBodyBOLD
Table Heading	Times New Roman	Bold, centered	12	0/0	FLTableHeading
TableRow or Normal Table	Times New Roman	Regular	12	0/0	FLTableRow
Body Text	Times New Roman	Regular	12	6/6	FLBody
Cite	Arial	Italic	11	0/0	FLCite

Cross-reference Between MS Word and FrameMaker Styles

3.7 Standards for Document Content

The following sections describe standards for fonts, grammar, and punctuation applicable to the content of the document.

Present Tense

Use active voice in the present tense. Use future tense only when an action clearly occurs in the future.

Examples:

Correct Usage	Incorrect Usage
The PCP submits a claim for reimbursement for the CHCUP services.	A claim for reimbursement for the CHCUP services is submitted by the PCP.
The user can view CHCUP screenings on the CHCUP Search Page.	CHCUP screenings will be viewed on the CHCUP Search Page.
Select "Save".	"Save" is selected.
The system returns an error message.	An error message will be returned.

Numbers

Numbers larger than 100 or greater than two syllables are generally written in numeric form (103 or 1,304), whereas numbers less than 100 or less than three syllables (nineteen or forty) are written out followed by the numeral enclosed in parentheses [for example, nineteen (19)].

RFP Text

Text from the Request for Proposal (RFP) is never altered, regardless of errors or acronyms. If text is underlined in the RFP, it was added after the original publication of the RFP and should be underlined in documents.

Tables

Include a lead-in paragraph to describe what the table contains and briefly describe column heading meanings. Add a caption below the table to identify it. Use the FM style FLCite for this caption.

1. Table heading rows have no fill or a white fill.
2. All tables should be formatted with a thin black grid line.
3. Large tables or tables with wide columns should extend margin-to-margin. Preferred width is 100 percent in both portrait and landscape views. Table borders should not extend beyond the margins. This provides a more uniform look to the document. Tables with two or three narrow columns may be centered on the page.
4. Heading rows repeat when a table extends to next page, except as noted in "Job Scripts" on page 9-11.
5. Table rows may break across the page.

The FM styles for tables are FLTable or the standard Table, using FLTableHeading and FLTableRow where appropriate. In Table Designer, under the Basic tab, the Space Above is 6 pts, and the Space Below is 6 pts. The Default Cell Margins for top, bottom, right and left are all 2 pts. Under the Ruling tab, all Column rulings are set to "Thin." This is the same for all tables.

Table Element	Style	Font
Table Heading	TableHeading with title case (first letter of each word is capitalized) FM Style: FMTableHeading	Times New Roman, 12 pt
Table content	Use TableRow style. First word is capitalized. Punctuation is used for complete sentences. FM Style: FMTableRow	Times New Roman 12 pt
<ul style="list-style-type: none">Bullets inside tables	<ul style="list-style-type: none">Use table content style with bullets applied; first word is capitalized.FM Style: FLTableBullet	Times New Roman 12 pt

Description of table elements

Note: During the Design, Development, and Implementation Phase, the Clarifications section of the Requirements Analysis Document (RAD) uses tables without grid lines to display the timestamp and description. These tables are the only exception to this standard.

Graphics

Graphics are placed in a Word document using BodyText as the style. All graphics are centered and resized as needed for readability and have a brief caption below them. Screen shots of pages, panels, reports, and letter layouts do not required a caption. Graphics include flowcharts, diagrams, and screen shots of pages, panels, and reports.

In FM, all graphics are imported into the document by reference. This reduces file size and facilitates future update of images since every document that imports the image by reference is updated as soon as the FM file is reopened. Convert the document to Portable Document Format (PDF) for other users to see the new image.

Naming Conventions - Images

In all possible instances, retain the image file name as it is stored in the iTRACE Web folders. Possible exceptions are listed in the following paragraphs.

BDD Activity Diagrams

BDD Activity Diagram image files should be named to match the Use Case number. For example, the activity diagram for Claims Processing Administration Use Case #CA-001 will be CA-001.jpg.

TDD Pages/Panels

TDD page and panel image names should match those used in the iTRACE folders. If it is necessary to split an image for readability, the first image should always retain the name that matches the iTRACE image after the split. Subsequent sections of the image will include _2, _3, and so on. For example, the Claims Data Correction Page image was split as:

1. Claims Data Correction Page.jpg; and
2. Claims Data Correction Page_2.jpg.

An alternative is to include pt as part of the name:

1. Claim Institutional.jpg;
2. Claim Institutional pt 2.jpg; and
3. Claim Institutional pt 3.jpg.

TDD Reports

Because so many report names are closely related to each other (and can be quite long), use the technical name (report number) to identify report images. This number is usually located in the upper left corner of the HTML layout. The following is one sample:

Report : MGD-0008-M	AGENCY FOR HEALTH CARE ADMINISTRATION	Run Date: MM/YY/CCYY
Process : MGDJM430	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: MGD0008M	Primary Medical Providers	Page: 999

Some subsystems [notably Management Reporting (MAR) and Fraud and Abuse Detection] do not follow this sample. In these subsystems, use the technical name used on iTRACE as the image file name. Fraud and Abuse report layout samples are saved on iTRACE in GIF format and, in most instances, have already been split. Retain the names and format for use in the TDDs. MAR uses HTML format and the tech writers convert these to JPG format for use in the TDD.

Captions

All tables and graphics have a caption, except as noted in “Graphics” on page 3-12. The caption style in Word is FLCite. If the caption requires two lines, be sure that they are in proportion to each other and the graphic. The FM paragraph style is FLCite.

Numbered Lists

Because AHCA prefers numbered lists, do not use bulleted lists except within tables and direct references from the RFP text.

Numbers are used to display a list of similar items or priority order. When using numbered lists, remember the following:

1. Introduce the list with a lead-in sentence (for example, “The following are the requirements for this task:”).
2. Use the correct style for the numbered list. The first level of a bulleted list uses numbered list beginning with 1., 2., 3., and so on. The FM paragraph style is FLBody1.
 - a. The second level of a list uses numbered list beginning with a., b., c., and so on. The FM paragraph style is FLBody2.
 - (1) If necessary, the third level uses numbered list beginning with (1), (2), (3), and so on. The FM paragraph style is FLBody3.
3. Capitalize the first letter of each list item.
4. Use periods only after complete, independent sentences.

5. Use a semicolon after a list of phrases or list of items and include the text “and” at the end of the next to last entry. Use consistent punctuation at the end of a list item for clarity of the statement and to ensure that the thought has been completed in the text.
6. Ensure that the list is grammatically consistent.

Spacing

Use only a single space after a sentence-ending period.

All lines within a paragraph are single-spaced (the default in Word and FrameMaker).

The spacing of body paragraphs is 6 points above and 6 points below. Exceptions include the following:

1. Spacing within a list should be 6 points above and 0 points below; and
2. Spacing within tables is 3 points above and 3 points below.

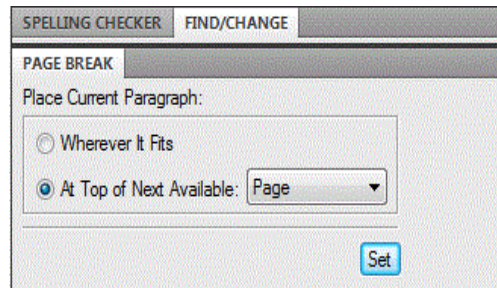
Adjust paragraph spacing in FrameMaker on the **Format | Paragraphs | Paragraph Designer** dialog box in the Above Pgf and Below Pgf fields, if needed. However, import paragraph formats from the standard FM templates to ensure consistency within all documents.

Page Breaks

Page Breaks in FrameMaker

To insert a page break in FM:

1. Place the cursor in the paragraph to move to the top of the next page;
2. From the menu, click **Special | Page Break**. The following dialog box displays;



3. Select **At Top of Next Available Page**; and
4. Click **Set**.

Page Breaks in Word

All text is continuous without page breaks unless there is a specific reason such as the beginning of a landscape section or a figure that will not fit on the current page. Use page breaks sparingly. When all corrections and additions have been made to the document, check for orphan paragraphs. Be sure to update the table of contents when done.

1. If a Heading 1 falls within 2 inches of the bottom of the page, add a BodyText line above the heading and insert a page break. This will add a paragraph space to the next page and move the heading down on the page.

2. If a Heading 2 falls within 2 inches of the bottom of the page and is followed by just 1 or 2 two lines of text, force the heading and text to the next page.
3. If a label for a graphic or table caption falls on the next page, adjust the text to keep them together.
4. Insert spacing to force the last row in a table on to the next page with the caption.
5. Force a graphic to the next page by selecting the graphic, and selecting “Keep with next” on Paragraph/Line and Page Breaks. If the text and heading above the graphic are short, consider also pulling them to the next page.
6. Decrease spacing on headings by 1 or 2 points above and below to pull the caption up onto the same page.
7. Decrease spacing on table headings by 1 point above and below to pull the caption up. (For consistency of appearance, do this for all the tables on a page.)

Blank Pages

Deliverables are printed double-sided. It is necessary to end the front matter pages, Table of Contents, and all chapters in the FM document on even-numbered pages. If the TOC or last page of a chapter ends on an odd page, use the FM style FLBodyCTR or insert a manual page break (in Word) and place the following text centered at the top of the blank page:

This page intentionally left blank.

FLBodyCTR includes the built-in style attribute causing that content to be at the top of the next page.

Portrait and Landscape

Use portrait layout on all pages except those with a horizontal graphic. In Word, insert a section break before and after the graphic by highlighting the graphic heading, graphic, and caption, and selecting Landscape/Apply to this section from the Page Setup options. All Web Pages, Panels, and Reports sections of the TDDs are in landscape view.

In Word documents with sections on pages, panels, and reports, insert a next page section break before the new section. Change the layout for the new section to landscape. Do not change back and forth between portrait and landscape for text and graphics. Keep the whole section in landscape.

Microsoft Word® Section Breaks

Section breaks should occur after the TOC, before and after landscape sections. Use section breaks sparingly to avoid multiple checks for consistency of page numbering in footers and header information.

Printed Document

Do not include watermark on drafts or final documents.

All deliverables are printed double-sided on three-hole punched paper. The PDF of the document provides a document in color, if that is essential.

3.8 Miscellaneous Standards

This document is the primary source of information for style, grammar, and other formatting questions. If unanswered here, use The Gregg Reference Manual for resolution of style and grammar questions. If still unanswered, follow the Gainwell Writing Style Guide or other industry-accepted source (for example, the Microsoft® Manual of Style).

Proper Names

Use job titles or roles instead of proper names. If a name is required, use Mr. or Ms. after initial introduction. In most documents, names are not used with job titles and roles. This results in the need to use lowercase for instances of supervisor, clerk, manager, and so on.

Titles are not capitalized unless they precede a personal name.

Example of correct usage:

The vice president will issue a statement later today.

Account Manager Marc VanDenbark congratulated his staff on a job well done.

Example of incorrect usage:

All the Account Managers will meet in Plano next week.

Proper nouns are capitalized; common nouns are not.

Line Numbering in Word

In Word, use line numbering if requested by reviewers on all draft and final submissions until the revised version is officially approved.

Apply line numbering (continuous for all sections) using Page Setup/Layout tab. Set line numbering for all sections individually, rather than setting “whole document”, to preserve page settings for portrait or landscape views. The numbering runs continuously throughout the entire document from ‘1’ on the Title Page to the last line on the last page of the document.

Acronyms

Spell out all acronyms on first occurrence. For example, FMMIS/DSS should first be addressed as Florida Medicaid Management Information System/Decision Support System (FMMIS/DSS) the first time it is used in the document content.

Do not use acronyms unless the term is used more than once in a document. Be consistent with the use of acronyms, that is, spelled out on first use, then use the acronym for all other instances.

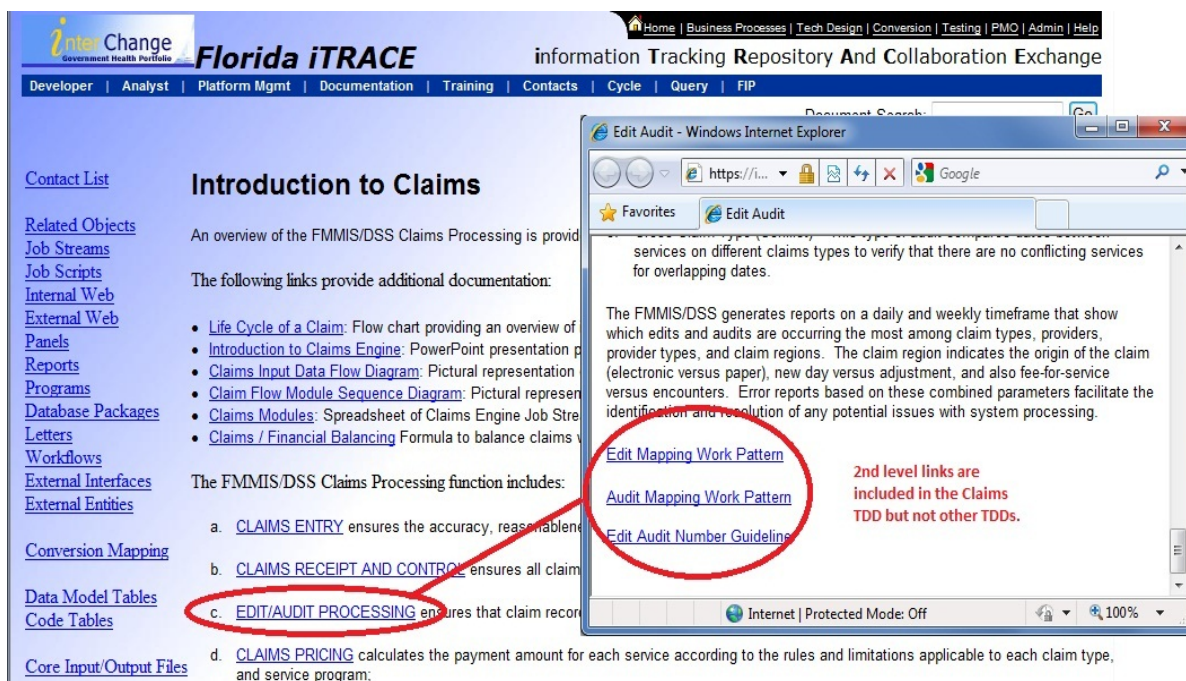
Supplemental Documentation

Most often encountered in TDD Overview chapters, iTRACE links to supplemental documentation may be included in the TDD Overview. As a general rule, only the first level of

information is included in the TDD. (The Claims TDD, however, includes the second level of information on the Work Patterns that are linked at the bottom of several supplemental documentation files.) The following TDDs currently include supplemental documentation in the Overviews:

1. Claims (follow links two layers for information included);
2. Financial; and
3. Reference.

The following image represents the type of links you may encounter. This example uses Claims technical area. In most instances, you will only follow the first link. Follow the file path to get to the stored document on iTRACE or FileZilla, or open the document and save the file in the Source folder. Then do a comparison to the previous Word version to identify changes. (See “FileZilla - iTRACE Folders” on page 4-19 for more information about uploading/downloading on FileZilla.)



Sample of links to supplemental documentation

Other chapters of the TDDs, such as Change Orders, may also reflect that supplemental documentation exists on iTRACE. In most of these instances, do not include it. If uncertain, check the most currently submitted version of the TDD to verify whether it was included previously.

See also “To Include or Not to Include” on page 9-2 and “Supplemental Documentation Downloads” on page 9-8 for more information.

Florida Preferences

Use	Instead of...
Recipient, Recipient ID	Member, Member ID
Area, County, District	
Aid Category	ACWM
Remittance Advice	Remittance Voucher
Provider Contract/Category of Service	Use provider contract/category of service. Later, category of service will be dropped.

Underlining

Avoid underlining text. Text is underlined if it is used in the Request for Proposal (RFP) to indicate text added to the original requirements, or when it is used to designate a published book title.

Trademarks and Other Special Symbols

Use the name of the product, its descriptor, and, if applicable, its platform, trademarked correctly, on the title page and at the first mention in text. From then on use the descriptor fifty (50) percent of the time.

If the first mention of a product occurs in a heading, it is not necessary to use the trademark (™) symbol, provided that the trademarked product is mentioned immediately in the text that follows the heading.

These guidelines apply to the registered® symbol as well.

The trademark symbol should be used when mentioning such products as FirstDecision™, FirstRx™, FIRStrax™ as well as other products used in the FMMIS solution.

See “Character Formatting for Trademarks and Special Symbols” on page 6-3 section for special FrameMaker formatting instructions.

3.9 Specific Deliverable Issues

Different deliverables have issues specific to that deliverable type. Following are specific instances.

Business Design Document (BDD)

Use Case

Use cases define the user’s interaction with the FMMIS/DSS and are grouped according to Business Process Area in which they are used rather than according to functional technical areas (that is, subsystems). To view use cases on iTRACE, select the Business Processes link from the black menu bar in the upper right corner of the browser page.

The BDD script brings in two headings for each Use Case. AHCA requested that we use the one that defines the name first, followed by the Use Case number. Delete the second instance that

begins: “Use Case <<Number>>...” and use the first as our Heading 2. See ““BDD Scripts” on page 8-2 for more information on the script process.

Process Non-electronic Prior Authorization Request - SA-001

Use Case Name	Notebook	Current Status
Process Non-electronic Prior Authorization Request	Service Authorization	5

This table lists basic information about the Use Case.

Use Case SA-001 – Process Non-electronic Prior Authorization Request

Name:

Process Non-electronic Prior Authorization Request

Heading 3 Colons

Remove all colons from Heading 3s in the BDDs.

Flows of Events

Flows of Events should be tagged as style FLBody1 (with the 1., 2., 3., and so on.) even though the Activity Diagram numbering is also there.

Add the following text (without quotes) after each Basic Flow of Events or Alternate Flow of Events heading:

“The numbers used in the following list relate to the numbers assigned various steps in the Activity Diagram.”

3.10 Alphabetical Listing of Documentation Standards

Topic	Standards
A	
abbreviations	Use abbreviations whenever they reflect actual report, window, field, and button names. Replace Latin abbreviations as follows: etc. = and so on i.e. = that is e.g. = for example Unless space prohibits, do not use abbreviations such as “> than 0.” Spell them out to avoid misinterpretation. Because of space constraints, use these symbols in calculations.
Accounts Receivable	The plural of “Account Receivable.” Correct:Accounts Receivable Incorrect:Account Receivables
acknowledgment	Spell as shown (without the “e” after the “g”).

Topic	Standards
acronyms	<p>Spell out a word with its acronym in parentheses on first use within a document; thereafter, use only the acronym.</p> <p>Exceptions: Spell out acronyms once in each field description row. Include the acronym in parentheses only if the acronym is used again in the same field description row. If the term is used twice or more in the same field description row, use only the acronym for the second and subsequent instances. Do not spell out an acronym more than once in a single field description row. For example, if the acronym is spelled out in the Description column, do not spell out the acronym in the Navigation or Calculation column.</p> <p>Examples:</p> <p>The financial control number (FCN) used by the labeler when sending FCN information to the manufacturer.</p> <p>Spell out subsystem acronyms, such as EDI and CHCUP, in that subsystem documentation, only on first use in a section. Do not spell them out in each field description.</p> <p>Technical acronyms that are more recognizable as acronyms than as spelled-out terms (such as ASC, FTP, XML), spell out the term with the acronym in parentheses on first use within a document (once in the windows document, once in the reports document, once in the programs document, and so on).</p> <p>Use acronyms to reflect actual report, window, field, and button names. See also report names.</p> <p>Example: CMS-416 Quarterly CHCUP Participation Report by MCC. If acronyms are used in your subsystem, make sure they are spelled out on the Combined Acronyms page in the Project Workbook, Help/Global Glossary.</p> <p>If you spell out an acronym in its plural form, use the plural form of the acronym to introduce it.</p> <p>Example: The subject-matter experts (SMEs) are a subset of expert users.</p>
	<p>Avoid alphabet soup. The reader has a hard time understanding the meaning of sentences with too many acronyms.</p> <p>To form a plural of an acronym, add <i>s</i>, not <i>apostrophe + s</i>. Examples: CPUs, COTRs, MDEs. Do not spell out acronyms in headings and titles. Instead spell them out in the text that follows.</p> <p>Do not spell out acronyms in the “Associated Requirements” and “Change Orders” sections.</p>
alphanumeric	<p>Do not use this term, use character instead.</p> <p>Correct: 7 character field</p> <p>Incorrect: 7 character alphanumeric field</p>
archived	<p>Use archived instead of purged.</p>
associated programs	<p>For reports, make sure the associated programs are listed in the associated programs table.</p> <p>When a report or letter is executed by multiple job scripts, some program names are listed multiple times in the “Associated Programs” section for that report or letter. A program should be listed only once in that section. If the table lists the same program more than once, delete the duplicate entries.</p>

Topic	Standards
associated requirements	Do not capitalize when used in a sentence. Correct:No associated requirements found. Incorrect:No Associated Requirements found.
B	
backup, back up	Backup (one word) is a noun or adjective. Back up (two words) is a verb.
blue underlined text	Do not use blue underline for any text in the windows, reports, letters, job scripts, or programs documents. Change blue text to black.
bold	Use bold sparingly. It is used only for headings and table column headings. Do not use bold for the names of fields, windows, reports, tables, buttons, or menu options. Overuse of bold detracts from its effectiveness.
bookmarks	Bookmarks are not used except in the PDF copy of a document.
brackets	In the “Navigation Options” section, use square brackets, not parentheses. Example: This window can be accessed from Main Menu [Provider], Provider Menu [Ownership], Ownership Menu [Board Participant]. For the technical names of windows, use square brackets. Example: Board Participant Maintenance [w_board_participant_maint]
bulleted list	Do not use bulleted lists (except within tables, if appropriate). Capitalize the first letter of the first word in each list item. Within a list, items should be parallel, all beginning with verbs, beginning with nouns, written in complete sentences, or written in phrases. Example: <ol style="list-style-type: none"> 1. Place ; (semi colon) after each item; 2. Place ; and (semi colon and) after next to last item; and 3. Place . (period) after the last item. If needed apply Bullet Level 2 within the same listing to make a difference. Example: <ol style="list-style-type: none"> 1. This is option number one in FLBody1 style; <ol style="list-style-type: none"> a. First item in FLBody2 style; and b. Last item in FLBody2 style. 2. This is option number two; and 3. This is option number three. Also, see selection criteria.

Topic	Standards
button descriptions	<p>Define all buttons in the field description table. Set the data type as N/A and the field type as Button. If a button is used for navigation to another window, include the button navigation in the Navigation column, using the format Window Title [technical name] to indicate the window being called. Example: Lien Information [w_lien_maint]</p> <p>If a non-navigation action is performed when the button is used, describe the action in the button description.</p> <p>For buttons with no navigation listed in the Navigation column, add this statement to that column, “Returns to the same or previous window.”</p> <p>For Find, Inquire, Search, and Save buttons, make sure the DB tables and DB attributes are listed in the DB Table and DB Attribute columns.</p> <p>Also, see standard field and button descriptions.</p>
C	
calculations	<p>Calculations include totals, counts, and computations. Place these calculations in the Calculation column in the reports documents and in the Description column in the windows documents.</p> <p>Whenever the field is a calculation, put N/A in the DB Table and DB Attribute columns.</p> <p>List all DB table and DB attribute values used in a calculation in the Calculation column (table.attribute).</p> <p>Example: COUNT(T_RE_BASE.ID_MEDICAID)</p> <p>If a calculation does not use DB tables and DB attributes (for example, totals on a report field), list the report fields in the calculation.</p> <p>Example: Total Notifications Sent for All MCCs.</p> <p>Do not use quotation marks or single quotation marks around field values.</p> <p>Because of space constraints, use abbreviations such as “> than 0” in calculations. Do not spell them out. In a list of items separated by the word or, replace all the instances of the word or (except the last one) with a comma.</p> <p>Correct: The xyz field is not equal to 20, 21, 22, 23, 24, or 25.</p> <p>Incorrect: The xyz field is not equal to 20 or 21 or 22 or 23 or 24 or 25.</p> <p>See also DB tables and DB attributes.</p>

Topic	Standards
capitalization	<p>Use the Gainwell Technologies standards for heading and title capitalization for window names. Do not capitalize the word window. Example: Provider Accounts Receivable Mass Updates window. Use the Gainwell Technologies standards for heading and title capitalization for report names. Capitalize the word report only when it is part of the report title on the report sample. Example: Financial Balancing Report</p> <p>Use the Gainwell Technologies standards for heading and title capitalization for script and program titles. Example: Job Forecasting List</p> <p>Use the Gainwell Technologies standards for heading and title capitalization for field and button names. Do not, however, capitalize common nouns that refer to the content of fields. Example: The Service Location field or the Provider field. The service location is invalid for this provider.</p>
	<p>Lowercase glossary terms unless they are proper nouns. Database table names (for example, in the DB table column of the field description) and database attributes are all uppercase. Capitalize each word in a heading.</p>
change orders	<p>Do not refer to a “mock-up” in the “Change Order” section. Refer the reader to the example of the result of the change order. Example: Refer to the Expenditure window to see the result of this change order.</p> <p>Save supplemental documentation with the file name Specifications.htm, and use the standard Specifications.htm template. The business impact should state, “Meet RFP requirement.” Each change order must have a requirement and system object associated with it. Do not capitalize when used in a sentence. Correct: No associated change orders found. Incorrect: No associated Change Orders found.</p>
character	<p>Do not use alphanumeric, use character instead. Correct: 7 character field Incorrect: 7 character alphanumeric field</p>
check box	Write as two words.
clerk ID	<p>Example for correct spelling of ID: Within the database, id_clerk is the field that holds the clerk ID. This field is eight characters long.</p>
Clinical Laboratory Improvement Act	Capitalize as shown.
click, click on	Use the word click, do not use click on.

Topic	Standards
click, press	Use click when you mean to use the mouse to click something. Example: Click OK. Use press when you mean to press a key. Example: Press Enter.
click, select	Use “click” when you mean to execute an immediate action, such as click a tab or button. Use “select” when you mean to place a check mark in a check box or highlight a field on a window. Use “deselect” when you mean to remove the check mark from a check box or highlighting from a field. (“Select” and “deselect” for check boxes are deviations from the <i>Enterprise Services University Style Guide</i> , which says that you click or clear a check box.)
client	See recipient. Do not use client, use member.
CMS	Centers for Medicare and Medicaid Services
CMS’	To form the possessive of CMS, add an apostrophe, not apostrophe and s. Correct: CMS’ Incorrect: CMS’s
comma	Use the serial comma. A serial comma is the comma before the conjunction that precedes the final element in a series. Examples: The convention will be held in June, July, or August. The proposed system will save money, streamline operations, and reduce downtime.
complete sentences	When feasible, use complete sentences and punctuation in paragraphs. Complete sentences are not necessary in tables, numbered lists, bulleted lists (within tables), button, and field descriptions.
concatenated fields	Database (DB) tables and attributes are added to the reports and panels in FIP and can be copied into the Word document from the same page on iTRACE. (When the DB table and attribute values for a concatenated field do not fit in the FIP DB columns, the TFALs and SEs enter the DB tables and attributes in the Description column for windows and in the Calculation column for reports and letters. Move the DB tables and attributes for the concatenated field from the Description or Calculation column to the appropriate DB columns in the document.)
COTS manual, reference to	If the document refers to a commercial off-the-shelf software (COTS) manual, include an explanation of why we are using it.
D	
dangling participles	Be sure to avoid these awkward and incorrect constructions. Correct: Double-clicking the Provider Type From and Provider Type To fields, displays the Provider Type Select window, which provides a list of valid provider types. Incorrect: By double-clicking the Provider Type From and Provider Type To fields, the Provider Type Select window appears, which provides a list of valid provider types.
Database	Write as one word.

Topic	Standards
database attributes	Database attributes are all UPPERCASE. Sometimes the SEs use to indicate concatenated DB attributes. Change the to a comma. Also, see DB table and DB attribute.
data type	See field data type.
DB tables and DB attributes	<p>Follow these standards to determine whether fields and buttons should have DB tables and attributes:</p> <ol style="list-style-type: none"> 1. Find, Inquire, Search, and Save buttons: Need DB table and attribute. All other buttons: N/A with a few exceptions. 2. Search fields: N/A (Indicate “Search” in parentheses after the field name.) 3. Fields populated from files: N/A (Include the field and file name in the Description column.) (Also, see fields populated from files.) 4. Calculated fields: N/A (Include the calculation in the Description column for windows and the Calculation column for reports and letters.) 5. Drop-down list boxes: May have DB table and attribute but not required. (Include valid values in the description or the code table and code table query in the appropriate columns.) 6. Check boxes: May have DB table and attribute but not required. 7. Radio buttons: May have DB table and attribute but not required. 8. All other fields: Need DB table and attribute. <p>Sometimes for space reasons, the SEs put the DB tables and DB attributes in the Description column for windows and in the Description or Calculation column for reports and letters. The technical writers should remove them from those columns and put them in the DB Table and DB Attribute columns. In most cases, you should not leave any of the information in the original columns. Sometimes an explanation goes along with the information. In that case, cut and paste the entire explanation (not just the DB table and attributes) into the DB table and DB attribute columns.</p> <p>Caution: Sometimes the information in the Description or Calculation column is a calculation that needs to stay there. Also, see calculations.</p>

Topic	Standards								
DB tables and DB attributes, cont'd.	<p>When a field lists more than one DB table, put the DB tables in the DB table column and also include the DB table plus attribute name in the DB attribute column. Example:</p> <table border="1"> <thead> <tr> <th>DB Table</th><th>DB Attributes</th></tr> </thead> <tbody> <tr> <td>T_RE_BASE, T_CASUALTY CARE, T_ATTORNEY</td><td>T_RE_BASEID_MEDICAID, T_RE_BASEDTE_BIRTH, T_RE_BASENAM_LAST, T_RE_BASENAM_FIRST, T_RE_BASENAM_MID_INIT, T_CASUALTY_CARENUM_SSN, T_CASUALTY_CARENUM_CASE, T_ATTORNEYNAM_LAST</td></tr> </tbody> </table> <p>If the field lists only one DB table, do not include the DB table in the DB Attribute column. Example:</p> <table border="1"> <thead> <tr> <th>DB Table</th><th>DB Attributes</th></tr> </thead> <tbody> <tr> <td>T_TPL_CARRIER</td><td>CDE CARRIER, NAM BUS</td></tr> </tbody> </table>	DB Table	DB Attributes	T_RE_BASE, T_CASUALTY CARE, T_ATTORNEY	T_RE_BASEID_MEDICAID, T_RE_BASEDTE_BIRTH, T_RE_BASENAM_LAST, T_RE_BASENAM_FIRST, T_RE_BASENAM_MID_INIT, T_CASUALTY_CARENUM_SSN, T_CASUALTY_CARENUM_CASE, T_ATTORNEYNAM_LAST	DB Table	DB Attributes	T_TPL_CARRIER	CDE CARRIER, NAM BUS
DB Table	DB Attributes								
T_RE_BASE, T_CASUALTY CARE, T_ATTORNEY	T_RE_BASEID_MEDICAID, T_RE_BASEDTE_BIRTH, T_RE_BASENAM_LAST, T_RE_BASENAM_FIRST, T_RE_BASENAM_MID_INIT, T_CASUALTY_CARENUM_SSN, T_CASUALTY_CARENUM_CASE, T_ATTORNEYNAM_LAST								
DB Table	DB Attributes								
T_TPL_CARRIER	CDE CARRIER, NAM BUS								
discrepancies	If you find discrepancies between the fields on the screen print or report layout and the fields in the field description tables, use the phrase “Pending FAL definition” in the Description column. A description of the discrepancy should also be found in the description column.								
dispositioned	Even though Word marks this word as misspelled, it is a commonly used term in the MMIS. Leave it as is.								
double-click	Always hyphenate.								
double-click row	See row double-click.								
drop-down	Hyphenate as shown.								
drop-down list box	Use instead of “drop-down box.” The description for drop-down list boxes should contain the possible values for the field. If these values are pulled from data within the MMIS, the name of the code table and code table query used for deriving the values should be documented in the corresponding columns. If the values are hard coded, they should be listed in the description column.								
DSS	Use Interim DSS to refer to the transition DSS solution. The interChange DSS is treated as an interChange subsystem.								

Topic	Standards
Gainwell Technologies	Remove unnecessary references to Gainwell Technologies. Leave them if they are necessary for technical accuracy. Correct: The Financial YTD Check XREF Balancing report is an internal financial report. Incorrect: The Financial YTD Check XREF Balancing report is an internal Gainwell Technologies financial report. Correct: This report assists the Florida staff. Incorrect: This report assists the Gainwell Technologies staff. Correct: This financial control number is assigned by the Gainwell Technologies financial unit to an individual check. Correct: In systems where Gainwell Technologies cuts the check, it is the check number. This is not the case for Florida.
E	
e.g.	Use “for example” instead.
end dates	Dates in the database are stored as long integers in the format CCYYMMDD. For example, the default end date is 22991231. The default end date used for open segments is 2299/12/31.
etc.	Avoid using this abbreviation. Rewrite the sentence or use a phrase such as “and others” or “and so on.”
exit button	See standard field and button descriptions.
extra features	In the pages/panels documentation, define any extra features that require additional information that, due to space, cannot be entered in the field description (such as the instruction on how to print a report) in the “Extra Features” section.
F	
Federal Employer Identification number	Capitalize as shown.

Topic	Standards
field data type	<p>Data type should be number, integer, or character, depending on the internal format. Use the field description to specify the number of decimal places displayed.</p> <p>A number field that displays special characters (\$,./) is not a numeric-formatted field; it is character-formatted field. The only instance where you would have a number field is if no decimal places or special characters are displayed. Therefore, the data type for fields with decimal or special characters is character, not numeric.</p> <p>Data type values include:</p> <ol style="list-style-type: none"> 1. Character; 2. Check box; 3. Date (CCYYMMDD); 4. Drop-down list box; 5. N/A (with field type of button); 6. Number; and 7. Radio button. <p>If the field type is button, the data type is N/A.</p> <p>For every field on the window or report, the field description table should have a corresponding entry. If a field appears more than once, include an entry for each occurrence of the field. For these duplicated fields, distinguish them by adding further description (capitalizing the first letter of each word) in parenthesis after the field name. For example, Tax ID (Search), Tax ID (Results). For fields that are columns in tables, include only the column header.</p>
	<p>In the Field column of the field description tables, list the field name exactly as it is on the window or report. In the Description column, spell out any abbreviated terms. If the exact words do not appear in the description, spell out the abbreviated terms at the beginning of the field description.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Tot Rbt Amt Paid: Total rebate amount paid. The current amount dispositioned for a specific National Drug Code. • Tot Units Reimb: The total units reimbursed for a specific invoice period to a labeler for a National Drug Code.

Topic	Standards
field descriptions	<p>Unlabeled fields on windows (for example, the label Zip followed by a five-character ZIP field and then a four-character ZIP+4 field that does not have its own label) should be documented in the “Field Description” and “Field Edit Message and Correction” sections under the label with which they are grouped. The description should indicate that multiple fields are associated with the label, and the length should be the sum of the lengths of the associated fields. There should not be fields on pages/panels that are not associated with a label.</p> <p>Do not include report headers in the field description table. These headers include Page, Report Name, Report Number, Run Date, Run Time, and so on. Include the field navigation in the Navigation column, not in the Description column.</p> <p>The description for drop-down list boxes should contain the possible values for the field. If they are pulled from data within the MMIS, the name of the code table and code table query used for deriving the values should be documented in the corresponding columns. If the values are hard coded, they should be listed in the Description column.</p> <p>Fields within an example of a letter should use the field name in parenthesis instead of Xs or 9s. Use (Date) instead of (Month DD, CCYY) or (XX/XX/XXXX). The only exclusion is if the report is pulling claims data and a section of the letter is similar to a report. See the Accounts Receivable Payment Letter for an example.</p> <p>Complete sentences are not necessary in field descriptions. For consistency, insert a period at the end of the description whether or not it is a complete sentence. Use character length of 9 and numeric length of 9 instead of X(9) or N(9).</p>
field descriptions, standard	See standard field and button descriptions.
field edits	If a window has no field edits, include the “Field Edits” section and the standard table. However, the table should have only one row after the table headings, and that row should be merged into one column. Use this text: “No field edits.” (Insert a period at the end.)
field length	<p>All field lengths for the same data element should be consistent across the DSD and across all subsystems. For example, the length of the Provider Number field should be nine (10 if the service location code is included). For windows, the field length is the length of the field in the database, not what is displayed on the window. MM/DD/CCYY would be eight characters. For reports and letters, the field length is the length of the field displayed on the report or letter. MM/DD/CCYY would be 10 characters.</p> <p>For drop-down list boxes, the field length should be the field length of the code selected from the drop-down list, not the field length of the description.</p>

Topic	Standards
field name	<p>Use the Gainwell Technologies standards for heading and title capitalization for the names of fields. (See capitalization.) Do not bold field names.</p> <p>Use field names exactly as they appear on the window or report, including abbreviations and acronyms.</p> <p>Edit and correction messages should display the field name as it appears on the window.</p> <p>Example: DOS must be in MM/DD/CCYY format. The only time this standard would be an issue is if there is not enough space to spell out the entire field (should it appear that way on the window). If this occurs, the field name should be abbreviated. Field names can be omitted from the error messages if the message assumes the field name as the prefix or suffix (for example, “is required!” assumes the field name as the prefix to the message). Field names in the Field column of the “Field Description” section should be in mixed case (that is, “Provider” and not “PROVIDER”).</p>
field order	<p>For windows, the field order is alphabetical but is not to be changed by the tech writers. The field order is dictated by the TDD publishing script. The only time the tech writers need to apply the standard is if they add a row to the field descriptions table. A button is considered to be a field. The TDD field order does not match the Project Workbook field order.</p> <p>For reports and letters, the field order should be based on the order on the report. If the field order does not match the report, the SE needs to update it in the Florida Interactive Portal (FIP). The technical writers do not need to change it in the TDD.</p>
fields populated from files	<p>If a field on a report, window, or letter comes from a file, follow these standards:</p> <p>Put the technical name of the field and file at the end of the description in the Description column. Make it a separate sentence. Do not make it a separate paragraph. Use this wording:</p> <p>This field is populated from the xyz field in the abc file. (Use the technical names of the field and file. Use lowercases for the field and file names, so they look noticeably different from database tables and attributes.)</p> <p>Example: This field is populated from the amt_check_void field in the fiw10004.dat file.</p> <p>Be sure to include the file name, not just “work file” or “input file.”</p> <p>Put N/A in the DB Table and DB Attribute columns.</p> <p>Also, see DB tables and DB attributes.</p>

Topic	Standards
field type	Field type values include: 1. Button; 2. Field; 3. Combo Box; 4. Listview; 5. Label; 6. Hyperlink; and 7. Drop-down List Box If the field type is button, the data type is N/A.
field values	Do not use quotation marks or single quotation marks around field values. Correct: The valid values are H for health board and P for prescriber. Incorrect: The valid values are 'H' for health board and 'P' for prescriber.
file names	File names, such as t_chk_clm_xref, can be either upper- or lowercase. For elements in the Description row of the Program documents, include only the technical name, not the descriptive name, of input and output files and tables. Correct:prv0600.dat Incorrect:prv0600.dat - Medicare Sanction interface file
financial control number	Do not use caps. The abbreviation FCN is capitalized.
functional area	Do not use functional area. Instead use subsystem, as in Member Management subsystem or Claims subsystem.
G	
grammar and usage	Follow standard grammar and usage conventions. Helpful sources include <i>Harbrace College Handbook</i> , <i>The Elements of Style</i> , and <i>The Little, Brown Handbook</i> .
graphics	Be selective with the use of color in included images. Background colors can make the text difficult to read when it is printed. When images are included in the subsystem overview sections, include a caption explaining what the image represents. Also, see screen captures and images.
H	
Heading and Title Capitalization	(Gainwell Technologies Standards) Capitalize nouns, pronouns, adjectives, verbs (including words like be, is, are, and so on), adverbs, and all other words containing four or more letters in headings and titles. Also, capitalize all, no, not, off, out, so, up, and yet. File names, such as fiw10004.dat, can be either upper- or lowercase. Program names, such as drad0245, are lowercase.

Topic	Standards
headings	<p>Example: Capitalize Each Word in a Heading</p> <p>Use the appropriate template to apply the correct heading style automatically. In general heading 1 for introduction, heading 2 for details system, heading 3 is for reports, heading 4 for details. Use an approved document for reference as needed to apply the correct headings. See also template and capitalization.</p>
Health Care Financing Administration (HCFA)	<p>Has been renamed Centers for Medicare and Medicaid Services (CMS). Use the new name. This standard applies to form names as well. For example, CMS changed the name of the HCFA-1500 form to CMS-1500.</p> <p>Exception: HCFA as part of a database attribute name does not change.</p>
Enterprise Services	<p>Remove unnecessary references to Enterprise Services. Leave them if they are necessary for technical accuracy.</p> <p>Correct: The Financial YTD Check XREF Balancing report is an internal financial report.</p> <p>Incorrect: The Financial YTD Check XREF Balancing report is an internal Enterprise Services financial report.</p> <p>Correct: This report assists the Florida staff.</p> <p>Incorrect: This report assists the Enterprise Services staff.</p> <p>Correct: This financial control number is assigned by the Enterprise Services financial unit to an individual check.</p> <p>Correct: In systems where Enterprise Services cuts the check, it is the check number. This is not the case for Florida.</p>
hyperlinks	<p>Remove hyperlinks from a Word document; the text stays, only the active link needs to be removed.</p> <p>If the “Extra Features” section includes a hyperlink to a Web page with information about the menu bar and options, delete the sentence with the hyperlink. If the section includes no other information, insert “This window has no extra features.”</p>
I	
iCE	<p>Capitalize the abbreviation ‘iCE’ as shown. Avoid using interChange Enhanced. Instead use interChange to refer to the Base System. InterChange is the new FMMIS.</p> <p>See also interChange.</p>
ID	All caps. Exception, see clerk_id.
i.e.	Use ‘that is’ instead.
images	See screen captures, graphics, and readability.
index terms	Lowercase index terms unless they are proper nouns.
inputs and outputs	<p>Documentation for all programs should have inputs and outputs listed. Even if the output is a report, it should be listed. Every program should have at least one input and one output. If an input or output is missing or marked incorrectly (for example, two outputs and no input), follow your issue resolution process.</p> <p>Inputs and outputs usually mean external interfaces, but the State suggests they also include FMMIS and DSS subsystems.</p>

Topic	Standards
interChange	Capitalize as shown. When at the beginning of a sentence the I is capitalized, otherwise do not capitalize the I. See also iCE.
iTRACE	Capitalize as shown. When at the beginning of a sentence the I is capitalized, otherwise do not capitalize the I.
IV-D	Does not need to be spelled out. Pronounced 'four D', IV-D is a Federal program that requires states to track child support and is used as a generic term to represent the state's child support system.
J	
job script descriptions	<p>Begin job script descriptions with this sentence: The xxx job [verb]...</p> <p>Example: The Active Provider Specialty Trend Information job produces report PRV-0551-M, which lists provider enrollments and terminations by program and provider specialty. In some cases, the frequency may be stated. Example: The monthly Active Provider Specialty Trend Information job produces report PRV-0551-M, which lists provider enrollments and terminations by program and provider specialty.</p> <p>If the job script creates reports, list all report titles (including the report technical name) and descriptions in a bulleted list using the following format. Also, note that if the job script does not create a report, this wording does not apply.</p> <p>The xxx job creates the following reports: Report Title (report technical name), which report description - copied directly from the report. Example: The Network Adequacy Report job creates the following report: MCC Network Adequacy report (CTM-0050-R), which lists the number of providers by managed care contractor (MCC) specialty compared with the number of members in a given geographic region.</p> <p>Note that the report technical name is usually something like CTM-0060-M. The technical name is different from the file name, which is something like ctm0060m.rpt. The file name does not need to be included in the description in parentheses. It is listed under Input/Output Files.</p> <p>For the job step tables, use these column widths: Column 1: 1.5 inches Column 2: 0.38 inches Column 3: 5.05 inches</p>
job script files	<p>Begin job script file descriptions with this sentence: This file contains...</p> <p>If a file is referred to in multiple job steps, make sure the description is the same.</p> <p>The label "Input/Output Files:" should not wrap. See for cell widths job script descriptions.</p>

Topic	Standards
job step descriptions	<p>Job step: This job step executes program... (This applies for all programs, not just generic programs. Exception: Job steps that copy reports are addressed below.)</p> <p>Job step (for report copy step executing copy2route.dir or a similar program that copies a report): This job step copies the report to Report Storage and Indexing.</p> <p>Add a blank table row between job steps for readability.</p> <p>In the job step description, if the job step executes a program that produces a report, use the following text:</p> <p>“This job executes program xxx, which produces the xxx report.”</p> <p>Example: This job step executes program ctm0050r, which produces the MCC Network Adequacy report (CTM-0050-R).</p> <p>In the Input/Output Files row, the first column contains a file name. In the second column, list the report title and report technical name in parenthesis.</p> <p>Example:</p> <p>First column: ctm0050r.rpt</p> <p>Second column: This file contains the MCC Network Adequacy report (CTM-0050-R).</p>
K	
keys on the keyboard	<p>Names of keys should appear with the same capitalization that appears on the keyboard. Use a plus sign (+) to indicate that you press keys simultaneously, and use a comma (,) to indicate that you press them sequentially.</p> <p>Example: Press Ctrl + S. Example: Press F, C, L.</p>
key, type	<p>“Key” is a noun, not a verb. Use “type” instead.</p> <p>Correct: Type information in the field.</p> <p>Incorrect: Key information in the field.</p>
L	
letters documents	<p>As much as it makes sense, follow report documentation standards. The letters documents should be portrait page orientation. Replace the word report with the word letter. The fields in the field description table are listed in the order they appear in the letter.</p>
location and process in report samples	<p>See report samples.</p>
long-term	<p>Hyphenate when used as an adjective preceding the noun it modifies.</p> <p>Example: long-term care</p>
M	

Topic	Standards
margins	Page Set Up margins for documents using portrait and landscape orientation are; top and bottom margins of 1”, left and right margin of 1”, gutter 0”, gutter position left. Table margins, 100% width, alignment left. Use Table Header Left Style. See also table format.
member	See recipient. Do not use member. Instead use recipient.
messages	The technical writers do not edit the Messages column because it contains the exact message text from the program. Edit and correction messages should display the field name as it appears on the window. Example: DOS must be in CCYYMMDD format. The only time this would be an issue is if there is not enough space to spell out the entire field (should it appear that way on the window). If this occurs, the field name should be abbreviated. Field names can be omitted from the error messages if the message assumes the field name as the prefix or suffix (for example, ‘is required!’ assumes the field name as the prefix to the message).
MMIS	The word system should not follow MMIS, which stands for Medicaid Management Information System. Correct:MMIS Incorrect:MMIS system
mock-up	See screen captures.
N	
National Drug Code	Capitalize as shown.
navigate	“Navigate” does not take a preposition. Correct: Navigating the Main Window. Incorrect: Navigating through the Main Window.
navigation	In the “Navigation Options” section, for the technical names of windows, use square brackets, not parentheses. Example: This window can be accessed from Main Menu [Provider], Provider Menu [Ownership], Ownership Menu [Board Participant]. Example: Board Participant Maintenance [w_board_participant_maint]
new button	See standard field and button descriptions.
None	In field description tables, use None (capitalize first letter, no period).
numbers	Spell out all numbers from one through nine, (1,2,3,4,5,6,7,8,9). Use figures for numbers 10 and greater. Spell out numbers that begin a sentence, headline, or bullet, or rewrite the sentence so the number is not at the beginning. Exception: calendar years, such as 1999, can begin a sentence. Mixing figures and spelled out numbers in a sentence is acceptable. Example: Forty-five percent of the employees preferred to work four 10-hour days each week; 55 percent preferred to work five eight-hour days.
O	
online	Do not hyphenate.

Topic	Standards
orientation	See page orientation.
outputs	See inputs and outputs.
P	
page breaks	Always use a manual page break; only use section breaks to define difference between landscape and portrait.
page orientation	For reports, layouts, screen captures and windows documents, use landscape orientation. For programs, job scripts, and letters documents, use portrait orientation.
parentheses	In the “Navigation Options” section, for the technical names of windows, use square brackets, not parentheses. Example: This window can be accessed from Main Menu [Provider], Provider Menu [Ownership], Ownership Menu [Board Participant]. Example: Board Participant Maintenance [w_board_participant_maint]
panel descriptions	Begin panel descriptions with the following sentence: Use the xxx panel to ... Example: Use the Provider Capital Cost panel to view or update provider-specific capital cost rate data.
panel images	See screen captures.
panel names	Use the Gainwell Technologies standards for heading and title capitalization for panel titles. (See capitalization.) Do not capitalize the word panel. Example: Provider Accounts Receivable Mass Updates panel. Panel names should match exactly the panel title in the screen capture.
panel navigation	Include the directions to access the panel in the Navigation section. These directions should follow the description and begin a new paragraph. Example: Access this panel from Main Menu [Financial], Financial Menu [1099 Display], 1099 Display Options Menu [1099 Adjustments]. Note: Do not use a colon after the word ‘from’ in the previous sentence.
patient	See also recipient.
percent	Spell out rather than using%, except in graphics where space is limited.
period	Use one space after a period between sentences. Old American style. Also, see bulleted list.
personal names	Do not use personal names. Use job titles instead. Correct: The department chairperson runs this report monthly. Incorrect: Susie Jones runs this report monthly.
PMO	Project Management Office
press, click	See click, press.
process and location in report samples	See report samples.

Topic	Standards
program descriptions	<p>Begin program descriptions with this sentence: The xxx program [verb]...</p> <p>Example: The DOH Immunization Extract program extracts immunization history from the Department of Health (DOH).</p> <p>If this standard sentence would result in too much repetition, begin the sentence this way: This program [verb]...</p> <p>Example: This program creates the Cash Dispositioned Not Posted report [FIN-1913-W].</p> <p>In this example, the program title is Cash Dispositioned Not Posted Report. The sentence would be too repetitive if the sentence included the program title.</p> <p>If the program is for a report, make the program description the same as the report description. If a program produces a report, include the title and technical name of the report.</p>
program descriptions, sub-elements	<p>The description section should contain the following sub-elements. Each sub-element except Link Procedure should be plural. Put a single line space (hard return) between sub-elements.</p> <p>Input Parameters: (List vertically if more than one.) (If no parameters, specify "None")</p> <p>Exit Values: EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination because of open, read, allocation, or input errors</p> <p>Input Files: (List vertically if more than one.) (If no files, specify "None")</p> <p>Output Files: (List vertically if more than one.) (If no files, specify "None")</p> <p>Input Tables: (Table names are uppercase. List vertically if more than one.) (If no tables, specify "None")</p> <p>Output Tables: (Table names are uppercase. List vertically if more than one.) (If no tables, specify "None")</p> <p>Sort Criteria: (List vertically if more than one.) (If no sort criteria, specify "None") (Use the technical table and attribute name, not the English name. Example: T_PUB_HLTH_PGM.DSC_PGM.)</p> <p>Switches:</p>

Topic	Standards
program descriptions, sub-elements (cont'd.)	<p>(List vertically if more than one.)</p> <p>(If no switches, specify “None at this time”)</p> <p>Link Procedure:</p> <p>(Do not use “Link with.” If more than one link, list in paragraph format, using commas and “and” before the last link. Do not use a period.)</p> <p>(If no link procedures, specify “None”)</p> <p>Special Logic Notes:</p> <p>(If no special logic, specify “None”)</p> <p>List the job scripts that execute the program separately under the sub-element headings for Input Files and Output Files. The following instructions apply equally for input or output files. Put the names of the files used, even if only one, in a bulleted list below each job script name.</p> <p>If a job script does not use any files, list “None” under the job script name, with a bullet. If no job script executes the program, enter “None” under the sub-element heading, without a bullet. If multiple job scripts use exactly the same files, list the scripts together serially (a, b, and c), followed by the files used in a bulleted list.</p> <p>Do not list scripts together this way when there is only partial overlap, to avoid confusion. Do not indent the bulleted list items (that is, the bullet itself should be left aligned). Apply the bullets using the Formatting Toolbar button, to maintain consistency. Select the round Symbol font bullet at 12 points size, if anything else appears.</p> <p>Example: multiple job scripts:</p> <p>Input Files:</p> <p>TPLJM040</p> <p>tpl_bc_bs.ctl</p> <p>tpm04005.srt</p> <p>TPLJW034</p> <p>None</p> <p>TPLJM022</p> <p>tpm02201.srt</p> <p>Output Files:</p> <p>TPLJM040</p> <p>tpl9005.rpt</p> <p>tpm04002.rpt</p> <p>TPLJW034</p> <p>None</p> <p>TPLJM022</p> <p>tpm02202.rpt</p> <p>Example: one job script:</p> <p>Input Files:</p> <p>TPLJM040</p> <p>tpl_bc_bs.ctl</p> <p>tpm04005.srt</p>

Topic	Standards
program descriptions, sub-elements, (cont'd.)	<p>Output Files: TPLJM040 tpl9005.rpt tpm04002.rpt Example: one job script, no files used: Input Files: TPLJM040 None Output Files: TPLJM040 None Example: no job script: Input Files: None Output Files: None Example: job scripts using exactly the same files and groups of files that differ slightly: Input files: MARJA360, MARJA361, and MARJA362 ext_372_recips.dat ext_372_prov_cov.dat t_mr_wvr_svc_iy.dat t_mr_wvr_svc_ly.dat ext_wvr_cov.dat ext_wvr_cov.idx MARJA380 ext_372_clms.wrk ext_372_recips.idx ext_372_prov_cov.idx mra38030.ctl</p>
programs	<p>Documentation for all programs should have inputs and outputs listed. Even if the output is a report, it should be listed. Do not use the extensions in the program names. Correct: pbrdconv Incorrect: pbrdconv.scb Lowercase program names. Use the Gainwell Technologies standards for heading and title capitalization for program titles. (See capitalization.) Correct: Provider Group Member Conversion Incorrect: Provider group member conversion Do not include references to COBOL programs in the documentation.</p>

Topic	Standards
provider ID	<p>Provider ID in interChange is a nine digit number.</p> <p>Even though this is a number, it needs to be treated as characters because the leading zeros are significant.</p> <p>In many cases, the service location is an integral part in identifying a provider. Service location is a single character code.</p> <p>Most information specific to a provider is identified by a combination of the provider ID and service location.</p> <p>Because the provider number is always used, the description for the field should contain the information for that provider ID number with nine characters.</p> <p>In instances where the location code is not deemed necessary, it simply will not appear on the window or report.</p> <p>In instances where location code does appear, based upon screen or report real estate, it may appear as part of the same field, in a separate field without a label, or in a separate field with a label. Here are the standards for those presentations:</p> <p>Same field as the Provider ID. The field should indicate that the presented field is a concatenation of the provider ID and service location suffix, for a total of ten (10) characters.</p> <p>Separate field without a label. The field should be described in the Provider Number field on the field listing as a separate sentence indicating that the provider service location suffix appears in a separate field and is one character long.</p> <p>Separate field with a label. Provider service location suffix of one character.</p> <p>Provider ID is an internal ID for this provider. It is used on internal reports and windows only.</p> <p>Outside correspondence uses the external ID which corresponds to either a seven digit Member Identification Number for FFS (and Crossover) providers, a seven-digit NABP number for pharmacy providers, or a nine digit FEIN for all other (encounter only) providers.</p>
provider ID field	See standard field and button descriptions.
provider-specific	Hyphenate. Example: Provider-specific level of care information.
purged	Use archived instead of purged.
Q	
quotation marks	<p>Always place periods and commas inside the quotation marks.</p> <p>Put exclamation points, question marks, dashes, colons, and semicolons outside the quotation marks when they apply to the complete sentence. Put them inside when they apply to the quotation.</p> <p>Use smart quotes. These are the rounded quotes, such as “ ”. If you have the straight quotes, change this setting in Word. From the Tools menu, select AutoCorrect. On the AutoFormat As You Type tab, in the Replace as you type area, select Straight quotes with smart quotes, and click OK.</p> <p>Do not use quotation marks around words or phrases for emphasis.</p> <p>Do not use quotation marks or single quotation marks around field values.</p>

Topic	Standards
R	
radio buttons	<p>Whenever a field contains radio buttons, put the field label in the field description table. In the Description column, include the radio button values. Do not include the radio buttons as separate fields in the field description table.</p> <p>Example:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Address <input type="radio"/> Legal <input checked="" type="radio"/> Invoice <input type="radio"/> Technical <input type="radio"/> ROSI/PQAS </div> <p>In this example, include Address in the Field column of the field description table. Include the radio button values in the Description column.</p>
readability image	<p>If needed place an image in landscape, if needed place an image on the next page and use one of the following text:</p> <p>For readability, the report layout displays on the next page.</p> <p>For readability, the report layout displays across several pages.</p> <p>For readability, the image displays on the next page.</p> <p>See also screen-prints and image.</p>
recipient	Use recipient; replace references to member with recipient.
remittance advice	Do not capitalize unless it is used as part of a title or other proper name.
report descriptions	<p>Begin report descriptions with this sentence:</p> <p>The xxx Report lists...</p> <p>Example: The Label Print Request Summary Information Report lists mailing label requests that are processed.</p>
report field descriptions	See field descriptions.
report headers	Do not include report headers in the field description table. These headers include Page, Report Name, Report Number, Run Date, Run Time, and so on.
report names	<p>Report names should match the titles of the reports. The technical writers change them in the TDD. They cannot be changed in the FIP tool.</p> <p>Use the Gainwell Technologies standards for heading and title capitalization for report names. (See capitalization.) Capitalize the word report only when it is part of the report title on the report sample.</p> <p>Example Title: Financial Balancing Report.</p> <p>Example Description: Provider Listing by Flexible Criteria report ('report' is not included in the report name).</p> <p>Use abbreviations and acronyms to reflect actual report names. Do not spell out the abbreviation or acronym in the report name itself. Whenever possible, spell out any abbreviations or acronyms in the description paragraph rather than in the report name.</p>

Topic	Standards
report samples	In the report samples, the Process header has the technical name of the job script and the Location header has the technical name of the program. Make sure these header fields are not filled with question marks. Example: PROCESS: PRVJD010 LOCATION: PRVP010D
requirements	All requirements that have a status of RV Approved must have a system object mapped to them. Only pages/panels, reports, letters, or general processes should be mapped. Do not map tables, programs, jobs, and so on to a requirement.
right-click	Always hyphenate right-click.
row double-click	When double-clicking a row navigates to another panel, include the word Row in parentheses after the field name (first field in the row) in the field description table. Use this wording in the Description column: Double-clicking the row displays the record in another panel. Include the panel name in the Navigation column. Format: panel Title [technical name].
S	
save button	See standard field and button descriptions.
screen, window	Use the word screen for a mainframe application. Use the word window for a GUI application, and page or panel for Browser-based interChange.

Topic	Standards
screen captures	<p>The images should not display invalid values for a field. Example: If the valid values are “Yes” and “No,” the image should not show the field with a value of “Both.”</p> <p>No sensitive data is permitted on screen captures. The images should be with color properties of 256. Color properties on PC must be changed to 256 before saving the image.</p> <p>On your desktop or on the Start menu, right-click the program that you want to run in 256 colors, and then click Properties.</p> <p>Click the Compatibility tab.</p> <p>Select the Run in 256 colors check box.</p> <p>Screen captures do not have real data, only dummy data. If you find screen captures with real data, contact the SE to change the screen print.</p> <p>(Screen captures are linked to, rather than embedded in, the documents. As a result, if an SE corrects a screen print, it will be automatically updated in the document the next time you open the document.)</p> <p>If needed place an image in landscape, if needed place on the next page and use one of the following text:</p> <p>For readability, the report layout displays on the next page.</p> <p>For readability, the report layout displays across several pages.</p> <p>For readability, the screen capture displays on the next page.</p> <p>See also readability.</p>
search fields	<p>Designate fields as search fields by adding “Search” in parentheses after the field name in the field description table.</p> <p>Example: Tax ID (Search)</p> <p>If the panel uses another term, such as “Criteria” or “Inquire,” include that term rather than “Search” after the field name.</p> <p>Example: Capitation Category (Criteria)</p>
search results fields	<p>When necessary to distinguish a search results field from a search field with the same name, add “Results” in parentheses after the field name in the field description table.</p> <p>Example: Tax ID (Results)</p>
select button	See standard field and button descriptions.
select, click	See click, select.
slash	<p>Avoid using a slash (/), including and/or. Try to rewrite the phrase without the slash.</p> <p>Correct: Change the name and address as appropriate.</p> <p>Incorrect: Change the name and/or address.</p>
Social Security number	Use initial capital on Social Security. It is a proper noun, do not use initial capital on number.

Topic	Standards
sort criteria	For programs, specify the sort criteria as the technical name of the table and field. For reports, specify the sort criteria as column names in mixed case without underscores (such as Provider Number). If the report sorts on a field that is not a column on the report, then list the field name in English without underscores (such as Sort Indicator 1).
spacing after punctuation	Use one space, not two, after all punctuation marks.
standard field and button descriptions	Use these standard field and button description: <ol style="list-style-type: none"> 1. Exit button: Closes the panel. 2. New button: Adds a new record. 3. Provider ID: The provider identification number. 4. Row double-click: Double-clicking the row displays the record in another panel. Include the name of the panel in the Navigation column. 5. Save button: Saves the updated information. 6. Select button: Navigates to another panel. Include the name of the panel in the Navigation column. Format: panel Title [technical name]. 7. State: The two character State abbreviation. 8. ZIP: The Zip Code including the five digit Zip Code and the four digit extension. The Zip Code extension field is unlabeled.
statuses	Plural for the word status.
Supplemental Security Income	Capitalize as shown. It is the proper name of a federal program.
switches	For this program description sub-element, use “None at this time”. Do not include a period at the end of this description.
system-assigned	Hyphenate when used as an adjective preceding the noun it modifies. Example: system-assigned identification number Exception: Do not hyphenate “system assigned key.” It is not hyphenated in the Glossary of Terms and Acronyms.
T	

Topic	Standards
tab	<p>The tab name appears in parenthesis before the field, with no space between the tab and the field. Example: (More Info)Country</p> <p>If multiple fields within a tab have the same labeling but for different sections, the section name appears in square brackets before the field, with no space between the tab, the section name, and the field. Example: (ICF MR Submissions)[Gen Info]City (ICF MR Submissions)[Member]City (ICF MR Submissions)[Designee]City</p> <p>When fields are too large to fit entirely in the field name (this occurs on web submissions where questions may be more than 55 characters), the field name contains as much of the text as possible, and the description field contains the full text. See also field data types-Information Management and field type.</p>
table names	<p>Use uppercase for table names. Correct: T_FOR_TWO Incorrect: t_for_two.</p>
template	<p>Go to Tools/Templates and Add Ins/Templates and attach the appropriate template as your standard document template, save your document. Go back and unmark 'Automatically update document styles', and save again. If you leave it marked Word can corrupt your template. See also style.</p>
tense	<p>See also verb tense. Always write in present tense, refrain from future tense. Incorrect: will be listed Correct: lists</p>
TFAL	Technical Functional Area Lead
third-party product documentation	<p>If system documentation or user manuals for a third-party product need to be included with the delivery of the Technical Design Document (TDD), make sure it is included and described within the subsystem specific section of the TDD document. Additionally, that document should be referred to in the appropriate areas of the TDD. As an example, if panels in the third-party product are used to satisfy a requirement, then at the top of the panels listing there should be text explaining how the panels can be found in the supplemental documentation.</p>
toolbar	Write as one word.
tortfeasor	Legal term. Correct as spelled here.
type, key	See key, type.
U	

Topic	Standards
unlabeled fields	Unlabeled fields on panels (for example, the label Zip followed by a five character ZIP field and then a four character ZIP+4 field that does not have its own label) should be documented in the “Field Description” and “Field Edit Message and Correction” sections under the label they are grouped with. The description should indicate that multiple fields are associated with the label, and the length should be the sum of the lengths of the associated fields.
use, utilize	In general, use the word use, not utilize. Use utilize only if you mean to put something to use for a particular purpose.
V	
verb tense	Use present verb tense, not the future tense. See also tense. Correct: The system generates the report. Incorrect: The system will generate the report.
W	
walkthrough, walk through	Walkthrough (one word) is a noun. Walk through (two words) is a verb.
we	Do not use the word we. Find another way to say it. Correct: In this case, an account receivable is also set up to make sure that the advance is recovered at a later date. Incorrect: In this case, an account receivable is also set up to make sure that we recover the advance at a later date.
window, screen	Use the word screen for a mainframe application. Use the word window for a GUI application, and page or panel for Web-based interChange.
X, Y, Z	
Zip Code	Capitalize as shown.
ZIP field	See standard field and button descriptions.

3.11 Checklist

The following list can be used as a checklist before delivering a file.

Issue	Completed
Title Page	
Subsystem Name	
DRAFT	
Version number	
Date	
Footer Date	
Footer Date box brought to front	
Document Information Page	
Document: Subsystem Name	
Document ID:	
Version:	
QA Reviewer:	
QA Review Approval Date:	
Author:	
Header	
Subsystem Name	
DRAFT	
Version number	
Date	
Footer	
Page number lowercase roman numeral beginning at ii	
Page # of #### (in Word documents)	
Amendment History Page	
Document Version #	
Modified Date	
Modified By	
Section, Page(s) and so on.	
Table of Contents	
Refreshed	
Margins	
Page numbering flush right	
General Review	
Spelling (see <XREF>Glossary)	
Active voice in present tense.	
Acronyms	

Issue	Completed
Bullets converted to numbered lists	
Lists left justified	
Remove personal names	
Formatting	
All diagrams and tables have captions	
FLCite style used	
Caption balanced on two (2) lines if needed	
No orphan captions	
Widow and orphans	
Correct styles for headings, body text, table text, captions	
Page Breaks	
Remove	
End in even pages: insert page break and "This page intentionally left blank." Body text centered on first line of page, used after TOC if it ends on odd page and/or at end of document	
Tables	
Table heading rows repeat	
Grid shows	
Caption with tables	

4 Deliverables Process (Operations)

This chapter outlines the work pattern to prepare updated systems documentation in a timely manner after implementation of the FMMIS on June 27, 2008.

4.1 RFP Requirements for Documentation Updates

The implementation of the FMMIS on June 27, 2008 set forth requirements for the timely completion of documentation updates during operations. These requirements must be followed. Sections 30.31.8.1 (for TDDs) and 40.1.3.12 (for User Documentation) of the RFP discuss the standards for Operations Phase systems documentation updates.

4.2 Operations Phase User Documentation Process

After the AHCA and Gainwell Technologies review, the Operations Phase User Documentation Process was outlined in MFAO Letter No. 61040-10 (and confirmed in MFAO Letter No. 62887-10). This section outlines the process for updating the Operations Phase User Documentation Process, which may include the addition or clarification of details within the document.

Purpose

The purpose of these procedures is to document the process of User Documentation updates required in the Gainwell Technologies contract. The state will require review of each User Documentation update. Additionally, Gainwell Technologies must make available upon request any desk level procedures, quick reference guides, or any other material used in the day-to-day execution of the contracted duties performed. The following procedure steps are to be followed by the state and Gainwell Technologies to ensure timely updates and effective reviews of the material.

Definitions

User Documentation is defined as Operating Procedures and Training Guides for the purposes of these procedures.

All time frames described in these procedures will be counted as beginning on the first work day after the date of delivery or implementation and ending at the normal close of business on the last day of the time period described. Other compliance measures are included in the procedures.

Documentation Format

The format of User Documentation agreed upon during implementation will remain in force, unless Gainwell Technologies and the state mutually agree upon a change that benefits the end user. The standards described in RFP Section 40.1.3.12 must be followed.

State Owners

The chart outlines the current operating procedures manuals and training guides located on iTRACE, the most recent update date recorded on iTRACE, and the state assignee.

Note: The tracking of document updates that is included in each document may contain an approval line from Implementation. Approval lines for updates dated after June 2008 should be blank, unless MFAO staff has approved the user documentation after that date. The approving state staff name should be entered in that case.

Gainwell Technologies Owners

Gainwell Technologies is required to identify contact staff for the User Documentation on the State Owner chart. These Gainwell Technologies staff will be the contacts for questions regarding subject matter of the submitted changes to the User Documentation, rather than the technical writer who prepared the document. The list of contacts should be updated if staff changes occur.

Procedure Steps

The following steps outline the process and provide supplemental instructions and timeframes. Changes can be identified either by the state or through system modifications through the CSR process.

Additional details are included in “Submission for Approval” on page 4-11.

Note: Gainwell Technologies notes in the table below are included in *italics*.

Step	Description	Action / Instructions
1	State Identified Change	<p>The state will issue an MFAO letter that:</p> <ul style="list-style-type: none">• Describes the change;• Establishes the time frame; and• Provides instructions for a response from Gainwell Technologies. <p>The subject line of the MFAO letter will contain the phrase USER DOCUMENTATION as in the following examples:</p> <ul style="list-style-type: none">• USER DOCUMENTATION—DBA Procedures Manual v1.0 or• USER DOCUMENTATION—FMMIS CCMS FG v2.0

Step	Description	Action / Instructions
2	System Modification Change	<p>Gainwell Technologies will prepare and submit hard copy updates to MFAO through an official letter within fifteen (15) workdays of the installed system change.</p> <p style="text-align: center;"><i>See “FIP/Correspondence” on page 4-14 for instructions for creating the Tracking ID.</i></p> <p>The subject line of the Gainwell Technologies letter will contain the phrase USER DOCUMENTATION as in the following examples:</p> <ul style="list-style-type: none"> • USER DOCUMENTATION—DBA Procedures Manual v1.0 or • USER DOCUMENTATION—FMMIS CCMS FG v2.0 <p>The closed date on the parent change order will be used to measure compliance, where applicable.</p> <p>In addition to the hard copy updates, Gainwell Technologies will email a soft copy of the procedure in a Word document to the appropriate MFAO contact on the same date as the delivery of the hard copy.</p> <p>Note: Hard copies will be duplexed on 3-hole paper.</p> <p style="text-align: center;"><i>Gainwell Technologies will continue to produce the CD with electronic copies of documents for delivery.</i></p>
3	Identified Document Changes	<p>Changes made to the User Documentation must be outlined in the document in the section included for that purpose.</p> <p>There should be sufficient detail in this outline of the changes to allow the state reviewer to locate the material that needs to be validated and for the user of the document to better understand the new procedures and to ensure a more uniform application of changes that impact their work.</p> <p style="text-align: center;"><i>Contact the Gainwell Technologies owner/author to get the summary detail needed for the Amendment History page.</i></p>
4	State and Gainwell Technologies Collaboration	<p>The state expects the MFAO and Gainwell Technologies owners of the documents to work together informally to clarify comments and respond to questions during the review period, as well as prior to the submission of the draft document to MFAO.</p>

Step	Description	Action / Instructions
5	State Review	<p>The state will complete the review of updated User Documentation within ten (10) workdays of the receipt of the draft.</p> <p>If there are no edits, the state will provide an approval of the update in writing within the ten (10) workday review period. Gainwell Technologies has three (3) workdays of the approval from the state in which to post the revised User Documentation on iTRACE.</p> <p>Note: In order to facilitate Gainwell Technologies' response to edits, soft copies of the MFAO letter and edited User Documentation, if used, will be emailed to the Gainwell Technologies contact provided.</p>
6	Requested Changes	<p>If there are edits, MFAO may use the soft copy document to respond to Gainwell Technologies using tracked changes. Otherwise, the edits requested will be identified by page and section number in the response letter to Gainwell Technologies.</p>
7	Edits with No Subsequent Review	<p>At the reviewer's discretion, the draft User Documentation requiring edits may be approved without a request for additional reviews by MFAO.</p> <p>An MFAO letter will be sent to identify the requested changes and approve the User Documentation.</p> <p>Gainwell Technologies has eight (8) workdays to complete the changes and post the revised User Documentation on iTRACE.</p>
8	Edits with Subsequent Review	<p>If the state reviewer determines that changes are needed in the draft User Documentation <u>and</u> that an additional review is warranted, the process for correction, with time frames for correction, will be described in a response letter within ten (10) workdays of the receipt of the User Documentation.</p> <p>When the state reviewer requests to review the changes, Gainwell Technologies will make the requested changes within five (5) workdays of the MFAO letter.</p> <p>The state will review the changes and respond with an approval letter within five (5) workdays of the date Gainwell Technologies submits the correction.</p> <p>Gainwell Technologies has three (3) workdays of the approval from the state in which to post the revised User Documentation on iTRACE.</p>

Step	Description	Action / Instructions
9	Gainwell Technologies Completes Updates	<p>The posting date of the updated User Documentation on iTRACE will be used to measure compliance. Six (6) hard copies of the updated User Documentation must be delivered to MFAO at the same time of the posting on iTRACE.</p> <p><i>The process has changed and six hard copies of these documents are not required. Gainwell Technologies will continue to produce the CD with electronic copies of documents for delivery. Refer to the "Hard Copy Counts for Approved Systems Documentation" on page 4-13.</i></p>

Timetable Summary Chart

The following table summarizes the timetables for deliverables submissions. Use this table to calculate due dates and AHCA review periods.

Submission Type	Gainwell Technologies	AHCA
State-identified change to Procedures Manual or Facilitator/Participant Guides (FG/PG)	Deadline dependent on AHCA/MFAO letter specifications	Review period subject to guidelines listed below
Updated Procedures Manual or Facilitator/Participant Guides	15 workdays from installed system change	10 workdays from receipt of draft
Conditional Approval (edits with no subsequent review)	8 workdays to complete changes and post to iTRACE	N/A
Edits with subsequent review (not approved)	5 workdays of the MFAO letter	5 workdays of submitted corrections
Approved	3 workdays of approval	N/A
TDD updates	15 workdays from Prod Approved status	N/A

AHCA Contacts

The following table provides AHCA and Gainwell Technologies contacts for each document affected by this procedure. Copy the transmittal letter to the AHCA contact and use the Gainwell Technologies contact in the Amendment History to resolve questions and provide the summary detail describing the updates (for Amendment History). The table was included in the AHCA letter, but has been edited and sorted alphabetically for easy reference, as well as updated to reflect organizational changes since the original publication.

Title of Documentation	AHCA
Adjudication of Claims and Encounters FG/PG	Chanel Smith
Adjustment PM	Debbie Warfel

Title of Documentation	AHCA
Adjustments and Voids FG/PG	Chanel Smith
Banking PM	Jill Smith
Business Continuity Plans – DRP	Gay Munyon
Business Continuity Plans – Magellan	Gay Munyon
Buy-In PM	Angela Pridgeon
CCMS FG/PG	Chanel Smith
Claims Processing Administration FG/PG	Chanel Smith
Claims Research FG/PG	Chanel Smith
Companion Guides (5010)	Directed by Change Order
Configuration Mgmt PM	Cheryl Travis, David Powers
Cost Avoidance FG/PG	Chanel Smith
Cycle Monitoring and Mgmt PM	Cheryl Travis, David Powers
Data Capture PM	Debbie Warfel
DBA PM	Cheryl Travis, David Powers
Documentation PM	Cheryl Travis
DSS Navigator FG/PG	Chanel Smith
DSS Web Intelligence FG/PG	Chanel Smith
EDI PM	Cheryl Travis
Field Services Representatives PM	Debbie Warfel
File Maintenance Service Auth PM	Cheryl Travis, Jennifer Giddons
Fraud Abuse FG/PG	Chanel Smith
HIPAA Privacy Policy and PM	Cheryl Travis
HIPAA Security Policy and PM	Cheryl Travis
ICD-10 User Guides	Debbie Warfel
Mailroom PM	Debbie Warfel
MAPIR User Guides (3)	Cheryl Travis
MAR FG/PG	Cheryl Travis
Medicare Buy-In FG/PG	Cheryl Travis
OnBase and Fundamentals	Cheryl Travis
OnBase FG/PG	Cheryl Travis
OnBase User Guide	Cheryl Travis
Payment Mgmt Basics FG/PG	Cheryl Travis
PBM CSAs	David Powers
PBM Guides	David Powers
Performance Reporting PM	Debbie Warfel
Print Center and Computer Operations PM	Debbie Warfel
Prior Authorization FG/PG	Chanel Smith
Project Management Organization PM	David Powers
Provider Communications Re Payments FG/PG	Chanel Smith

Title of Documentation	AHCA
Provider Contact Center PM	Debbie Warfel
Provider Electronic Solutions	Cheryl Travis
Provider Enrollment Processing PM	Nick Constantino
Provider Maintenance FG/PG	Chanel Smith
Provider Mgmt Basics FG/PG	Chanel Smith
Provider Payments FG/PG	Chanel Smith
Publications Coordinator PM	Chanel Smith
Recipient Maintenance FG/PG	Chanel Smith
Recipient Mgmt Basics FG/PG	Chanel Smith
Resolutions PM	Debbie Warfel
Secure Web Portal User Guide	Cheryl Travis
Systems Admin PM	Terry Schmidt
User Training PM	Chanel Smith
Viewing Claims Related Data FG/PG	Chanel Smith
Workflow FG/PG	Chanel Smith

4.3 Operations Phase TDD Process

As indicated in the RFP text in section 30.31.8.1, the Documentation team must update systems documentation “within fifteen (15) workdays of the State’s approval of the implementation of the change.”

Status Change by Week Report

The process of identification of changes to documentation begins when the change order moves to a “Prod Approved” status as reported in the Status Change by Week report located on iTRACE at:

https://itrace.flmmis.com/Florida/Administrative/Utils/CO_New_Status.asp.

AHCA authorized personnel provide the Prod Approved status after reviewing the change in MO or UAT along with the online iTRACE documentation of the change and associated system objects.

This report records every CO status change that occurs in a given week. This report records each change to status for all change orders (with Type = Change Order) from Wednesday through Tuesday and may list COs in more than one status as the CO moves through the various phases. The techwriters focus on the “Prod Approved” status listings to get the list of Change Orders that must be documented within the fifteen day requirement.

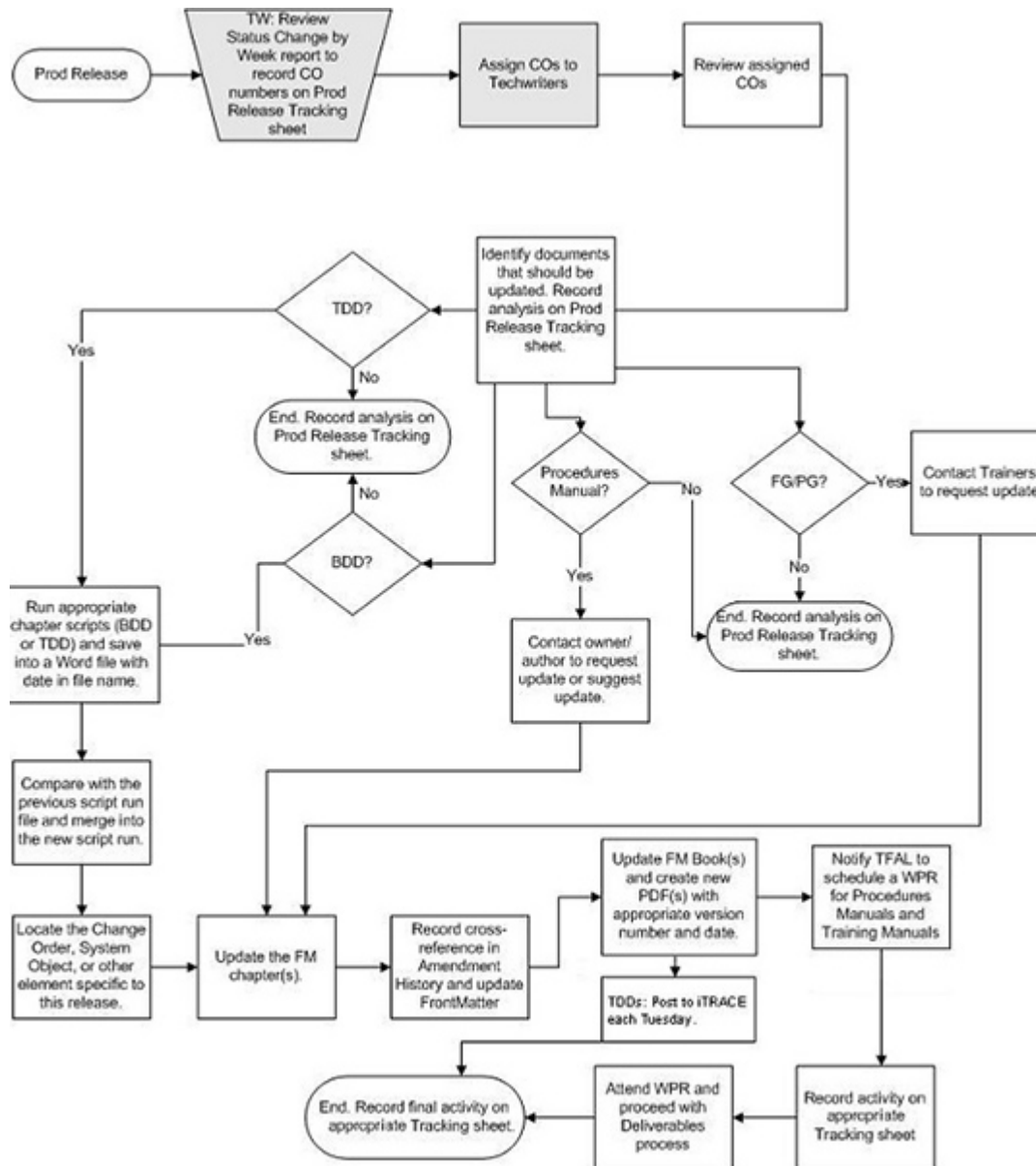
Because the report covers an entire week, the due date in our tracking sheet calculates to show due date for the updates two weeks (ten workdays) after the end of the reporting week. This allows for updates within the timeframe for changes that were approved early in the reporting week and prevent late updates.

Update the appropriate SharePoint spreadsheets to document current and future work on TDDs as described in “Document Tracking Spreadsheets” on page 5-7.

Updates to TDDs and BDDs

This flow diagram depicts the general steps involved with documentation updates for change orders with “Prod Approved” status. The Status Change by Week report is the only source used to identify the change orders to be documented.

More detailed information on the process follows the diagram.



High-level workflow diagram for Production Release documentation updates

1. Access the Status Change by Week report and scroll to the Prod Approved link for the week being researched.

Status	Number of CO's that entered this status
<u>2018/10/02</u>	
<u>Change Order Identified</u>	7
<u>Ready for CCB</u>	8
<u>CO Approved</u>	4
<u>Define/Analyze In Progress</u>	2
<u>DM Review Board Approved</u>	1
<u>Construction in Process</u>	8
<u>Ready for Const Wthu</u>	5
<u>Ready for PAR2 Impl</u>	3
<u>PAR2 Implementation</u>	4
<u>Ready for MO Impl</u>	4
<u>MO Implementation</u>	2
<u>Ready for UAT Impl</u>	2
<u>UAT Implementation</u>	4
<u>Ready for Prod Impl</u>	4
<u>CSR Author Reviewed</u>	1
<u>Test Results Approved</u>	2
<u>Prod Approved</u>	4
<u>Prod Implementation</u>	9
<u>Issue Identified</u>	5
<u>Deferred</u>	1
<u>Hold</u>	1
<u>Closed</u>	9

2. Identify the change orders that passed through the Prod Approved status for the week (see sample below.)

Tasks that have entered the "Prod Approved" status for the week ending 2018/10/02

Identifier	Type	Estimate	Description
<u>Buy-In</u>			
152893	CO	14	Updating Email Address from hpe
<u>Claims</u>			
151496	CO	22	Medicare edit 2265 change
<u>Provider Management</u>			
151408	CO	89	SPTF new file format
<u>Third Party Liability</u>			
145153	CO	6	Modify ID_Provider field length

3. Follow the links to the Change Order detail on iTRACE to determine whether the change order has associated system objects. If so, read the detail to determine if any part of the change affects documentation reported in the BDDs/TDDs/Training materials. Record all COs for the week on the Prod Release Updates tracking sheet on SharePoint and record techwriter assignment. See "Prod Approved" on page 5-8 and "FG/PG, PMs, and Other" on page 5-9 for more information.
4. Contact the responsible person listed on the Change Order to help answer questions or determine what the Change Order affected, if it is not evident from your research.
5. Run the appropriate scripts for comparison to the script document previously produced. Check the resulting redlined text for changes to use cases, the affected system object(s), and to the released Change Order(s). At a minimum, run the Change Orders and TDD Requirement Matrix scripts for TDD updates. If applicable, also run the associated system objects scripts. See "TDD Scripts" on page 9-1.
6. Update the affected TDD FM files (all document types) ("Working with FrameMaker" on page 6-1) and generate new PDF(s) ("Working with Adobe Acrobat Professional" on page 7-1).
7. Upload validated TDD zipped PDF files to iTRACE through FileZilla ("FileZilla - iTRACE Folders" on page 4-19) on Tuesdays. Record the upload date on the Prod Release Updates tracking sheet on SharePoint. See "Prod Approved" on page 5-8 for more information.
8. Complete the deliverables process for changes to Procedures Manuals and Facilitator and Participant Guides, as those documents are completed ("Operations Phase User Documentation Process" on page 4-1).
9. Upload all appropriate files (FM, Source, Images, and Zipped documents) to the SharePoint repository each day as work continues or is completed. Refer to "Upload Files" on page 5-5.

Updates to Training Materials

As indicated in the Configuration Management Plan:

Once AHCA approves a change, it is scheduled for promotion into the Production or Training environments. Changes that require modifications to clerical activities can be promoted to the Training environment prior to being promoted to Production (per AHCA direction). Changes not requiring modification of clerical activities (and thus no retraining required) can be promoted to the Production and Training environments concurrently.

Gainwell Technologies Operations, as part of the Change Order process, determines whether a change requires promotion to the Training environment prior to promotion to Production. For such changes, the Quality department supervisor attends the SysOps meeting to identify change orders moving to the Production environment. The training supervisor coordinates changes to appropriate training manuals and notifies the documentation team when the changes are available for update to the facilitator and participant guides.

For additional information on facilitator and participant guides, see “Facilitator/Participant Guides” on page 11-1.

Updates to Procedures Manuals

As changes occur to the FMMIS/DSS, the operations supervisors coordinate and communicate necessary changes for the procedures manuals. Record the associated changes, in summary detail, on the Amendment History page. Updated manuals are delivered to AHCA with appropriate review and response periods and posted to iTRACE as changes are approved by AHCA.

For additional information on these manuals, see “Procedures Manuals” on page 10-1.

4.4 Submission for Approval

User documentation, except weekly TDD updates, requires AHCA approval. Review “Operations Phase User Documentation Process” on page 4-1. The following provides additional detail for the internal process for submission:

1. Gainwell Technologies updates document content using established internal processes.
2. Obtain a Tracking ID via FIP/Correspondence (see “FIP/Correspondence” on page 4-14) and create the transmittal letter.

Copy the AHCA reviewer on the transmittal letter, as identified in the list of owners/authors in “AHCA Contacts” on page 4-5.

3. Enter an Administrative Service Request (ASR) on SharePoint at:

FLMMIS > Admin Service Request.

Note: User must have approval/permission to enter a new ASR.

4. Gainwell Technologies submits deliverable to AHCA.
 - a. Transmittal letter (with Tracking ID) is accompanied by the deliverables packet:

- (1) One hard copy (duplexed on 3-hole paper) for first review, or number of copies (duplexed on 3-hole paper) for final approved documents as defined in “Hard Copy Counts for Approved Systems Documentation” on page 4-13;
- (2) One CD containing:
 - i. Electronic copy of Zip/PDF document; and
 - ii. Comments, if any, with responses or AHCA approval letter;
- b. On the day of delivery (following confirmation by the administrative assistant), also send email to the AHCA reviewer to notify that the document was delivered for review.
5. AHCA provides written approval of the deliverable or review comments via MFAO letter with Tracking ID. See “State Owners” on page 4-1 and “Procedure Steps” on page 4-2 for details of the state responsibilities.
6. If approved without comments, Gainwell Technologies submits the final document to AHCA within three (3) work days of receipt of MFAO approval letter. See “Gainwell Technologies Owners” on page 4-2 and “Procedure Steps” on page 4-2 for details of the Gainwell Technologies responsibilities.
 - a. Update Document Information page to reflect the new Tracking ID number for submission of approved version.
 - b. Change PDF and Zip file name to include “_approved” following the version number. Example: FMMIS_Documentation_Procedures_Manual_v8_0_approved.pdf.
 - c. Gainwell Technologies submits the approved version following regular submission processes defined above and posts the approved document to iTRACE Deliverables (“FileZilla - iTRACE Folders” on page 4-19).
7. If not approved, Gainwell Technologies revises the deliverable based on the review comments and responds with corrections as outlined in “Procedure Steps” on page 4-2.
8. AHCA reviews and approves revised deliverable (see step 5) and Gainwell Technologies finalizes the document as described in step 6.

Administrative Services Requests

Each Transmittal letter with request for delivery to AHCA must be done through the Administrative Services Request program. Access the Administrative Services Request (ASR) on SharePoint at:

FLMMIS > Admin Service Request

Note: Only authorized users may enter a new ASR.

- a. Sort Issue ID column in Descending order to allow the newest items to appear first.
- b. Click New | New Item.
- c. Select Category from drop-down list (MFAO - Completed Response).
- d. Provide a Short Description. Example: USER DOCUMENTATION: Buy-In Procedures Manual DRAFT v3.0.
- e. Provide Details. Example text used most often:

Please print the attached letter for delivery to AHCA by COB on <Insert Due Date>. <Insert techwriter name> will bring the deliverables packet to you by COB on <Insert date that is one day before Due Date>.

- f. Use Normal Priority, unless the due date is less than 48 hours from date the ASR is established. If less than 48 hours to delivery date to AHCA, use Urgent Priority.
- g. Do not enter the Assign To field. This is completed by the Administrative staff.
- h. Select Open from the drop-down list in the Status field.
- i. Attach file (located at the top left side of the ASR). Browse to the appropriate letter and click OK.
- j. Click OK and record the ASR number in the Tracking Deliverables ASR # field for the document being delivered.

Hard Copy Counts for Approved Systems Documentation

Per agreement with AHCA detailed in MFAO 68890-11 (dated 12/2/2011), the following table provides a list of Systems Documentation and the number of hard copies required for each submission of approved documents.

Title of Documentation	Number of Hard Copies
Adjudication of Claims and Encounters FG/PG	0
Adjustment PM	1
Adjustments and Voids FG/PG	0
Business Continuity Plans	0
Buy-In PM	4
CCMS FG/PG	0
Claims Processing Administration FG/PG	0
Claims Research FG/PG	0
Companion Guides (5010)	3
Configuration Mgmt PM	3
Cost Avoidance FG/PG	0
Cycle Monitoring and Mgmt PM	3
Data Capture PM	3
DBA PM	3
Documentation PM	3
DSS Navigator FG/PG	0
DSS Web Intelligence FG/PG	0
EDI PM	3
EDS Banking PM	3
Field Services Representatives PM	1
File Maintenance Service Auth PM	3
Fraud Abuse FG/PG	0
HIPAA Privacy and Security Operations PM	4

Title of Documentation	Number of Hard Copies
ICD-10 documents	1
Mailroom PM	1
MAPIR User Guides (3)	3
MAR FG/PG	0
Medicare Buy-In FG/PG	0
OnBase and Fundamentals	0
OnBase FG/PG	0
OnBase User Guide	0
Payment Mgmt Basics FG/PG	0
PBM CSAs	N/A
PBM Guides	N/A
Performance Reporting PM	1
Project Management Organization PM	0
Print Center and Computer Operations PM	1
Prior Authorization FG/PG	0
Provider Communications Re Payments FG/PG	0
Provider Electronic Solutions	3
Provider Enrollment Processing PM	0
Provider Maintenance FG/PG	0
Provider Mgmt Basics FG/PG	0
Provider Payments FG/PG	0
Provider Services Contact Center PM	1
Publications Coordinator PM	3
Recipient Maintenance FG/PG	0
Recipient Mgmt Basics FG/PG	0
Resolutions PM	1
Secure Web Portal User Guide	3
Systems Admin PM	3
User Training PM	1
Viewing Claims Related Data FG/PG	0
Workflow FG/PG	0

4.5 FIP/Correspondence

To create a Tracking ID for use with a deliverables transmittal letter, open iTRACE and click FIP in the blue navigation bar.

First Submission

Follow the steps below to generate the transmittal letter for a first-time submission of the draft document:

1. Click Correspondence located in the left navigation frame.
2. Click Add from the sub-menu that displays.
3. The Add Correspondence form opens. Complete the form using the following fields:
 - a. Type - select From Gainwell Technologies to State from the drop-down list;
 - b. Category - select Operations from the drop-down list;
 - c. Deliverable - click to mark this checkbox;
 - d. Subject - enter the name of the document and reason for submission. For example, "Submission of the FMMIS Documentation Procedures Manual v8.0" or "Submission of the final approved FMMIS Documentation Procedures Manual v8.0".
 - e. Sent Date - select from the calendar or enter in mm/dd/yyyy format. This date should match the Memo Date and reflects the date on which the letter with attachments was delivered to AHCA.
 - f. Memo Date - select from the calendar or enter in mm/dd/yyyy format. This date should match the Sent Date and reflects the date on which the letter is written.
 - g. Due Date - select from the calendar or enter in mm/dd/yyyy format. This date is based on the response from AHCA date indicated in the letter. In the case of a letter received from AHCA/MFAO, this date is based on the contractual delivery schedule (three days, five days, eight days) or as indicated in the letter.
 - h. From - this field is system generated;
 - i. To - this field is system generated;
 - j. CC'd To - enter the AHCA contact for the particular document as identified in the contact list at "AHCA Contacts" on page 4-5;
 - k. Directory - select Deliverables from the drop-down list;
 - l. Click Add Correspondence; and
 - m. Record the Tracking ID from the top of the form. Enter this number in the transmittal letter and use it as part of the file name.

Resubmission or Approved Document

1. Click Correspondence located in the left navigation frame.
2. Enter the number in the MFAO ID field to search for the MFAO letter number to which the document responds.
3. Click Go!
4. Click on the Tracking ID link to open the Correspondence form.
5. Scroll to the bottom of the form and click Create Response.
6. Complete the form using the following fields:
 - a. Type - Select From Gainwell Technologies to State from the drop-down list.
 - b. Category - Select Operations from the drop-down list.
 - c. Deliverable - Click to mark this checkbox.

- d. Subject - Enter the name of the document and reason for submission. For example, “Submission of the FMMIS Documentation Procedures Manual v8.0” or “Submission of the final approved FMMIS Documentation Procedures Manual v8.0”.
- e. Sent Date - Select from the calendar or enter in mm/dd/yyyy format. This date should match the Memo Date and reflects the date on which the letter with attachments was delivered to AHCA.
- f. Memo Date - Select from the calendar or enter in mm/dd/yyyy format. This date should match the Sent Date and reflects the date on which the letter is written.
- g. Due Date - Select from the calendar or enter in mm/dd/yyyy format. This date is based on the response from AHCA date indicated in the letter. In the case of a letter received from AHCA/MFAO, this date is based on the contractual delivery schedule (three days, five days, eight days) or as indicated in the letter.
- h. From - This field is system generated.
- i. To - This field is system generated.
- j. CC'd To - Enter the AHCA contact for the particular document as identified in the contact list at “AHCA Contacts” on page 4-5.
- k. Directory - Select Operational Correspondence from the drop-down list;.
- l. Click Add Correspondence.
- m. Record the Tracking ID as it displays at the top of the form. Use this number for:
 - (1) The transmittal letter and as part of the letter file name;
 - (2) The Document Information page of the manual;
 - (3) The Tracking Deliverables spreadsheet on SharePoint; and
 - (4) The email confirmation of delivery.

4.6 MFAO Correspondence Reviews

One of the Report Card measurements for the Documentation team is compliance with the contractual requirements as to delivery timelines. Please review the “Timetable Summary Chart” on page 4-5 of the Documentation Procedures Manual for specific delivery date parameters.

Daily Report of MFAO Letters

On a daily basis, the administrators produce a report of MFAO letters (i.e., correspondence with Tracking IDs). The report is in spreadsheet format which includes a number of worksheets. Always review the detail in the tab marked “MFAO Received <Date>”.

Memo	Due	Category	Action Required By	Subject
10/1/2018	10/22/2018	Claims and Encounters		Expenditure Request Organ Transplant Surgery - Global Billing
9/11/2018	10/23/2018	Claims and Encounters		ICN Void/ Credit Adjustments Provider Refunds
9/28/2018	10/24/2018	Quality Assurance		Payment Management I Performance Reporting Procedures Manual v0.4 Draft Response to Document ID: 18-IOPS-09-088
9/28/2018	10/24/2018	Quality Assurance		Resolution Procedure Manual V7.1 Draft Response to Document ID: 18-IOPS-0011

MCM-MFAO Received 10-18 Correspondence Sent 10-18 **MCMs-MFAOs Due 10-22 to 11-05**

Sample of daily MFAO Correspondence report

Other tabs may be of interest, such as the Correspondence Sent tab if verifying that a deliverable was submitted.

When reviewing the MFAO Received report, look at the Subject column to identify letters that might indicate correspondence that affects systems documentation (i.e., FG/PGs, Procedures Manuals, or other documents). Letters in response to a submission of a DRAFT document should be identified with the wording “USER DOCUMENTATION:” followed by the document name and version number. In most instances, this Subject naming convention is used, but there have been occasions where another subject line format was used. If in doubt, open the letter from FIP | Correspondence and review it.

Some terms used in subject lines can be ignored as they do not affect documentation. Following is a list of terms commonly used for letters that do not need to be reviewed:

1. Background Screening;
2. Void/Reissue Payment;
3. Request for Document Copies;
4. Expenditure Requests;
5. Cash Receipt/Disposition;
6. Deny/Process Claims;
7. Release provider; and
8. Low income pool payments.

This list is not intended to be all-inclusive of letters we do not need to review, but provides a sampling of common letter types. It may be necessary to review a letter with an obscure subject line to determine whether it affects updates to documentation.

FIP | Correspondence Checks

The MFAO Correspondence Report is expected by the end of the day. If the reports arrive later or not at all, checking FIP | Correspondence manually is advisable.

1. On iTRACE, click FIP from the blue menu bar.
2. Select Correspondence from the list on the left.
3. Enter the Sent Date range to be reviewed or use the calendar icon beside the From: and To: fields to select dates.

4. Select Type (right column) from the drop-down list: From State to HP.

Search Correspondence

The screenshot shows the 'Search Correspondence' form. On the right side, the 'Type' dropdown menu is highlighted with a red circle and set to 'From State to HP'. On the left side, the 'Sent Date' range is highlighted with a red circle, showing 'From: 10/22/2018' to 'To: 10/25/2018'. Other fields include Tracking ID, MCM ID, Subject, Category, Memo Date, Received Date, Due Date, Urgent, Action Due Date, and Action Complete Date. There are also dropdowns for Directory, Deliverable, Correspondence Xref, Doc Uploaded, and Response Required, along with a 'Required Data Missing' checkbox. At the bottom are 'Go!', 'Reset', and 'Export To Excel' buttons.

Sample of MFAO Correspondence search page

5. Click Go!
6. Search results display in the lower portion of the page.

Search Correspondence

The screenshot shows the search results page. The search filters are the same as in the previous screenshot. Below the filters is a table of results. The first two rows are highlighted in red:

Tracking ID	MCM ID	Subject	Category	Sent Date	Received Date	Due Date	Urgent	Action Due Date	Action Complete Date	Directory	Deliverable	Type	To	From	Correspondence Xref	Doc Uploaded	Response Required	Required Data Missing
18-OOPS-10-179				10/23/2018	10/22/2018	10/25/2018	No					From State to HP						
18-OOPS-10-180				10/23/2018	10/22/2018	10/25/2018	No					From State to HP						

Sample of MFAO Correspondence search results page

Access Letter Copies

To review the scanned copy of a letter, go to FIP | Correspondence Search page and enter the Tracking ID, MFAO ID, or Sent Date and Type. Click Go!

Click the Tracking ID from the resulting search list if you entered a Sent Date and Type.

The General view of the letter properties displays. Additional links provide more detail for the letter and the scanned copy.

Correspondence >>> General

Tracking Id:		Subject:	
<input type="text" value="18-OOPS-10-076"/>	<input type="button" value="go"/>	SMMC Training Handout v0.2 Draft Approval Reference: 18-IOPS-10-048	
		General Participant Corr Xref Doc Upload	

Tracking Id:	<input type="text" value="18-OOPS-10-076"/>
*Type:	<input type="text" value="From State to HP"/>
MCM Tracking Id:	<input type="text" value="84365-18"/>

Sample of General tab in FIP Correspondence

Click Doc Upload link to open the page containing the link to the scanned copy.

Click Corr Xref link to open the page to identify associated correspondence. A link to the letter is in the lower portion of this page. If the letter is not available and it may be something that affects documentation, contact the Admins to request that it be posted ASAP.

4.7 FileZilla - iTRACE Folders

Access iTRACE folders through the FileZilla FTP application. With proper user ID and authorization, use FileZilla to post completed documentation updates for availability to all with iTRACE access. After being granted access, the HelpDesk can install and set up FileZilla.

Posting Updated Systems Documentation

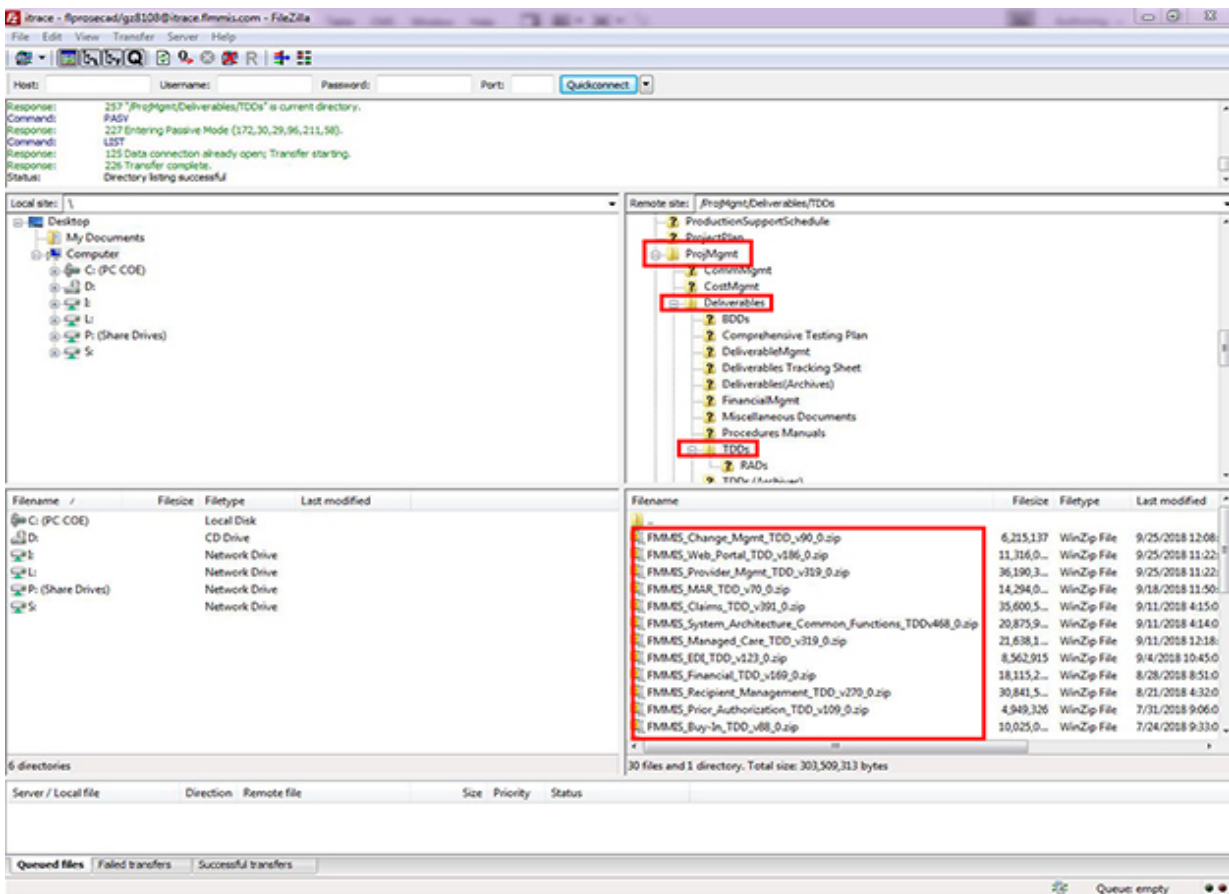
FileZilla folders display in the right panes of the window. Drill down to the ProjMgmt folder, then open the Deliverables folder. Subfolders contain the latest versions of BDDs, TDDs, Procedures Manuals, and so on as appropriate. Open the subfolder to which you will post an updated document.

Use the left side panes to open the folder on your hard drive from which to upload the document.

The following image highlights the FileZilla folder structure to post an updated TDD from the Claims TDD folder on the hard drive.

A simple drag and drop from the left side to the right side quickly accomplishes the upload.

Note: If the file already exists, you may be asked to confirm your intention to overwrite the file.



FileZilla and hard drive folder samples for upload.

Posting Training Documentation to iTRACE

On completion of an approved Training manual, the Facilitator Guide and Participant Guide are uploaded to iTRACE, in PDF format, unzipped.

/Florida/ProjMgmt/Deliverables/Training Manuals

The FG/PG manuals are sorted by category into the General, HQPMR, Payment, Provider, or Recipient subfolders.

On completion of an approved Training manual, Participant Guide only is uploaded to another iTRACE folder for the Training group, in PDF format, unzipped.

/Florida/help/TrainingClasses/FMMIS User Participant Guides.

Posting Updated Systems Documentation to the Web Portal

The Publications Coordinator is responsible for posting AHCA approved documents to the Web Portal. The document author will determine that the document should be posted to the Web Portal.

To post documents, send an email to the Publications Coordinator attaching the zipped document file along with the MFAO approval letter and the location on the Web Portal for the document.

4.8 Work Product Reviews

This section identifies tasks and responsibilities for the Work Product Reviews (WPRs) as they apply to technical writers on the Florida account. Operations WPRs are required for changes to procedures manuals and facilitator/participant guides. Complete instructions for the WPR process are included in the document located on iTRACE at:

**[https://itrace.flmmis.com/Florida/ProjMgmt/
FLM_INS_%20Work_Product_Review_Instructions_V1.0.pdf](https://itrace.flmmis.com/Florida/ProjMgmt/FLM_INS_%20Work_Product_Review_Instructions_V1.0.pdf)**

WPR Process Overview

All deliverables are a team effort. After the Technical Functional Area Lead (TFAL) notifies the technical writer that a particular document is ready, the tech writer completes the copy editing and formatting, then notifies the owner to schedule a Work Product Review (WPR) and to distribute the document to all interested parties. This is an internal review. The tech writer attends the WPR and makes all changes to the Word or FrameMaker file as appropriate during the meeting. If more extensive changes are required, the revisions occur after the WPR.

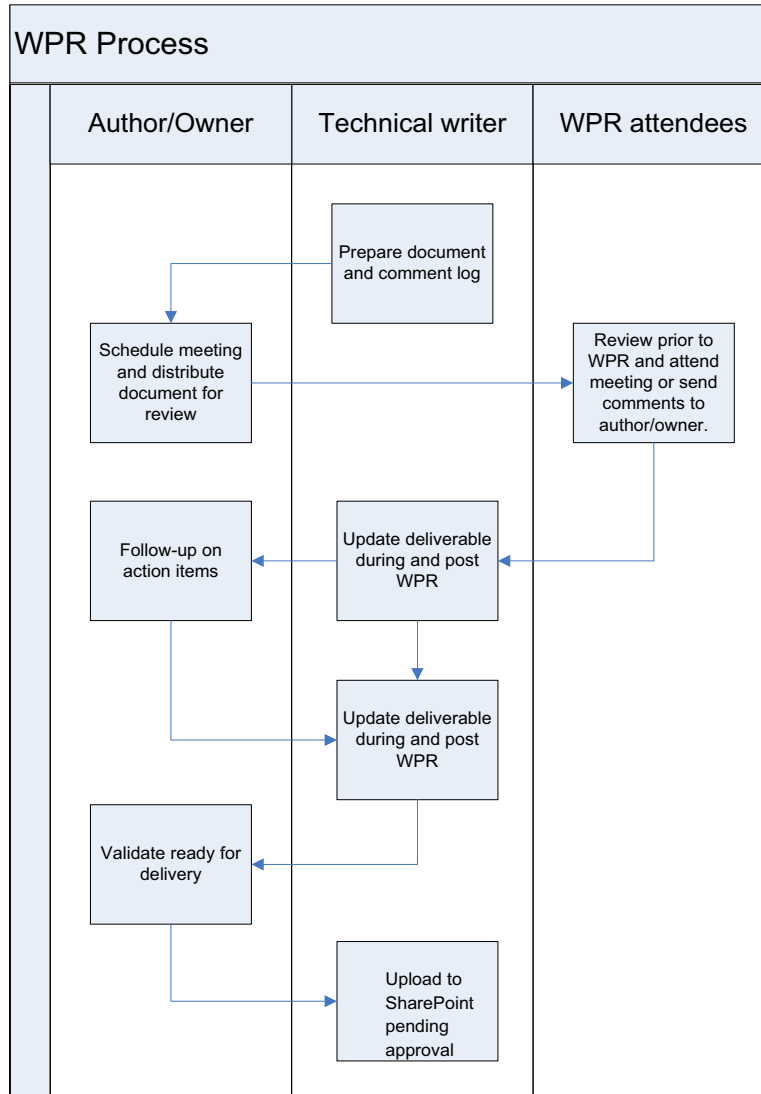
The tech writer and TFAL work together to incorporate changes from the WPR. The tech writer finalizes the document for posting to iTRACE or delivery to the State if the document requires approval

Note: If there are significant changes during/after the WPR, another WPR is required prior to delivery. In addition, if there are any system errors (that is, crash/recovery) during conversion to PDF, another review of the document is required to ensure no issues resulted from the recovery.

See “Deliverables Process (Operations)” on page 4-1 for details on the deliverables process.

WPR Step Summary

The step summary detail table follows the WPR step summary flow diagram.



WPR process summary diagram

Step	Action	Responsible Agent
1	Prepare document and comment log (if applicable) for WPR distribution and notify Author. Note: If there is a comment log, validate that all comment responses are professionally worded and any responses that affect the document have been implemented.	Technical Writer
2	Prepare for the product review and distribute review materials to participants.	Author

Step	Action	Responsible Agent
3	Perform the product review, documenting defects and their characteristics.	Reviewers / Scribe
4	Update deliverable during review or following the review if there are unresolved action items.	Technical Writer
5	Follow-up the product review by correcting defects.	Author
6	Prepare document for delivery and posting, or secondary review if there were substantial changes made during the initial review or action items to be validated. Note: It may be necessary to request a second WPR if system issues (that is, crashes or recoveries) occurred during document prep for delivery or if there are extensive changes during the first review.	Technical Writer
7	Notify the Author of availability of updated document if there were additional action items to be validated.	Technical Writer
8	Attend secondary WPR to validate substantial changes made during the initial WPR or to validate resolved action items that resulted in changes to the document.	Technical Writer
9	Complete the deliverables process when document has passed all needed WPRs. Upload to iTRACE or send to AHCA, as appropriate.	Technical Writer

High-level step summary of WPR process

WPR Roles and Responsibilities

The following table summarizes the roles and responsibilities for participants in the WPR process.

Role	Responsibility
Developer	<ul style="list-style-type: none">• Creator of the work product.• Ensures that the required attendees are available for the peer review.• Ensures that the work products are ready to be reviewed.• Distributes to participants the work product and criteria and initiates the WPR invitation.• Ensures participants have the appropriate skills based on the skills inventory matrix.• Updates the work product to correct defects and presentation errors following the WPR meeting.• Creates initial entry in the CECE WPR Database.

Role	Responsibility
Scribe	<ul style="list-style-type: none">• Consolidates the defects in the Agenda and Minutes (See Appendix A for Template).• Consolidates the presentation errors in the Agenda and Minutes.• Documents the minutes, issues and action items in the Agenda and Minutes.• Take attendance at the WPR meeting.• Reads any action item(s) that resulted from the WPR meeting.• Inspects changes made to the reviewed materials to verify that the changes were made correctly and that no additional problems or concerns were introduced during the change process.• Updates WPR entries in the CECE WPR Database.• Can fill the role of Reviewer.• The developer and the scribe cannot be the same person.
Facilitator	<ul style="list-style-type: none">• Ensures that the review objectives are achieved.• Responsible for conducting the review consolidation meeting.• Leads the analysis of any defects discovered.
Reviewer	<ul style="list-style-type: none">• Review the document according to the selected criteria before the start of the WPR.• Send presentation errors to the scribe.• Document any defect discovered in the review for discussion at the WPR meeting.• Record their time spent on the review.
Quality Assurance (QA) Representative	<ul style="list-style-type: none">• Always invited to the review.• Ensures that process standards are followed.
Technical Writer	<ul style="list-style-type: none">• Always invited to the review of deliverables.• Updates deliverable during meeting or follows up on unresolved action items to update deliverable after the meeting.• Request second WPR if significant changes are made during the initial WPR or if there are follow-up action items that affected the document.

Roles and Responsibilities of WPR participants.

5 SharePoint

Note: The instructions in this document are based on version 10.0 for Adobe Acrobat Professional, Adobe FrameMaker 10.0, Word 2013, and SharePoint 0. Updates to these software versions will result in changes to the sample screen captures and in some cases, the procedures, throughout this document.

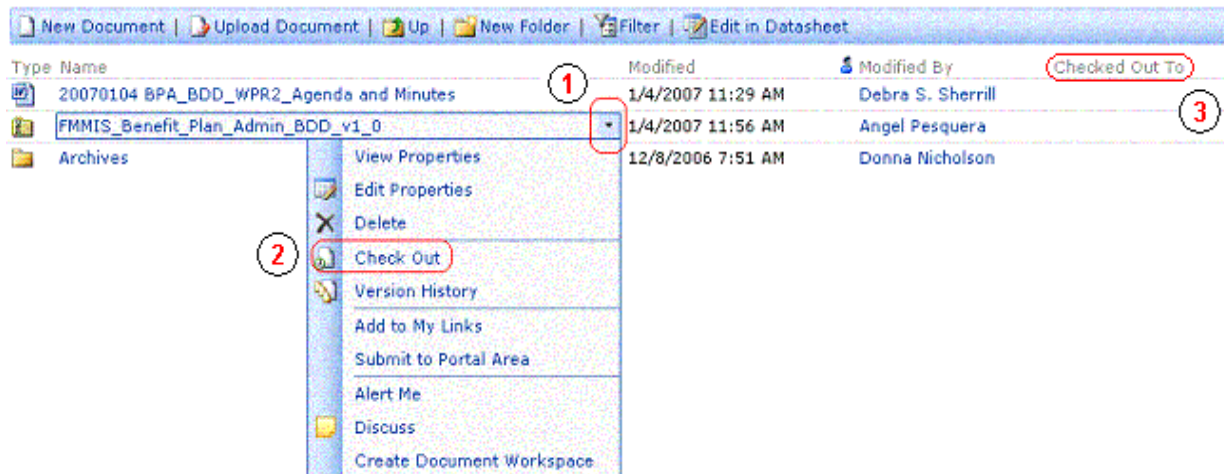
SharePoint is an internal Gainwell Technologies Web site that offers secure storage for working documents, quick links to Florida iTRACE, vacation schedules, contacts, announcements, document tracking datasheets, and more. The documentation team uses SharePoint as the repository for all documentation and has a sub-site dedicated to the technical writers for internal document tracking. Review the quick tour documents on SharePoint at:

FLMMIS > Shared Documents > SPS Help.

5.1 Check Out and Check In Documents

Check Out Process

1. Navigate to the SharePoint folder that holds the document you need to check out.
2. Place the cursor on the document to be checked out and click the down arrow (#1 in graphic) to open that menu list.

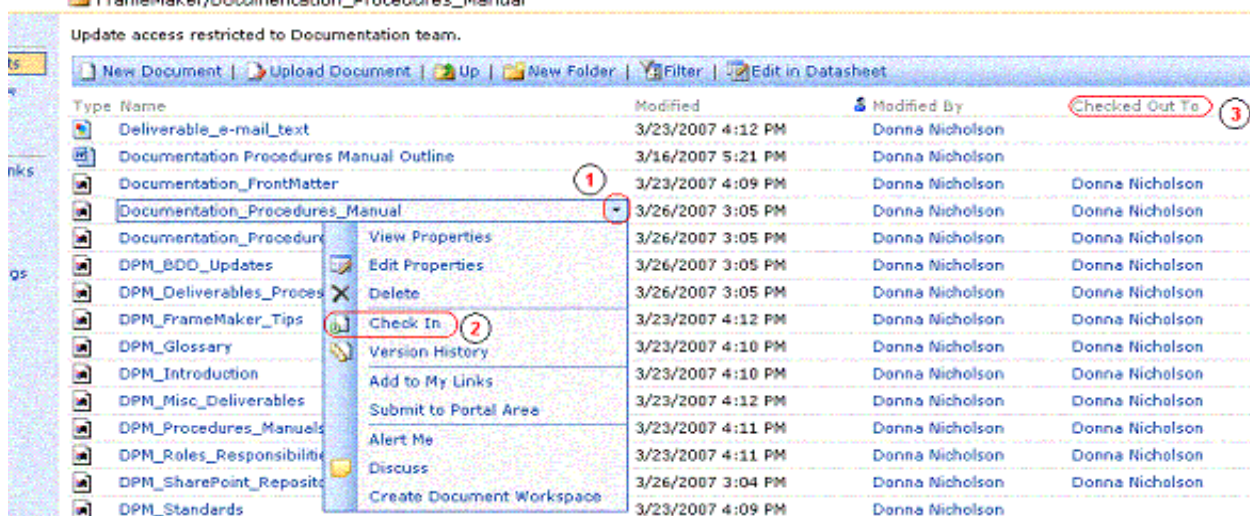


3. Click Check Out (#2 in graphic). SharePoint displays your user name in the Checked Out To column (#3 in graphic).

Check In Process

1. After uploading latest documents, navigate to the SharePoint folder that holds the document you need to check in.

2. Place the cursor on the document to be checked in and click the down arrow (#1 in graphic) to open that menu list.



3. Click Check In (#2 in graphic). SharePoint removes your user name from the Checked Out To column (#3 in graphic).

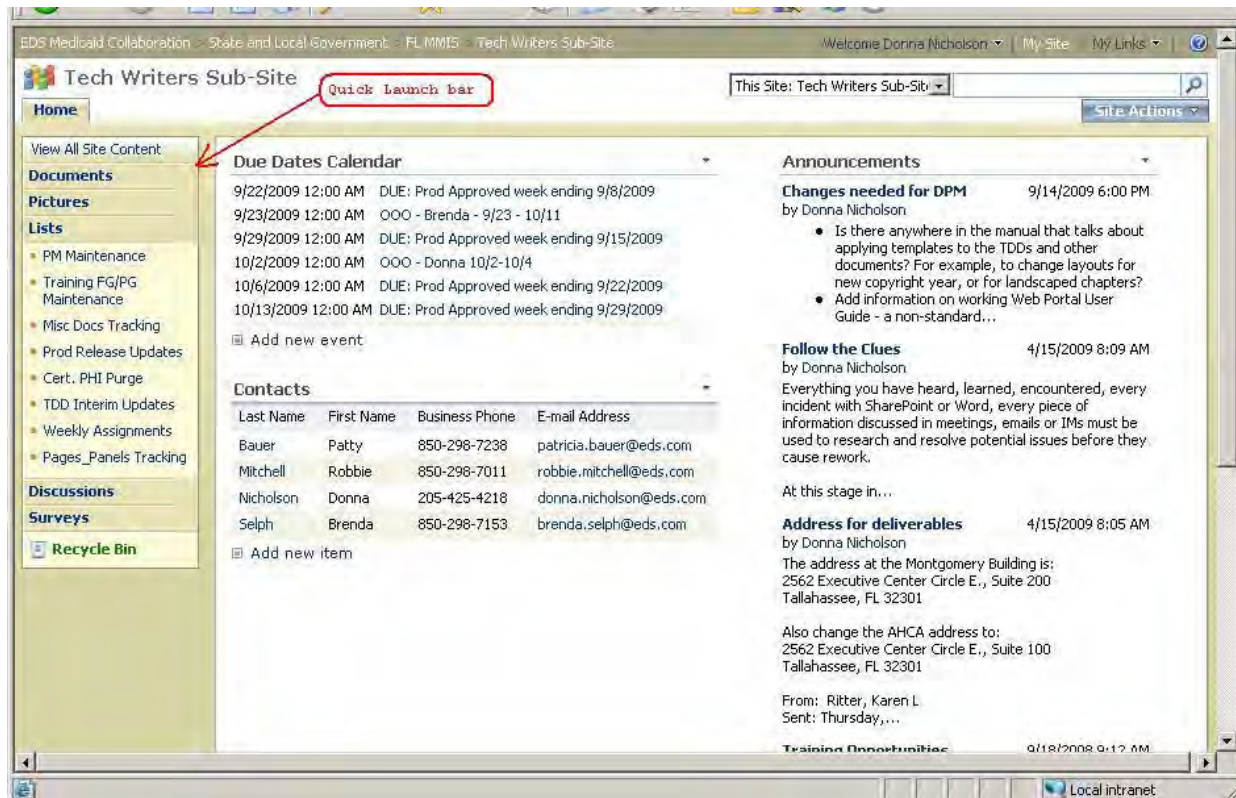
5.2 Tech Writers Sub-Site

The Tech Writers Sub-Site (restricted access) provides a location for the documentation team to share information, track documents through the documentation life cycle, make assignments for document updates, and so on. The current features in use on the site include:

1. Quick Launch bar - lists tracking sheets in use;
2. Due Dates Calendar - lists events of interest to the team;
3. Contacts - lists team with access to the site; and
4. Announcements - lists special instructions, process changes, and reminders, as needed.

The Technical Writer's sub-site is located on SharePoint at:

FLMMIS > Tech Writers Sub-Site.



Sample of the Tech Writers Sub-Site home page

Quick Launch Bar

In the Tech Writers Sub-Site, there are links to tracking tools for various documentation types on the Quick Launch bar (left frame) of the Home page under Lists. Currently the following tracking sheets are in use. This list changes based on current project needs. See “Document Tracking Spreadsheets” on page 5-7 for details on working with these sheets.

List Name	Description	Intended Use
PROD APPROVED	Lists Change Orders by Prod Approved week for update to TDDs.	Track status, assignments, updates, and posting on Due Date. QA View is used by QA to determine which TDDs have delivered.
FG/PG, PMs, and Other	Lists other documents in queue for techwriter handling.	Track weekly assignments for prioritization of documents for techwriter handling.

Sample list of Tracking sheets

Due Dates Calendar

Use the Due Dates calendar to record dates for uploading each week’s TDDs based on the Prod Approved date, known out-of-office dates, or other events of importance to the documentation

team. The calendar only displays events equal to or greater than today, and only as many as can display in the space allotted. Click More Events. . . to see future events that do not display on the home page.

Contacts

The short list of contacts represents the technical writers assigned to the Florida account and the quality assurance representatives who have access to our site for quality reviews. If any information changes, each writer must update the list as soon as possible. If writers roll off the project, the lead technical writer removes individuals from the list.

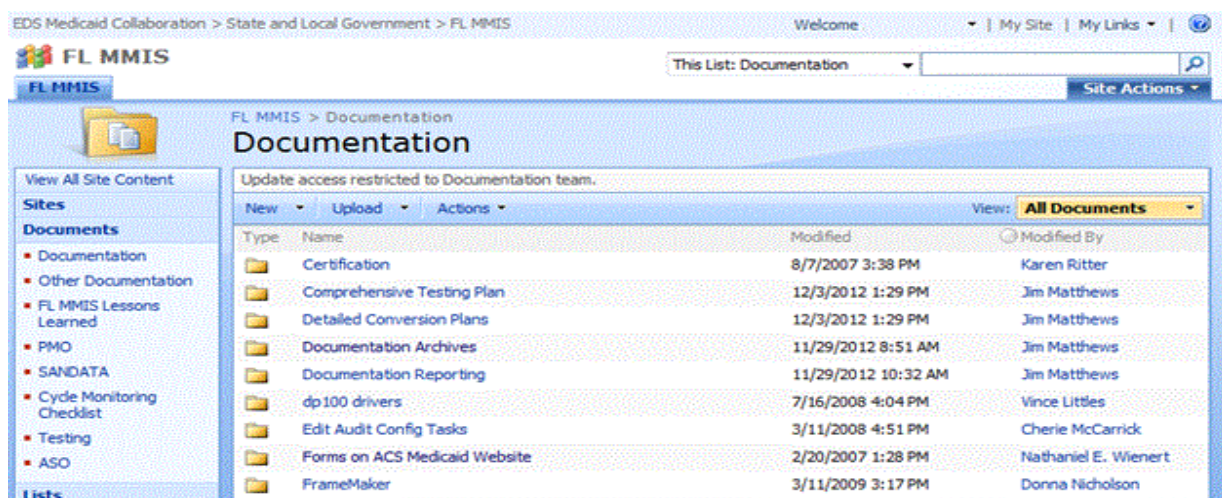
Each writer also ensures that their contact information is correctly listed on the iTRACE Contacts List.

Announcements

Announcements provide “up-front” access to information of special interest to tech writers. They can be set up to expire on a particular date or left to display indefinitely. Click More Announcements... at the bottom of the list to see announcements that do not display on the home page:

5.3 Document Storage

Our work documents are stored in the Documentation area:



Sample of FMMIS SharePoint home page

Follow the Documentation link on the Quick Launch panel from the FMMIS SharePoint® home page to our folder. For easy access, set a bookmark (Favorites) to:

FLMMIS > Documentation.

Download Files

Download files from SharePoint® to your hard drive by one of the following methods:

From the browser view of SharePoint® folders:

1. Navigate to the folder in which the file is located.
2. Right click on the file name and select Save Target As to begin the download to the appropriate folder on your hard drive. Follow the rules for file structure as outlined in “File Structure” on page 6-1.

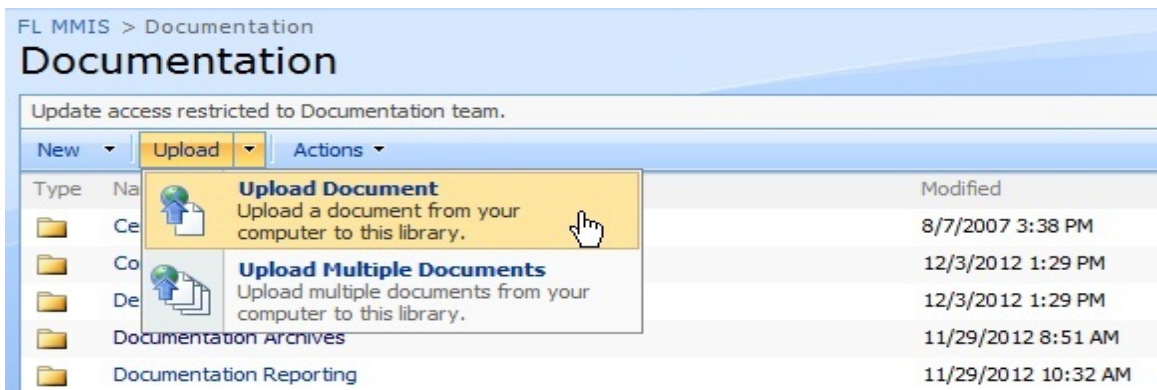
Upload Files

Upload documents to the appropriate folders as a safeguard against lost work if your computer fails, or if you are unexpectedly out of office and someone else needs to pick up the document to complete delivery on schedule.

Perform file uploads by one of the following methods:

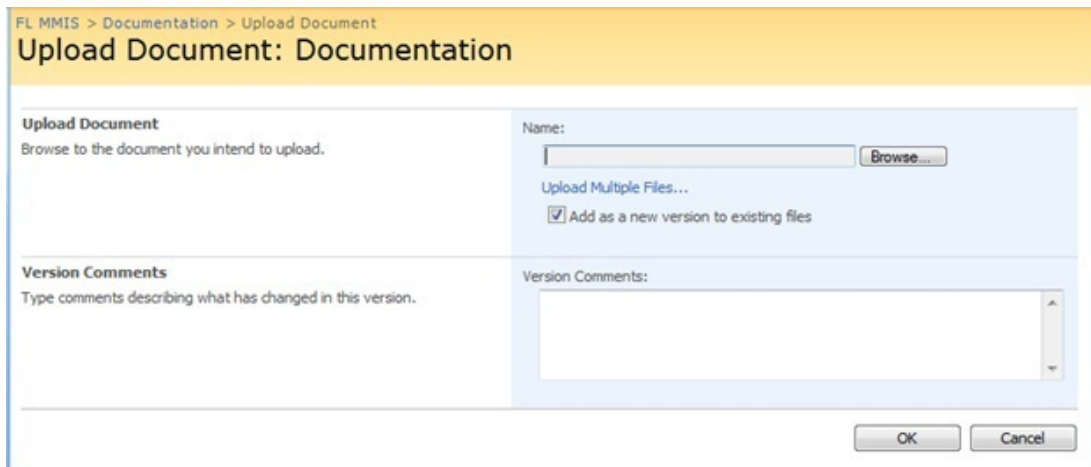
From the browser view:

1. Navigate to the folder where the file(s) are to be uploaded.
2. Click Upload Document or Upload Multiple Documents from the menu bar.



Browse to upload single file

3. Click Browse to select a single file to upload from your hard drive.

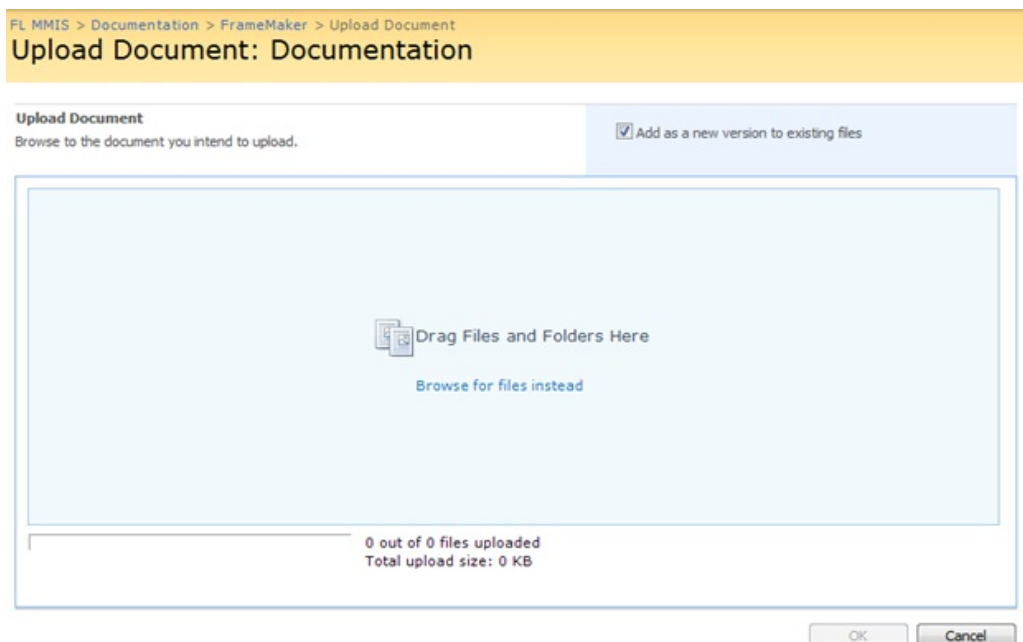


Upload a single file

4. Click OK to complete the upload.

Alternatively, click Upload Multiple Files to select and upload any number of files from the same folder.

1. Select Upload Multiple Documents.
2. Drag the files you wish to upload from your local Windows Explorer window into the space in the Upload Document window.



Upload multiple files sample

3. Click OK to complete the upload process.

Upload Error Message

If you receive an error message while uploading to SharePoint consider these possible reasons and solutions.

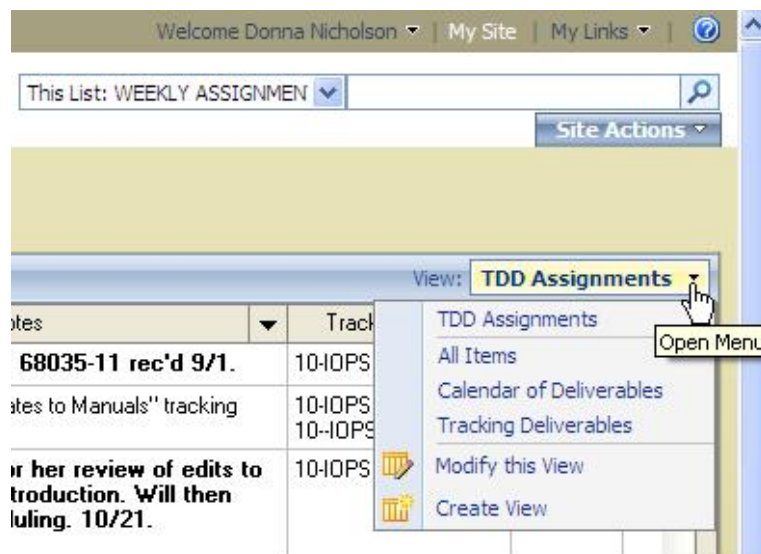
Reason for Error	Solution
The file name contains special characters not supported by SharePoint	Rename the file to remove special characters, such as /, (comma), \$, &, and so on. Try the upload again.
Mobile Information Protection backup is running	Wait for the backup to finish and try the upload again.

Reasons and solutions for upload errors

5.4 Document Tracking Spreadsheets

Throughout the life of the FMMIS contract, the documentation team uses the SharePoint Lists feature to track the lifecycle of various document types. Usually presented in Datasheet View, these lists provide a central location to see document availability for techwriters, self-assignment of documents, tracking for various stages in the document lifecycle, and notes to identify outstanding issues or special handling.

Multiple views may be available from each spreadsheet and most columns can be filtered to narrow the list or focus on a particular document, techwriter, due date, and so on. For these additional views, look for the drop-down list that displays from the upper right corner of the spreadsheet as shown in this sample image.



Each of the tracking sheets can be sorted, filtered, and updated by the techwriter as needed.

Prod Approved

Use the Prod Release Updates tracking sheet in conjunction with the Weekly Assignments tracking sheet to track progress on changes to a TDD. The Prod Release Updates sheet includes these fields in the default view:

Field Name	Description	Field Type
Release #	Originally named to follow the Prod Release numbering convention used on iTRACE. Currently, the process ties entries to this tracking sheet to the Status Change by Week Ending report. See “Status Change by Week Report” on page 4-7 and “Updates to TDDs and BDDs” on page 4-8 for more information.	Text Format: Prod Appr WE MM/DD/CCYY
Prod Approval Date	Week-ending date needed to calculate the Posting Due Date.	Date Format: MM/DD/CCYY
Posting Due Date	System-generated date that calculates due date for TDD updates using the calculation: =[Prod Approval Date]+14. This calculation includes weekend dates and creates a due date that accommodates COs reaching Prod Approval status early in the “week” and those reaching that status late in the “week” to meet contractual requirements.	Date (not editable) Format: MM/DD/CCYY
Submit Date	Date on which the techwriter responsible for posting updates to iTRACE completes the post.	Date Format: MM/DD/CCYY
CO #	Change order from the Status Change by Week Ending report. Include these objects in the Amendment History.	Number
Sys Ck Dte	Date on which the techwriter researched iTRACE to determine whether system objects are associated to the CO.	Date Format: MM/DD/CCYY
Subsystem	Select the subsystem associated to the CO from the list.	Drop-down List
Vers. #	Record the version number for this update.	Number Format: ##.0
TW	Technical writer assigned to work the changes.	Text
Notes	Record notes pertinent to this update, if any.	Text
Assoc. System Objects	List of system objects associated to the CO. Include these objects in the Amendment History.	Text Format: PANEL: <panel name>; PROGRAM: <program name>, and so on.

Field Name	Description	Field Type
# Scripts	The number of TDD scripts required to complete all changes for this subsystem's TDD. Always run the Change orders and TDD Requirement Matrix scripts (resulting in 2 entered in this column), then add any scripts resulting from system objects associated to the CO. Use the column's totals when balancing techwriter workload for the week. Make sure there is only one entry in this column per TDD.	Number
Check TDD Chapters	Record the chapters, FrontMatter and TOC from a check list when script, FrontMatter, and TOC changes are completed.	Check box
To SharePoint	Record that FrameMaker, source, and image files have been posted to SharePoint.	Check box

Field descriptions for Prod Approved tracking sheet

Use the All Items - 1/4/11 to current view to identify next version number if the TDD has not been included in the default view. The All Items view has been limited to display entries with Posting Due Date of 1/4/11 through current date to make searches quicker. Alternatively, check iTRACE for the last version posted for the TDD.

FG/PG, PMs, and Other

Use the Weekly Assignments worksheet to balance document workload each week. After making the tech writer assignment on the Prod Release Updates, PM Maintenance, or other tracking sheets, copy the information to this tracking sheet. This makes it possible to sort by date and tech writer assignment to balance the number of documents assigned to each. The FG/PG, PMs, and Other worksheet includes these fields in the default view.

Field Name	Description	Field Type
Release Numbers	Prod approval week or Misc. Documents, as appropriate. Copy the prod approved week-ending date from the Prod Release Updates tracking sheet for (spelling) consistency.	Text Format: Prod Appr WE MM/DD or Misc. Documents
Posting Due Date	Record the system-generated date from the Prod Release Updates tracking sheet. Do not COPY from the Updates tracking sheet this date since is tied to a calculation and will not display correctly in the Weekly Assignments sheet.	Date Format: MM/DD/CCYY
Closed Misc. Doc.	Indicates whether the document has been fully processed, approved, or eliminated from active processing.	Check box
Date Due	Use only for Misc. Documents records.	Date Format: MM/DD/CCYY

Field Name	Description	Field Type
Doc Type	Indicates whether the document is a Procedures Manual (PM), a Facilitator/Participant Guide (FG/PG) or Other document type.	Drop-down list
Subsystem	The document name (Use the down arrow on the column name to continue using a document name that is already in the list, or enter a new document.)	Text
Version Number	The version number for the document.	Text Format: NN.0
TW	The technical writer assigned to work the document.	Text
Completed	Record completion date as the week progresses.	Date Format: MM/DD/CCYY
Notes	Record notes pertinent to this record, if any.	Text

Field descriptions for Weekly Assignments worksheet

Tracking Deliverables

The Tracking Deliverables spreadsheet is another “view” of the FG/PG, PMs, and Other sheet. Access it using the drop-down list in the upper right corner of the FG/PG, PMs, and Other sheet (usually defaulted to the view titled TDD Assignments.) Use the Tracking Deliverables sheet to track progress on a document that does not fit into the TDD category. The Tracking Deliverables sheet includes these fields in the default view:

Field Name	Description	Field Type
Closed Misc. Doc.	Indicates whether the document has been fully processed, approved, or eliminated from active processing.	Check box
Doc Type	Indicates whether the document is a TDD, Procedures Manual (PM), a Facilitator/Participant Guide (FG/PG) or Other document type.	Drop-down list
Subsystem	The document name (Use the down arrow on the column name to continue using a document name that is already in the list, or enter a new document.)	Text
Version	The version number for the document.	Text (Format: NN.0)
Approved?	Indicates whether the document was approved by AHCA.	Check box
TW	The technical writer assigned to work the document.	Text
Date Due	Date on which the document is due to AHCA	Date Format: MM/DD/CCYY
Notes	Notes pertinent to this update, if any.	Text

Field Name	Description	Field Type
Sent for Review	Indicates the date on which the updated manual was sent to the owner/author for review and WPR scheduling.	Date Format: MM/DD/CCYY
WPR Date	Date of the scheduled WPR	Date Format: MM/DD/CCYY
Tracking ID	Correspondence tracking number, generated in the Florida Interactive Portal (FIP), assigned to the transmittal letter to AHCA.	Text (includes alphabetic and numeric characters)
Due Back	Date on which the review document is expected back from AHCA (either approved or with comments.)	Date Format: MM/DD/CCYY
Admin Req #	Administrative Service Request number assigned in preparation for delivery.	Text (numeric)
Linked to MFAO?	Linked w/Letter - indicates that an MFAO letter was used to "Create Response". Linked w/out Letter - indicates that this is a first-time submission, not in response to an MFAO letter. N/A - indicates a situation other than those indicated above.	Check box selection
Submitted for AHCA Approval	Indicates that the ASR has been completed and closed, signifying delivery accomplished.	Check box
Resubmit ID	Indicates the Tracking ID for the resubmission of a document of the same version number (approved or with comments).	Text (includes alphabetic and numeric characters)
To Print	Indicates delivery of document for hard-copy printing and burn to CD process.	Check box
Del. Complete?	Indicates verification from the Admin that delivery was made to AHCA.	Check box
Email Confirmation	Indicates that a courtesy email was sent to AHCA confirming delivery.	Check box
Posted to iTRACE?	Indicates that the approved document was successfully posted to iTRACE.	Check box

Field descriptions for Tracking Deliverables worksheet

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6 Working with FrameMaker

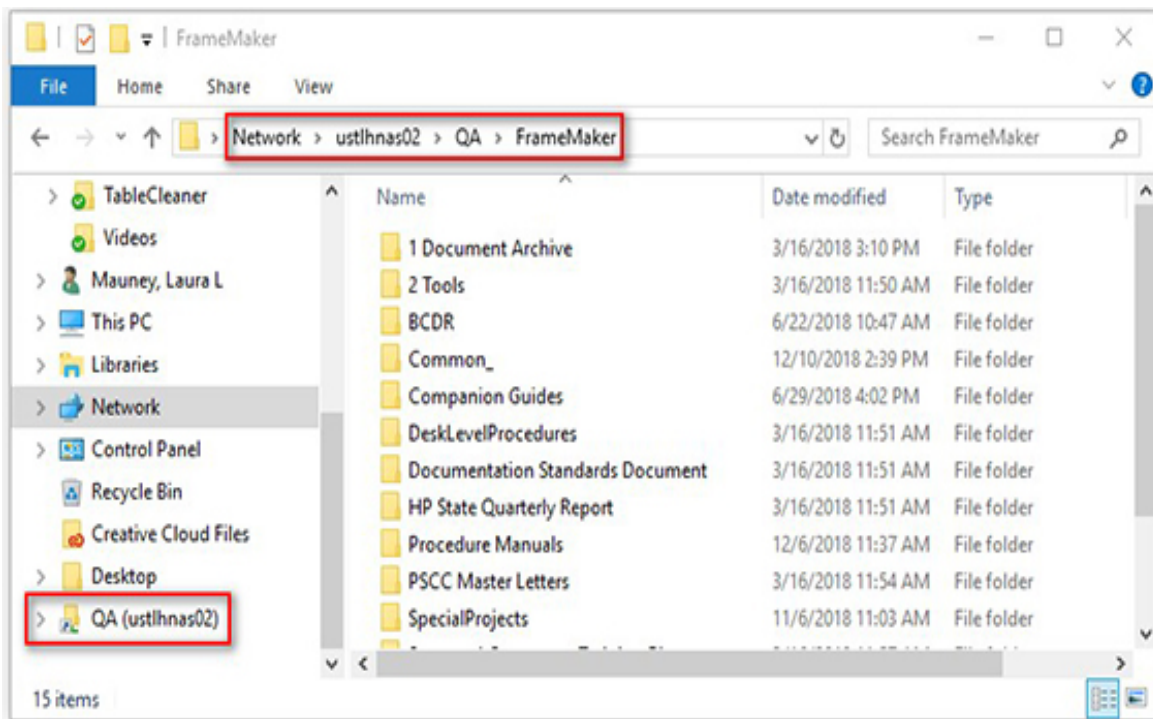
Note: The instructions in this document are based on version 10.0 for Adobe Acrobat Professional, Adobe FrameMaker 10.0, Word 2010, and SharePoint 12.0. Updates to these software versions will result in changes to the sample screen captures and in some cases, the procedures, throughout this document.

6.1 Overview

The purpose of this chapter is to provide some tips and describe common functions used when working with FrameMaker® to facilitate document development. It is not intended to be a full tutorial on FrameMaker®. For FrameMaker tutorials, use the Help menu options available in FrameMaker or go to the additional sources listed in “Additional Resources for Help” on page 6-30.

6.2 File Structure

File structure must be identical on everyone’s desktop and match the exact folder structure on SharePoint™. If not, any imported file and image links are broken.



Sample SharePoint view

6.3 Styles to Use

BDD, TDD, Training -- User Manual, and Procedures Manuals Styles

Look for the leading text FL in most instances. The following styles are used in these documents. Other styles may be added as needed and will be distributed to all team members if that occurs:

1. FLAddress;
2. FLAppendixUPM;
3. FLBody;
4. FLBody1;
5. FLBody2;
6. FLBody3;
7. FLBodyBOLD;
8. FLBodyCTR;
9. FLChapterTitleUPM;
10. FLCite;
11. FLFooter;
12. FLGlossaryUPM;
13. FLHeader;
14. FLHeading1UPM;
15. FLHeading2UPM;
16. FLHeading3UPM;
17. FLIndexUPM;
18. FLTableBullet;
19. FLTableHeading;
20. FLTableRow;
21. FLXref;
22. FLXref2;
23. Indented; and
24. Instructor Notes.

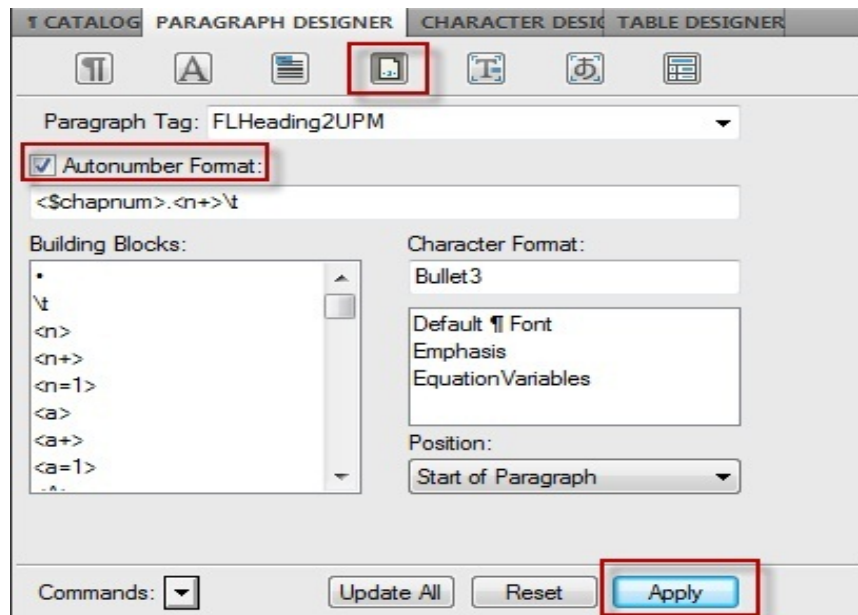
FLHeading2UPMs Restart Numbering

Troubleshoot your file by reviewing the text tags just before the point where the improper restart begins. There may be an inaccurate (or unknown to FrameMaker) tag that is looking for a

number. For instance, if a list item should be tagged as FLBody1, but has a tag of List Number, retag that paragraph and test the next FLHeading2UPM again.

If the above does not resolve the issue, something else may be causing the problem.

1. Look above the restarted heading 2 for the next numbered item, right click on the item and look in the Paragraph Designer on the Numbering tab. Uncheck autonumbering and Apply to Selection (only); do not apply to all with that format style as this may cause unexpected formatting elsewhere in the document.
2. Repeat the above step until you have identified and corrected all autonumbered paragraphs.



Paragraph Designer Numbering tab

3. Manually number the list that had caused the issue after ensuring that there are no more autonumbered paragraphs on the list.
4. Verify that the FLHeading2UPM is now correctly numbered, i.e., continues from previous heading number as appropriate.

Character Formatting for Trademarks and Special Symbols

Special symbols need to follow the names of software and other products used in documenting the FMMIS solution. See “Trademarks and Other Special Symbols” on page 3-18 for general usage guidelines.

To insert the trademark symbol, use default font and press CTRL+q *. This inserts the TM symbol as shown here.

To insert the Registered trademark symbol, use default font and press CTRL+q (. This inserts the ® symbol as shown here.

To insert a Copyright symbol, use default font and press CTRL+q). This inserts the © symbol as shown here.

To insert a check mark, select the Marlett font and type a lowercase a. The check mark looks like this ✓. Immediately following the check mark insertion, select Format | Character | Default Paragraph Font. If not, the Marlett font remains for the next text entered and is unreadable.

To insert a navigation arrow pointing right, select the Directions MT font and type an uppercase T. The arrow looks like this ➤.

6.4 Build or Edit a Book

During the Implementation phase of the FMMIS/DSS project, all deliverables that undergo frequent updates were created and are maintained in FrameMaker®. The following discussion is informational only and may not be needed during the remainder of the contract since documents now exist in FrameMaker® format.

This section may prove helpful as a troubleshooting or problem resolution tool, or in the case that new documents must be created.

FrontMatter Details

Use variables for the following elements in the cover chapter to facilitate updates in future documents since the FrontMatter_TEMPLATE.fm is a “common” file used by all documents:

1. Document Name;
2. Version #;
3. Version Date; and
4. Footer (copyright) Date.

Update the detail in the Document Information Page and Amendment History Page to reflect changes occurring with the update being worked.

See “Standards for Front Matter” on page 3-1 for more information.

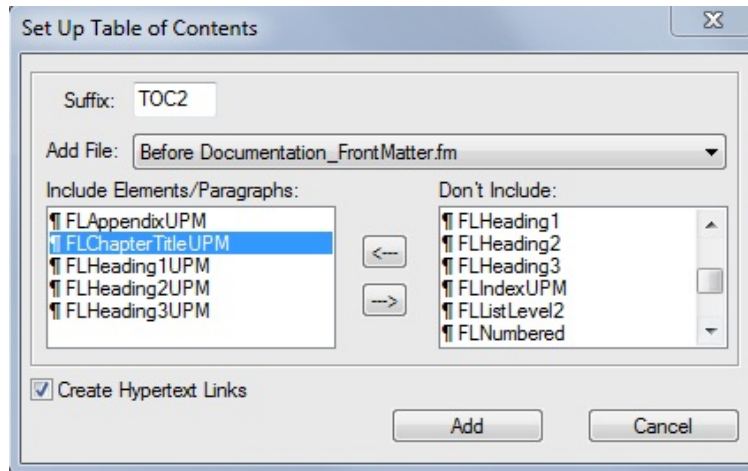
Table of Contents

Add Table of Contents (TOC) from book view.

1. Go to Add menu option, select Table of Contents.
2. Move selected paragraph formats from the Don't Include box on the right to the Include Paragraphs Tagged box on the left. The sample below shows all elements that should be included for most documents.

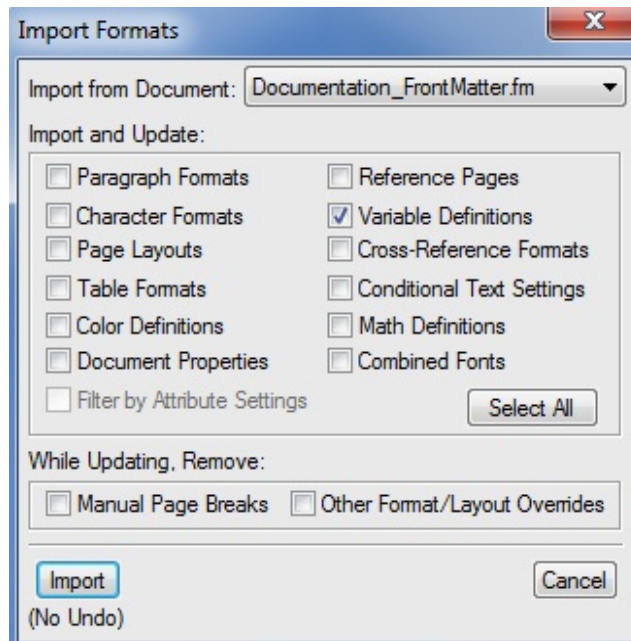
Note: For BDDs and TDDs which do not include a Glossary or Index, those paragraph tags

will not be available to include in the TOC. Similarly, the Facilitator and Participant Guides do not include a Glossary, so that paragraph tag will not be in the Include list.



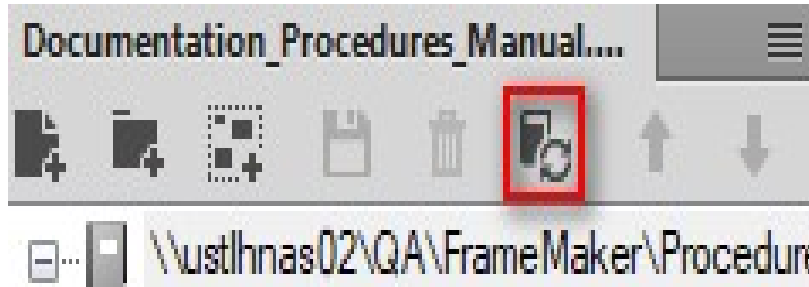
Sample of TOC setup dialog box.

3. Check the Create Hypertext Links checkbox.
4. Click Add.
5. Open the ../../Common_/TEMPLATES/TOC_Template.fm (or TOC_TEMPLATE_FG.fm). Click Import. Then import Paragraph, Reference Page, and Page Layout formats from ../../Common_/TEMPLATES/TOC_Template.fm.



Sample of Import Formats for TOC

Update Book & Generate Lists from the icon (from the book) as shown in the sample image below, or select Edit | Update Book, to update the TOC to validate formatting has been corrected.



Sample of update book icon

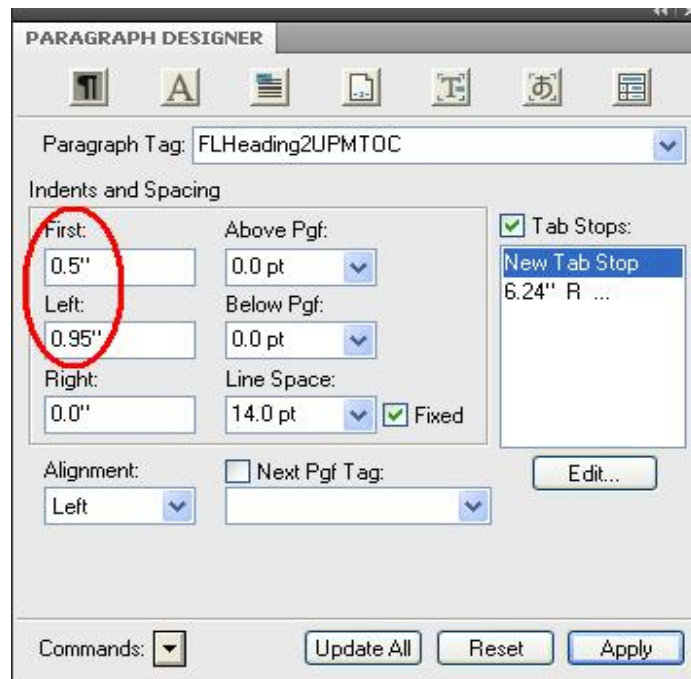
Always scroll through the TOC to check for properly left and right alignments and for blank entries prior to releasing the document for WPR or delivery.

Reformat TOC Appearance

A number of reasons exist that require a slight change to some TOC listings:

1. Some lengthy headings can wrap to the next line resulting in misaligned second line of the table or page numbering that does not right-align.
2. Length of headings does not wrap but pushes the page numbering further right causing misalignment.
3. Blank listings with page numbering display.

To fix the first issue listed above, right-click on a heading that is incorrectly aligned and select Paragraph Designer.



Sample of settings for paragraph indentions in TOC

Tweak the Indents for First and Left so the start of the second line of the heading indents appropriately. Apply it to the Selection to test it for that heading level. If it is satisfactory, apply it to all paragraphs tagged with that paragraph format. Additional tab(s) may be needed to push the page numbering to align properly on the right side of the page.

To correct the page number alignment (as described in the second issue above), it is necessary to manually insert a line break at some point in the heading to push part of the heading to the next line. Since this solution is a manual process, it will be necessary to repeat it each time the TOC is updated. (If you are only testing the TOC, you can delay making this change to the TOC until you are relatively certain that the document is ready to print to PDF.)

The third issue listed above is the result of a paragraph or blank line in the chapter that has been tagged with a heading style that displays in the TOC. Fix this issue by following the link from the TOC to the offending paragraph and either delete that blank paragraph or reformat the paragraph to FLBody or other appropriate paragraph format.

Adding Files to the Book

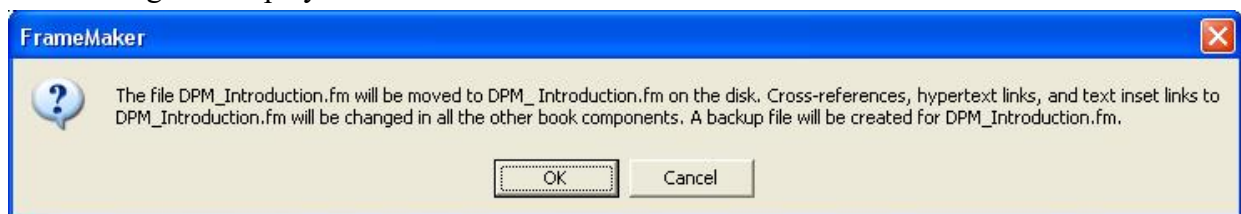
From the Book file, follow these steps to add files:

1. From the FM menu, click Add | Files.
2. Navigate to the appropriate folder and select one or more files. For multiple Adds, hold CTRL while clicking each file to be added. Repeat this step if adding files from the ../Common_/_ folder.
3. Click Add.
4. Resequence chapters in the book by clicking on the icon and drag-and-drop to the correct location.

Rename Chapter Files in Book

After a book has been created, renaming a chapter file is not usually required and is not advisable. If determined to be an appropriate course of action (after discussion with the team lead), always rename an FM file included in a book from the Book view, not your Windows Explorer folder view, to avoid causing issues with cross-references (TOC, Index, other cross-references). To successfully rename chapter files already included in a book:

1. Open the book and right-click on the chapter to be renamed.
2. Select Rename and key the new chapter name.
3. Press Enter.
4. A dialog box displays.



5. Click OK.
6. Check placement of the chapter again after it has been renamed since FrameMaker® sometimes moves renamed files to unexpected locations. Drag and drop the chapter to its previous location as needed.
7. Save the book.

Caution: Renaming a file from your folder in Windows Explorer, rather than from within the book, will break the chapter ties to the TOC, Index, and other cross-referenced files. Future updates to the book for TOC, Index, and other cross-reference links will not get updated in these files. If you rename a file in your folder, you must delete the original file from the book (list) and add the newly named file to the book. The act of replacing the original file with the newly renamed file from Explorer view will break all links and cross-references.

Update Variables Across All Files

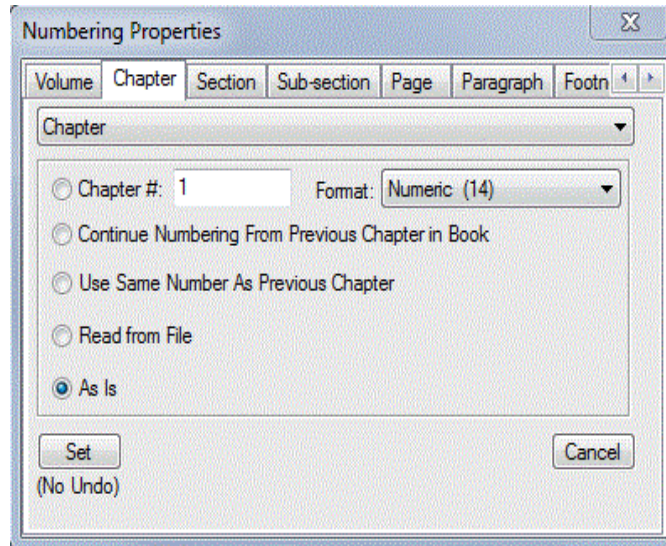
1. Open the FrontMatter file if you have already set the Variable definitions of the document you are building. If not, do so now and save the file.
2. Select (highlight) all files in the book.
3. Select the FrontMatter file from the File | Import | Formats drop-down list, then select Variable Definitions only (uncheck all other options).
4. Click Import.

This process changes headers in all files defined in the book with the appropriate document name, version number, and version date. Import Variable Definitions to any additional files you add to the book at a later date.

Validate that all chapters were changed. The error messages dialog box will indicate which files, if any, could not be updated and the reason for the process failure. Correct the problem and import the variables again for the corrected file.

Update Numbering Across Files

1. From the book, highlight all numbered chapters following the first. The Executive Summary chapters for the BDDs and TDDs are already set to be Chapter 1. For documents without a common first chapter, set the Chapter number as 1, Numeric (14) as illustrated below.

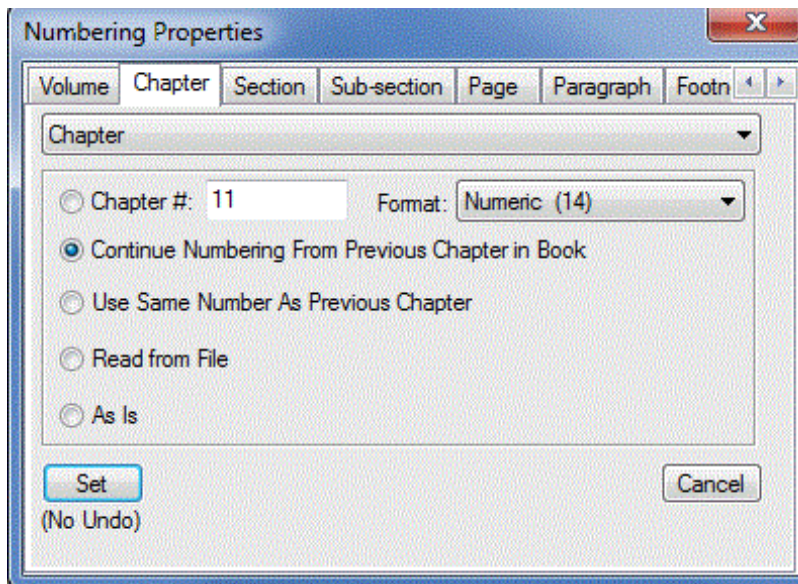


Sample Chapter Numbering for first chapter in book

2. From the menu bar, select Format | Document | Numbering.
3. On the Chapter tab, click Continue Numbering From Previous File in Book.
4. Click Set.

For subsequent chapters to continue numbering from the previous chapter:

1. Highlight the chapters that should continue numbering from previous document in book.
2. Click Format | Document | Numbering.
3. On the Numbering Properties dialog box (sample below), click the Chapter tab and set Continue Numbering from Previous Chapter in Book.
4. Click Set.



Sample Chapter Numbering to continue numbering

Repeat the process for the Appendices by selecting the Appendices that follow Appendix A. The first appendix chapter numbering should be set to 1, ALPHABETIC (N).

Resequence Chapters

Resequence chapters by clicking the file name in the book list and drag and drop to the new location.

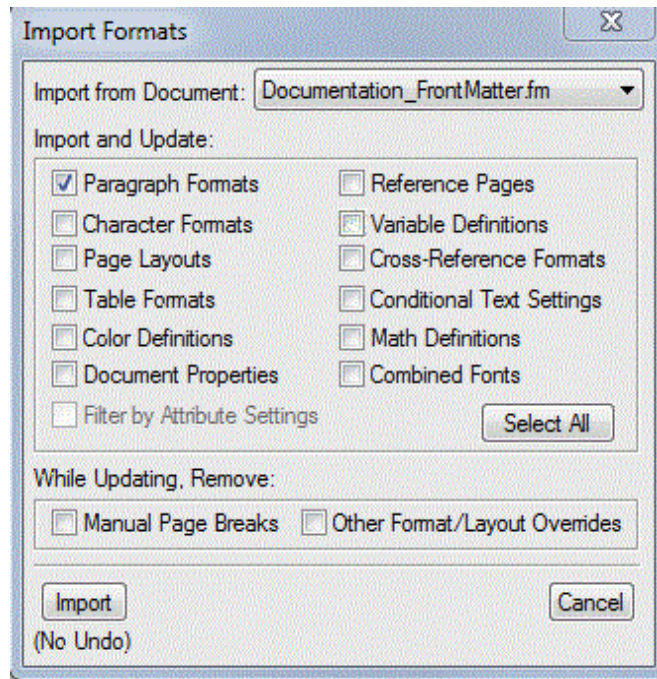
Update the Table of Contents after re-sequencing to ensure that all chapter numbering is updated due to the resequence of chapters.

Apply Formats Across All Files in the Book

After setting variables, or master pages, paragraph styles, table styles, and so on, you can import those styles to all files in the book, as appropriate. Use this approach during transition from one year to the next (copyright dates) or when working an update to import the header/footer information from the FrontMatter chapter.

1. Highlight files from book view.
2. Click File | Import | Formats.
3. Deselect All and check only those formats you wish to import.
Note: If using Landscape page setup for entire chapters, it is important to exclude those chapters when importing page layouts that contain Portrait page setup.
4. Select the file that contains the formats to be imported from the drop-down list at the top of the Import Formats dialog box.

5. Click Import.



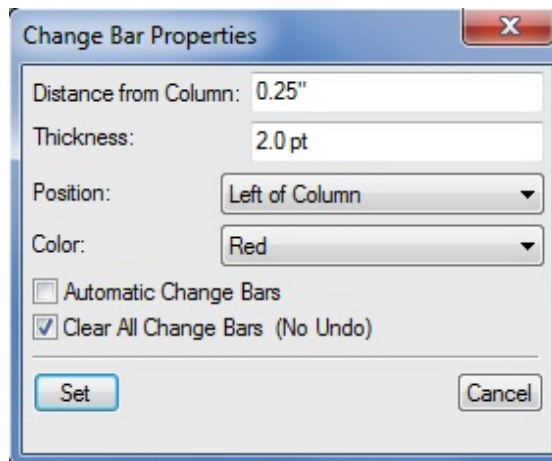
Sample Import Formats dialog box

6.5 Cross-References and Change Bars

Cross-references provide an easy way to point a reader to a section of interest. FrameMaker provides automated updates when the Book is updated so once you have set the cross-reference, you can forget it unless you completely remove the section being referenced. Use cross-references anywhere you do not want to have to repeat information or in the Amendment History to point to changes. This document uses cross-references frequently to eliminate the need to repeat instructions in multiple locations.

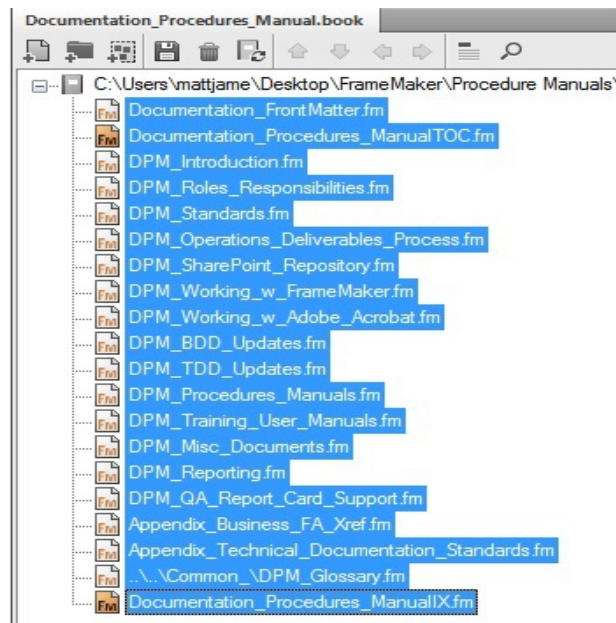
When a document needs edits and updates, these changes are indicated by red bars to the left of the paragraph and are noted on the Amendment History page using a cross-reference. The following procedure accomplishes this task.

1. Open the document you will be editing.
2. Before making edits, remove previous change bars from all chapters by selecting Format | Document | Change Bars. See the example below showing the change bar properties dialog box settings. Check Clear all Change Bars (No Undo) and click Set.



Clear All Change Bar Properties

To globally clear all Change Bars across all chapters, go to the Book view and highlight all chapters (see below). Click on Format | Document | Change Bars, check Clear All Change Bars (No Undo), and click Set.

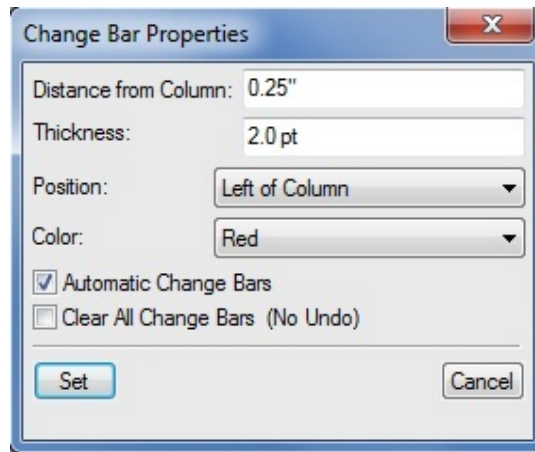


Example: Select all Chapters in Book

3. Set the Change Bars globally for current changes by selecting Format | Document | Change Bars. Use the following properties to complete the dialog box:
 - a. Distance from Column: 0.25”;
 - b. Thickness: 2.0 pt;
 - c. Position: Left of Column; and
 - d. Color: Red.

Check Automatic Change Bars and click Set.

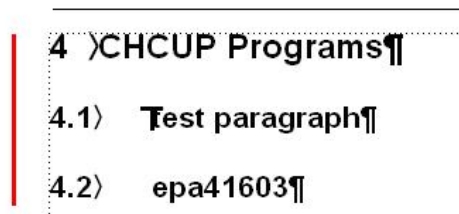
Below is an example of the correctly completed dialog box for setting current changes across all chapters.



Automatic Change Bar selection

To globally display all Change Bars across all chapters, go to the Book view and highlight all chapters (see image on previous page). Click on Format | Document | Change Bars, check Automatic Change Bars and click Set.

4. Make the necessary edits in the document. A red bar displays to the left of the text you changed. It looks like this:



Sample Change Bar

Save the document. Leave this document open.

Note: To manually set revision bars on a section of text, highlight the text and select Format | Style | Change Bars.

5. Open the book's FrontMatter chapter. Locate the Amendment History page (page iii; see example below).

Amendment History Page¶

Summary of Changes¶

Document Version #	Approval Date§	Modified By§	Section, Page(s) and Text Revised§
Version 1.0§	December 5, 2006§	Tiffany Johnson§	Approved document§
Version 2.0§	May 2, 2008§	Tiffany Johnson§	Approved document§
Version 2.1§	May 27, 2008§	Tiffany Johnson§	§

Add Cross-References here

6. Position the cursor in the field. Begin with a summary statement such as “Changes made to” or “Added”.
7. Click Special | Cross-Reference.
8. In the drop-down box next to Document (see the following image), click on the document to which you have made changes.

CROSS-REFERENCE

Source:

Document: DPM_Procedures_Manuals.fm Go to Source

Source Type: Paragraphs

Paragraph Tags:

- FLHeading2UPM
- FLHeading3
- FLHeading3UPM
- FLTableBullet
- FLTableHeading
- FLTableRow
- FLTitle

Paragraphs: Pages: 1-3

- 10.1 Overview
- 10.2 Procedures Manual List
- 10.3 Word Documents
- 10.4 FrameMaker Templates
- 10.5 FrameMaker Document Structure
- 10.6 Content
- 10.7 Creating Books

Reference:

Format: Heading & Page Edit Format...

<\$paratext> on page\ <\$chapnum> -<\$pagenum>

Convert to Text... Insert

Cross-reference box

9. Select Paragraphs as the Source Type.
10. Click on the appropriate paragraph tag; in this case the tech writer used FLHeading2UPM. When you click on FLHeading2UPM, a list of paragraphs displays in the box on the right.

11. Select the title of the paragraph edited (in this case, it is “4.1 test paragraph”), and click Insert. The field now includes the paragraph title and chapter/page number.

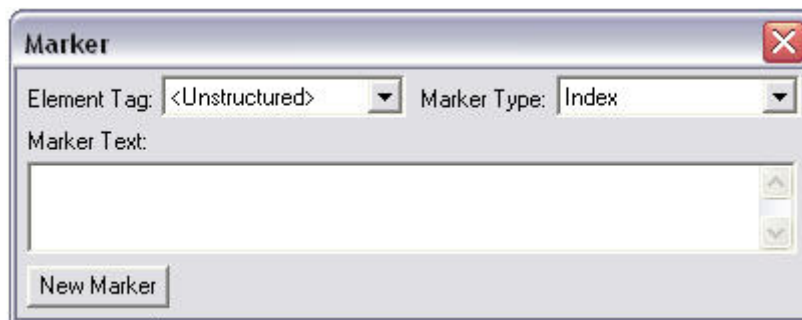
Amendment History Page¶			
Summary of Change¶			
Document Version #	Approval Date§	Modified By§	Section, Page(s) and Text Revised§
Version 1.0§	December 5, 2006§	Tiffany Johnson§	Approved document§
Version 2.0§	May 2, 2008§	Tiffany Johnson§	Approved document§
Version 2.1§	May 27, 2008§	Tiffany Johnson§	“test paragraph” on page 4-1§

12. Click CTRL +ALT, then float the cursor over the field; the cursor changes to a hand. Clicking on the paragraph title takes you to that text location in the document.

Additional edits can be cross-referenced using this method. Use semicolons and paragraph markers to separate entries.

6.6 Index

In order for an Index to be created, place markers throughout the document indicating their inclusion in the Index file. In the document, select all of the text to be included in the Index list. Go to Special | Marker from the document’s menu bar. The Marker window is invoked.



The text that is selected will be in the Marker Text window. Verify that all of the text is included - it is easy to leave out the first or last letter. Select the Marker Type “Index” from the drop-down window. To complete the index mark, click “New Marker.” When the Index file is created, the information in the Marker Text box will be alphabetized in the list of information included in the Index.

Text to mark for inclusion in the Index should include the headers FLChapterTitleUPM, FLHeading2UPM, and FLHeading3UPM. In addition, any text formatted as FLBodyBOLD and key words in the content paragraphs should be marked for inclusion in the Index.

Mark index entries for only one level of index entries.

After updating the book, import the Reference Pages, Paragraph Formats, and Page Layouts from Procedures_ManualIX_TEMPLATE.fm. Update the book again to validate that formats are correct.

6.7 Tables

FrameMaker®, unlike MS Word®, does not automatically break a table row when it extends beyond the lower margin. It takes one of two approaches:

1. Move that row to the next page; or
2. Display the entire table row on one page and detail that extends below the margin is not viewable.

Solution: Insert additional row(s) and copy and paste the detail into the new row until all row detail is visible on the “page.” Use this method for those table rows that are too long to fit a page or when the move to the next page results in excessive white space on the previous page.

Nested Tables in FrameMaker

FrameMaker does not accommodate the use of nested tables like MS Word® does. As a work-around when the best approach is to use a nested table:

1. Set up the table in MS Word and resize it there to approximate the column into which it will be pasted.
2. Select that table and copy it.
3. Paste (not Paste Special) the table into the FrameMaker table cell in which it should display. This creates an image of the table which can be further edited by double-clicking it to change content. Single-click the imager to resize it to better fit in the FM table cell. Continue tweaking the nested table size until it displays appropriately.

TableCleaner

The TableCleaner Add-in for FrameMaker® (TableCleaner.zip) is available at:

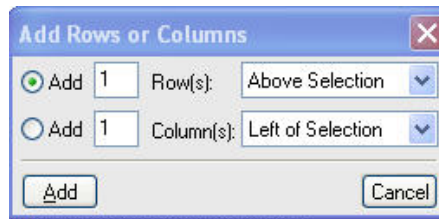
FLMMIS > Documentation > FrameMaker > 2 Tools.

Download the TableCleaner.zip file and look in the ReadMe.txt file to place the .DLL in the correct folder. Then open FrameMaker. The TableCleaner is automatically attached and available to you.

TableCleaner adds functionality that facilitates working with tables in FrameMaker® to allow you to:

1. Select a row, column, or table using menu bar icons.
 - a. Place the cursor in the row, column, or table you want to select.
 - b. Use the icons in the toolbar to make selections.
2. Add or Delete rows or columns using the menu or toolbar:
 - a. Menu method:

- (1) With the cursor in the table to be edited, select Table | Add Rows or Columns from the menu bar.
- (2) A dialog box similar to the following example displays.



b. Toolbar icon(s) method:

- (1) Select one or more rows or columns using the Select a row or Select a column icons.



3. Use Table Designer to assign a table style to tables within the document.
4. Resize all tables within the document to proportionately size columns from margin-to-margin.
 - a. With cursor within a table, select Table | Resize All Table Columns. A dialog box similar to the following example displays:

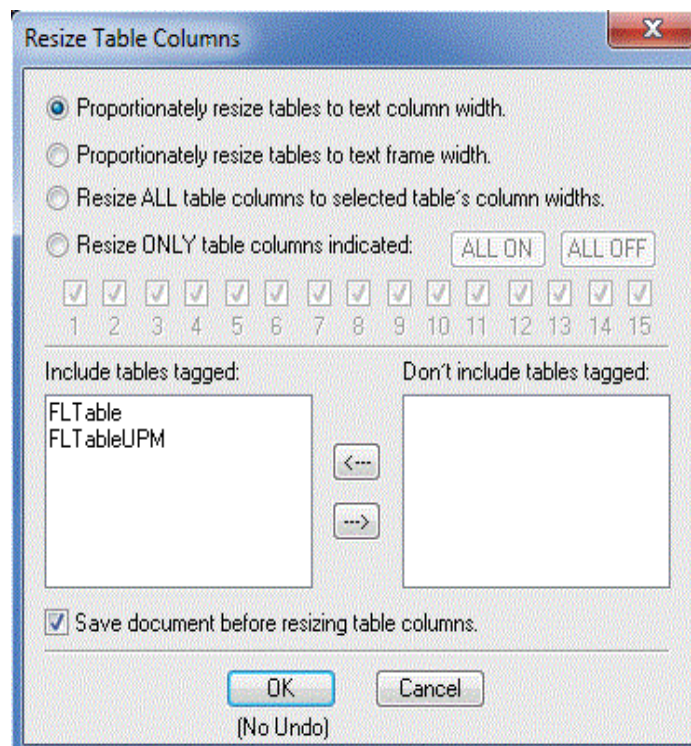
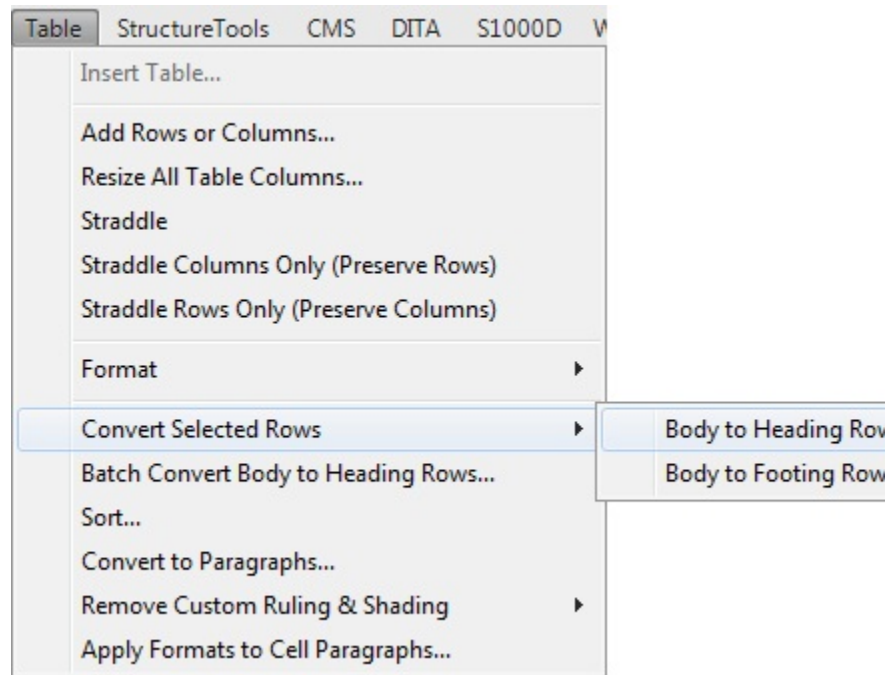


Illustration of Resize Table Columns dialog box

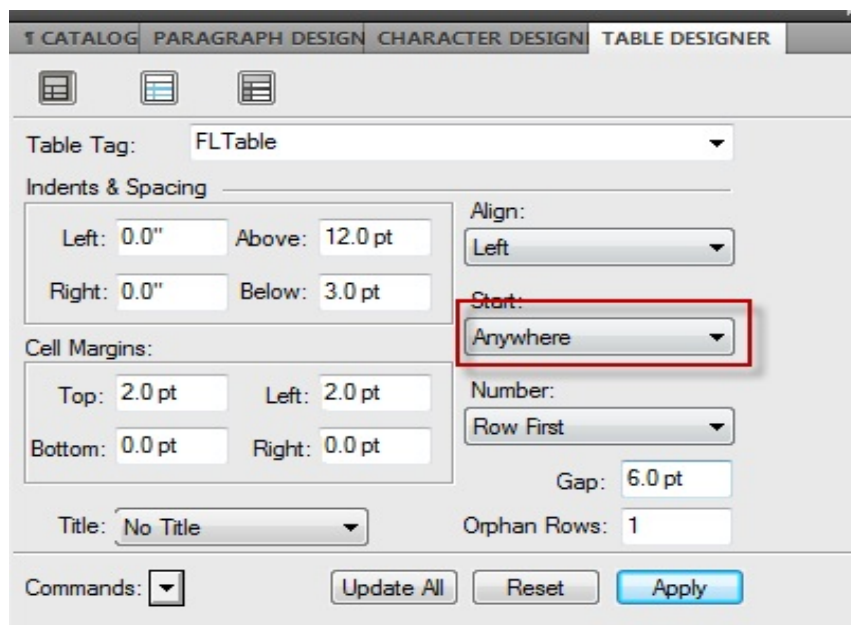
- b. In most instances, accept the default selection.

- c. Click on the table tags (on the right side) that you wish to resize. All table tags used in the document are displayed.
 - d. Click the left arrow button on the dialog box to move the table tag name to the Include tables tagged field.
 - e. Check Save document before resizing table columns.
 - f. Click OK.
5. Resize to match selected table column widths using Table Designer styles associated to table names. This is especially useful in the event that you have to reimport all of a particular table type.
 - a. Resize columns in one of the tables representative of the majority of like tables. Select a table that has all columns with content so you can see how the column widths display after resizing.
 - b. Tag tables with like content to distinguish them from other tables in the document. For instance, when reimporting all the Field Descriptions tables in the refresh of the TDDs, tag these imported tables as FLTable through Table Designer.
 - c. With cursor within the table with columns whose sizes you wish to replicate in tables of similar content, select Table | Resize All Table Columns. A dialog box similar to the previous example displays.
 - d. Check the radio button to resize all table columns to selected table's column widths.
 - e. Click on the table tag (on the right side) that you wish to resize.
 - f. Click the left arrow button on the dialog box to move the table tag name to the Include tables tagged field.
 - g. Check Save document before resizing table columns.
 - h. Click OK.
6. To make a Table Heading Row repeat on the next page, highlight the Row and select Table | Convert Selected Rows | Body to Heading Rows.



Floating Tables

If you encounter an issue with tables "floating" to unintended positions, update the table formats from one of the templates (Portrait or Landscape chapters). This is the Table Designer view showing the drop-down list that may display "Float" rather than "Anywhere."



6.8 Import or Copy Into Document?

FrameMaker® includes functionality to import images or documents into the working file using an Import By Reference or Copy Into Document method.

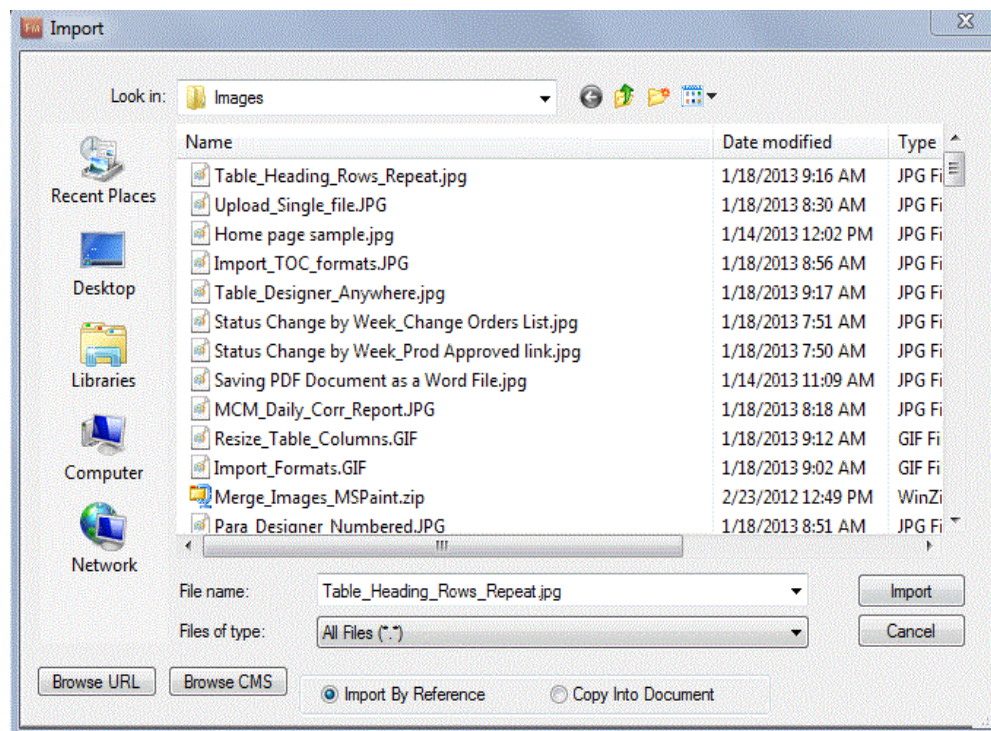
Import By Reference

Advantages of using the Import By Reference setting include:

1. Reduces FM document file size;
2. Allows “single-sourcing” of images or documents that are used in more than one book; and
3. Facilitates updates of images using same name since image is immediately displayed in the book when document is opened.

Use Import By Reference for images or documents (in .DOC or .PDF) whenever possible to take advantage of the benefits mentioned above.

1. Select File | Import | File.
2. Navigate to the appropriate location and click to select the file (image, DOC, or PDF) to import.
3. Select radio button to Import By Reference.
4. Click Import.



Sample of Import File dialog box

Copy Into Document

Some instances are better handled by copying the image or text directly into the FM document (embedding the information). In those instances select the Copy Into Document radio button as described below.

1. Select File | Import | File.
2. Navigate to the appropriate location and click to select the file (image, DOC, or PDF) to import.
3. Select radio button to Copy Into Document.
4. Click Import.

Copy individual paragraphs or images from another source by clicking Edit | Paste Special and make selection from the resulting list of file formats based on the type of data on the clipboard. Experience shows that the easiest method when copying individual words or paragraphs of text is to select Text from this list. The pasted text adopts the FrameMaker® paragraph style into which it is pasted.

Note: Embedding images by copying into the document increases the size of the FrameMaker® file and will require updating every document that uses that image on an individual basis.

To retain all formatting across many paragraphs, you may find it easier to paste the formatted text into another Word® file, then import the Word® file into the document using the Copy Into Document method described above.

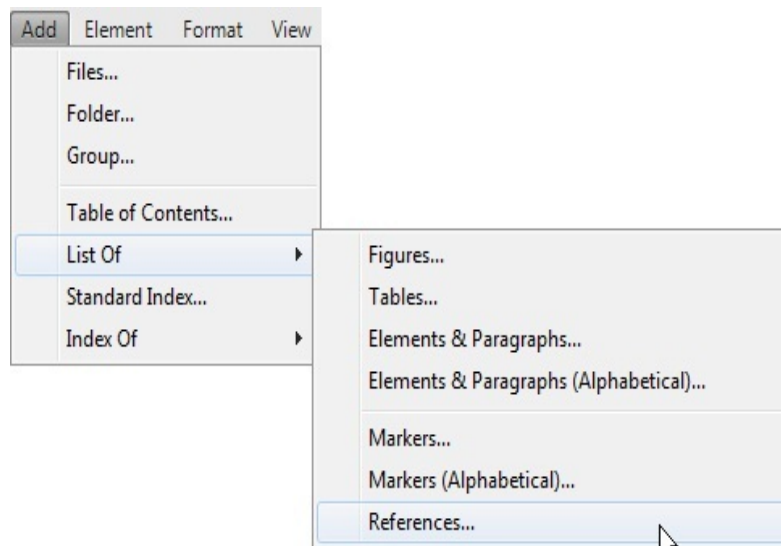
6.9 List of References

Some manuals, notably Facilitator and Participant Guides, may require extensive research to find the most recent images, but the process can be shortened considerably by using the List of References (LOR) method.

“Lists of References” may also be useful when troubleshooting to identify unresolved cross-references or Conditional tags. Simply select a different “Include” element from the dialog box described in step #4 below.

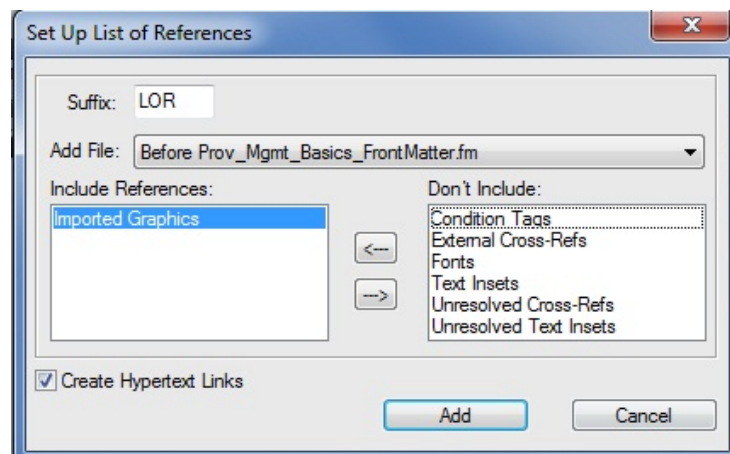
Locating and Placing Revised Images into Documents

1. Go to Book View in your FrameMaker document.
2. Click on Add / List of / References.



List of References cascading menu

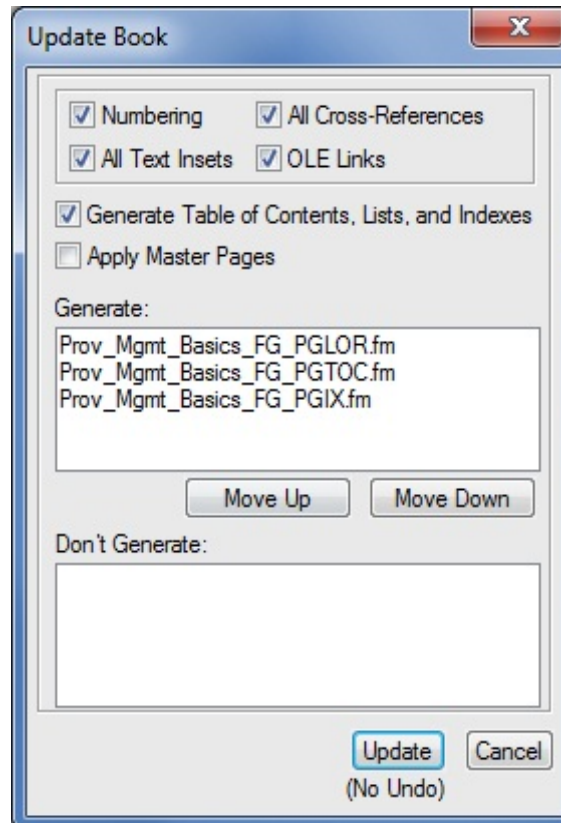
3. In the right-hand column, choose Imported Graphics and move it into the left column.
4. Click Add.



Include Imported Graphic in the List of References.

5. Be sure the hypertext link box is checked.

- Click Update. Listed in the left column of the Update Book dialog box are the TOC, LOR, and IX, if applicable.



Update Book dialog box

The master list of referenced images and their relative paths is now listed in the Book view with a file name ending in LOR. Delete this file from the book prior to publishing the PDF.

```
\\TDDs/Managed_Care_TDD/Source/Images/Pages_Panels/Recipient PMP Lockout.jpg @
96 dpi 4¶
Source/Images/Recipient Maintenance - Medicare Navigation Panel.jpg @ 96 dpi 1¶
\\TDDs/Recipient_Management_TDD/Source/Images/Pages_Panels/Medicare A Cover-
age.jpg @ 96 dpi 1¶
\\TDDs/Recipient_Management_TDD/Source/Images/Pages_Panels/Medicare B Cover-
age.jpg @ 96 dpi 2¶
\\TDDs/Recipient_Management_TDD/Source/Images/Pages_Panels/Medicare D Entitle-
ments.jpg @ 96 dpi 3¶
\\TDDs/Buy-In_TDD/Source/Images/Pages_Panels/Part D PDP Assignment.jpg @ 96 dpi 4¶
\\TDDs/Buy-In_TDD/Source/Images/Pages_Panels/Part D CMS MMA History.jpg @ 96 dpi
4¶
\\TDDs/Recipient_Management_TDD/Source/Images/Pages_Panels/Medicare ID.jpg @ 96
dpi 5¶
\\TDDs/Buy-In_TDD/Source/Images/Pages_Panels/Medicare A Buy-In Coverage.jpg @ 96
dpi 1¶
```

Sample of List of References

7. Open the document and scroll through the items to locate links to images used in the document on which you are working. In the example above, note the multiple TDD locations indicated.
8. Go to SharePoint and download any images you do not have on your hard drive and to ensure you have the most recent images from SharePoint if you already have the images.
9. Check the file sources on the list, and compare the Modified Date in the iTRACE Web folders against the Modified Date on your hard drive.
10. Download from the iTRACE Web folders any images with more recent dates to the appropriate file and folder structure on your hard drive.

Note: Unless there is a newly added page/panel, report, and so on, you will be replacing prior versions using the same name as before. This preserves the links to the imported images regardless of the document in which they are used.

With newly added pages/panels, reports, and so on, the script return for the chapter you are working should include the detail for that item and alert you to the fact that you need to import this new image by reference.

11. Scroll through your completed FM file to ensure that images properly display. Aspect ratios may have changed and could result in images that are not appropriately sized for viewing.

Some images have previously been split into multiple views for readability. Identify them using the LOR. These images will have a number following the image name, as in the following example:

- a. Case Type - Case Type Maintenance.JPG;
- b. Case Type - Case Type Maintenance-2.JPG;
- c. Case Type - Case Type Maintenance-3.JPG; and
- d. Case Type - Case Type Maintenance-4.JPG.

OR

- a. Random Sample - 1 - Request Information.JPG; and
- b. Random Sample - 1 - Request Information_pt2.JPG.

If you must break an image into multiple sections, remember to use the same file names as previously used or you will break the link to the imported image.

You may also identify such an image when scrolling through the document to validate image size issues.

12. Upload all updated files (images and FM files) to the appropriate SharePoint folders after you have completed working the document or chapter. See “Upload Error Message” on page 5-7 if you encounter errors during the upload.

6.10 Variables

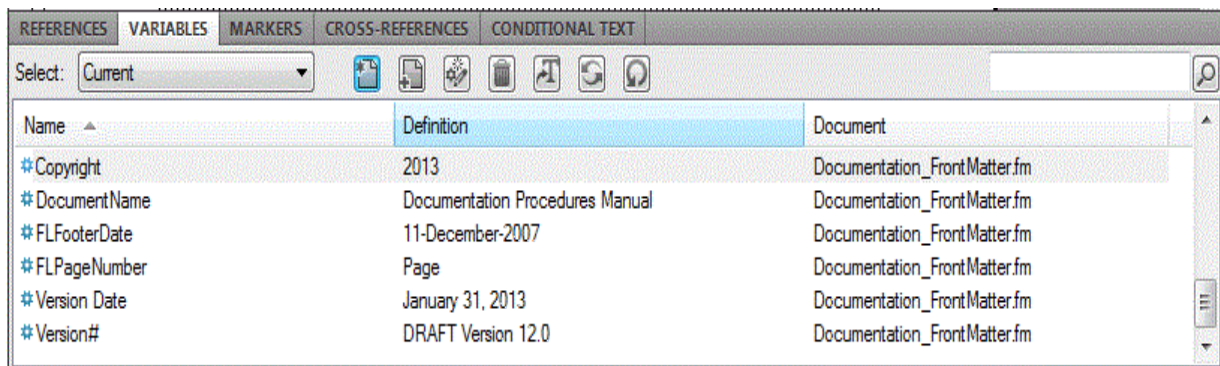
Variables are a FrameMaker feature to facilitate easy and consistent application of document elements such as:

1. Document Name;
2. Version Number;
3. Version Date; and
4. Copyright (in footer).

Update Variables in FrontMatter

Insert the appropriate variable wherever these elements appear (for instance, the cover, Document Information Page, Amendment History, headers, or footers.)

1. Open the FrontMatter file to start the Variable update process.
2. Select the existing variable by clicking on the text that should be a variable. It is a variable if a single click highlights all the variable text.
3. Highlight the text you want to replace with a variable (or to create as a variable).
4. Click Special | Variable from the menu bar.
5. Select the appropriate Variable to apply to the highlighted text (or to update an existing variable's text.) The following sample illustrates the Variable selection dialog box.



Sample of Variable dialog box

- a. Click the Add/Edit icon (third icon from the left in the image above) and add or edit variables as needed.

ADD/EDIT VARIABLE

Name: Copyright

Definition: 2013

Character Formats:

<Default Font>
<CITE>
<Emphasis>
<EquationVariables>

Add Edit

FileName: Documentation_FrontMatter.fm

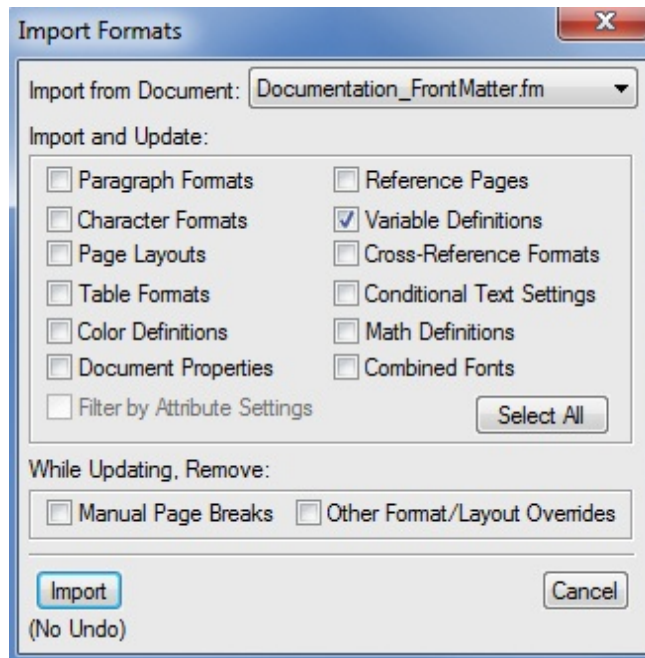
Location:

Page	Element1	Element2
M:Page2+(3)		
M:Right(1)		

6 - 26

Sample of Add/Edit Variable dialog box

- b. If the variable you want to apply does not currently exist, click Create Variable (second icon from the left in the image called Sample of Variable dialog box.).
 - c. If it exists but you need to change what the variable displays in the document, click Edit.
 - d. If you want to remove the variable from the document, click Convert to Text.
6. Select all chapters in the book and File | Import | Formats.
 7. Select the FrontMatter file from the drop-down list at the top of the dialog box.



Import Formats for Variable Definitions

8. Check *only* the Variable Definitions, then click Import.

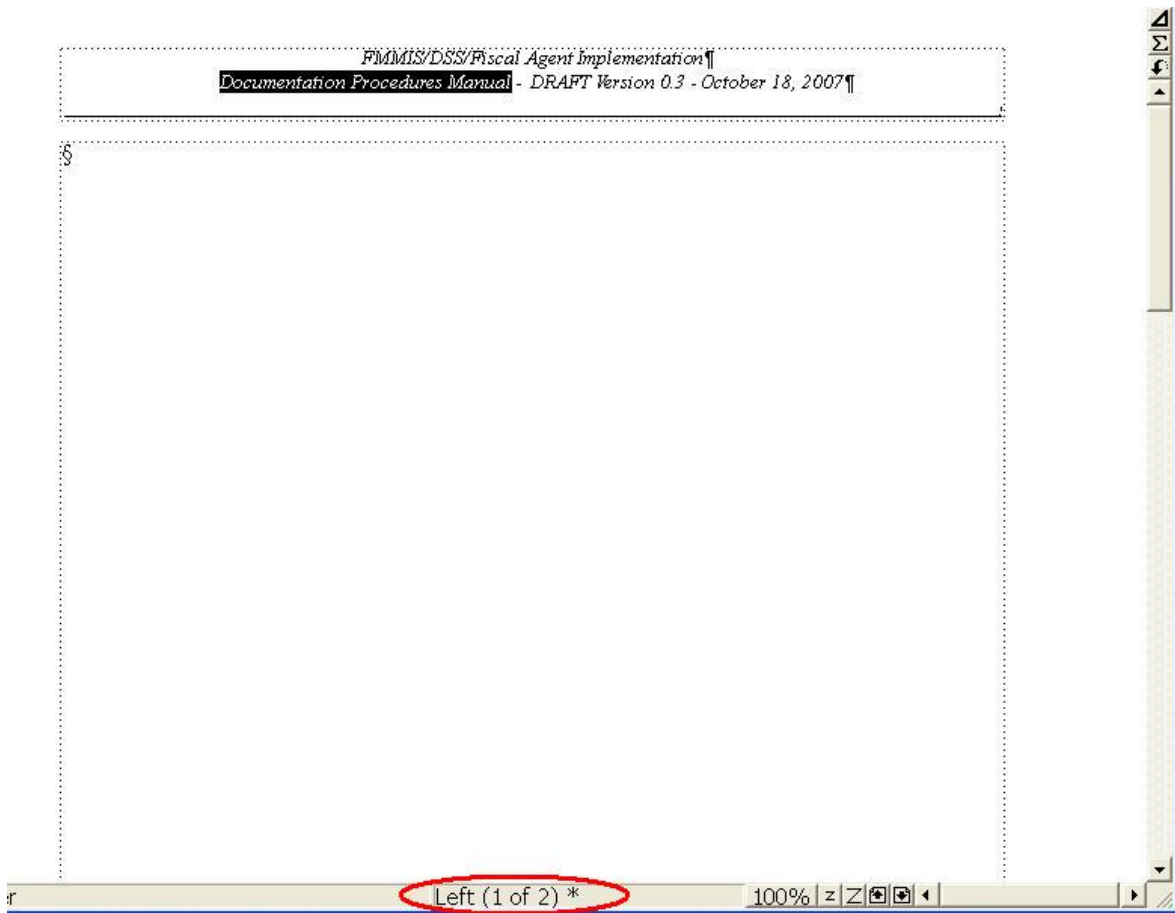
Using Master Pages View to Change Variables

As an alternative to the above approach to edit or insert variables, select View | Master Pages to make the correction in a file other than FrontMatter.

Note: Because there are extra steps to this process, it should be used only to correct a file in which variables were not previously used.

1. From any document in your book, select View, then Master Pages from the cascading menu.
2. The resulting view shows only the header and footer for a left and right page.

Note: Any change you make must be made on each page of the Master Pages.



Sample Master Page

This example of a Master Page has the Document Name variable highlighted. The multiple-page feature is identified in the red oval to show its location.

3. Change any variable available on all Master Pages as needed. In most cases this is limited to the document name, version number, version date, and copyright date.
4. Select View | Body Pages from the menu to return to the Body Pages view.
5. Select all documents in the Book, if needed, to import the Variables into all files used.
6. Validate that all headers appropriately display the correct variables.

6.11 Conditional Text

Conditional text enables us to support more than one version of common text using one set of files. For example, if a document that supports two manuals using most of the same general content in a chapter, you can apply condition tags to text that differs between the two. When you release the document, you show or hide the text based on the condition tags. For general information regarding the use of conditional text, click Help | Help Topics from the FrameMaker menu bar. Then search on “conditional text.”

For specific uses of conditional text in Florida documentation, refer to one of the following sections, as appropriate:

1. “Procedures Manuals Requiring Special Handling” on page 10-7;
2. “BDDs Requiring Special Handling” on page 8-5; or
3. “Training Manuals Requiring Special Handling” on page 11-6.

6.12 Print the Book

Open the Book, click the Update Book icon on the lower right. Then File | Print Book. Be sure PDF setup is correct (for bookmarks), Generate Acrobat Data is checked, and Print to File is unchecked. Then click Print and wait.

See “Generate PDF Bookmarks” on page 7-5 for step-by-step instructions to set up the PDF bookmarks.

If you get errors regarding images that cannot be printed, cancel the process and open each of the book's files so the images can finish loading, or ensure that you have the images in the correct folder on your hard drive so they are recognized.

Save Book as PDF

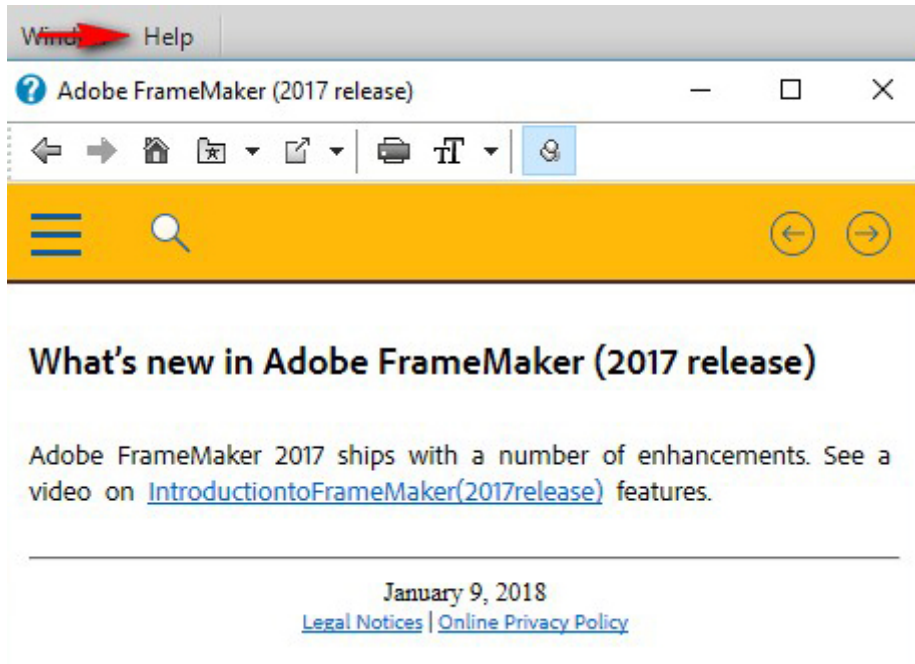
Alternatively, from the Book view, select File | Save As and select the PDF file extension. Name the file, select the Bookmark parameters as described in "Generate PDF Bookmarks" on page 7-5. Click Set.

Review the document for appropriate odd-number chapter start pages, appropriate bookmarks, headers, and so on.

6.13 Additional Resources for Help

FrameMaker Help

For further FrameMaker® help, please use the FM Help feature.



Portion of Help browser displayed from the Help menu

From FrameMaker®, the Help > Help Topics menu option includes access to manuals, samples, and tutorials that may help you find information you need.

TableCleaner Help

TableCleaner add-in help is also available from the FrameMaker Help menu list. The HLP and CNT files are included in the TableCleaner.zip file located at

FLMMIS > Documentation > FrameMaker > 2 Tools.

Copy these two files into the same FMINIT folder into which you copied the DLL when installing TableCleaner.

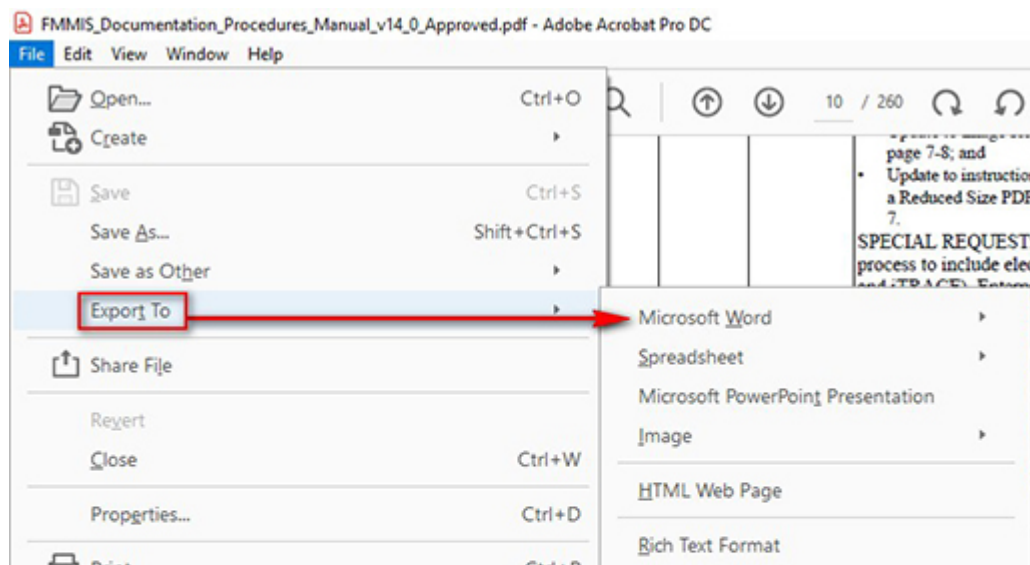
7 Working with Adobe Acrobat Professional

7.1 Overview

The purpose of this chapter is to provide some tips and common functions used when working with Adobe Acrobat Professional (Acrobat Pro) to facilitate document development. It is not intended to be a full tutorial on Acrobat Pro. For general Acrobat Pro information, use the Help menu options available in any PDF document.

Note: The instructions in this document are based on Acrobat Pro DC, Adobe FrameMaker 17.0, and Word 2013. Updates to these software versions will result in changes to the sample screen captures and in some cases, the procedures, throughout this document.

7.2 Saving PDF Document as a Word File



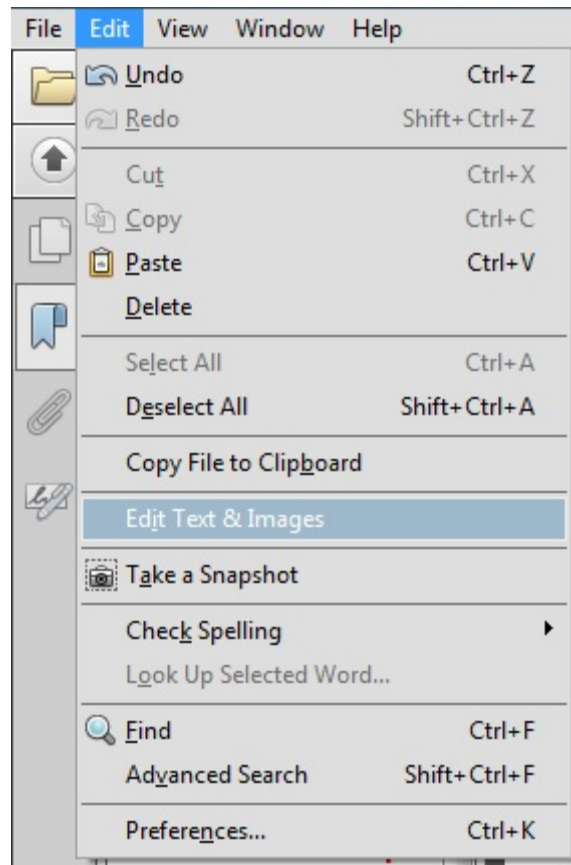
This image illustrates the procedure for saving a PDF as a Word file

7.3 Advanced Editing Tools

To make minor last minute corrections to a PDF prior to delivery, Adobe® Acrobat Professional® includes special tools for this task. Generally, the tech writers only need to use a couple of these tools. Following are the instructions for the tools used by the documentation team.

Edit Document Text Tool

1. From the PDF document, click Edit > Edit Text & Images.



.Tools Content cascading menu

2. Text boxes will appear around the visible sentences, allowing you to make minor changes to text in the PDF file.

Note: Use this tool only for minor edits which do not affect pagination or margins. If you attempt a change that results in text that lies outside the margin, you need to determine whether you should make the extra effort to edit then regenerate the PDF in FrameMaker. As an alternative to full reprint to PDF, consider whether a page replacement might work. See “ICreate PDF from Multiple Files” on page 7-9 for help with this process.

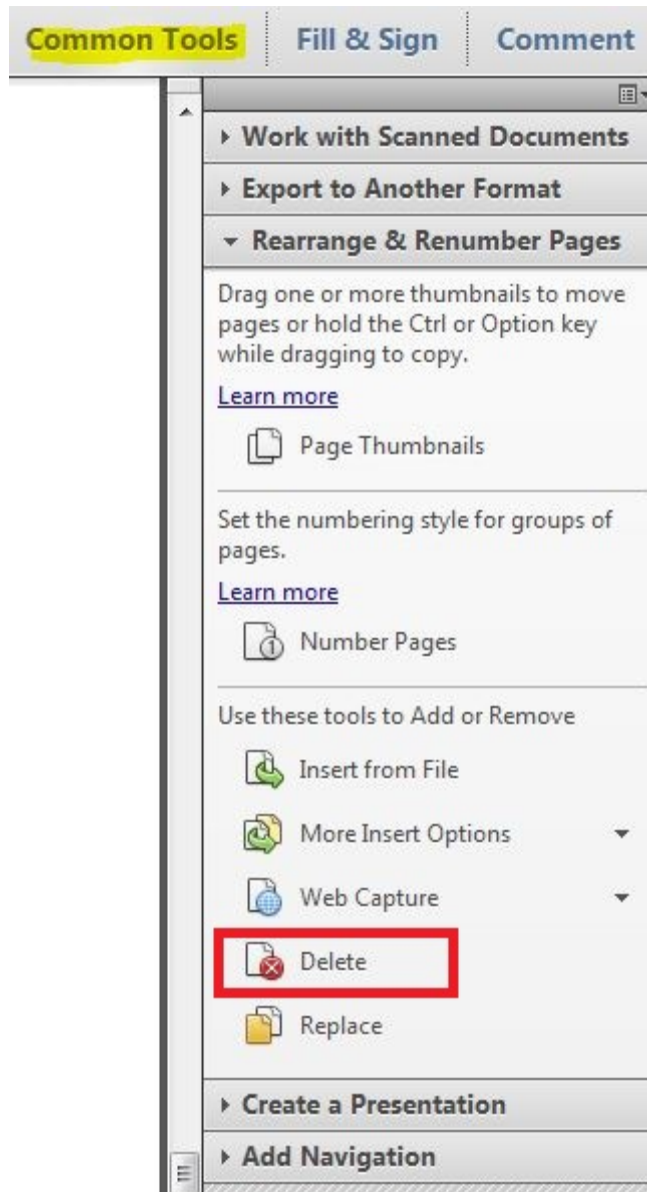
3. After completing the changes in the PDF, save the document again and proceed to the next step in the Deliverables process.
4. Replicate the change in the FrameMaker file(s) as needed so the next iteration of the document starts with an accurate version.
5. Upload all affected files to SharePoint. See “Upload Error Message” on page 5-7 if you encounter errors during the upload.

Deleting and Inserting Pages

To delete or insert pages from a PDF, display the first or last page where the action will occur.

1. Click Common Tools, then open the Rearrange & Renumber Pages Tab.

2. To delete, select Delete, then choose to delete only one (1) page, or an array of pages, as needed. Make sure the page numbers shown in the text fields are exactly the pages you want to delete.

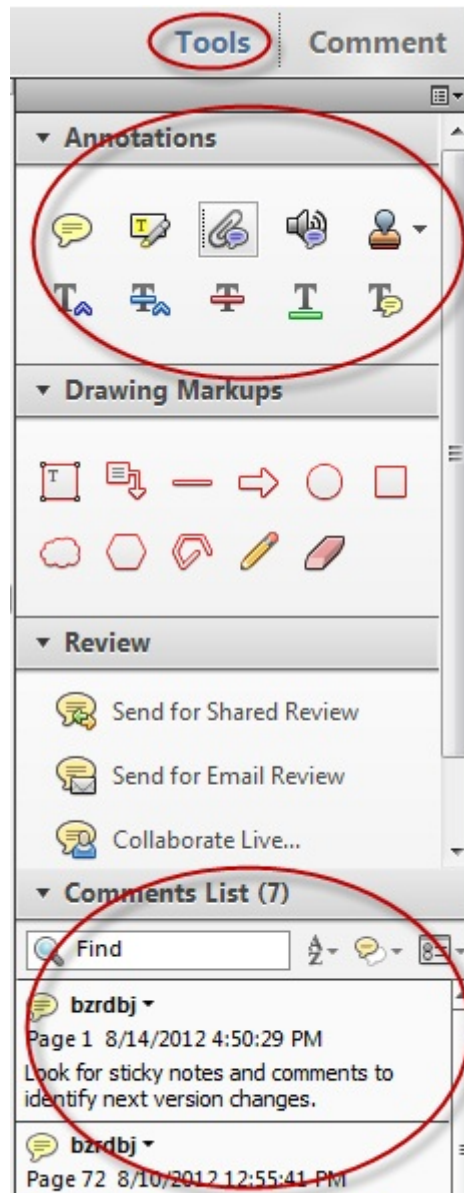


3. Other tools available include Insert from File, Web Capture, and Replace.
4. After completing the changes in the PDF, save the document again and proceed to the next step in the Deliverables process.
5. Replicate the change in the FrameMaker file(s) as needed so the next iteration of the document starts with an accurate version.
6. Upload all affected files to SharePoint. See “Upload Error Message” on page 5-7 if you encounter errors during the upload.

Comment and Markup

To insert a comment for the author or as a note to the techwriter if doing a Peer Review, use the Comment & Markup tool.

1. From the PDF document, click Tools | Annotations:



Tools / Annotations menu

2. Right-click to delete the Sticky Note or open it for edit, as needed.
3. Highlight a section of text in the document and click the annotation icon to add an annotation:



4. The following picture represents a new Sticky Note added to a document. Click the minus sign in the upper right corner to minimize/close the note. Enter your message in the text area.

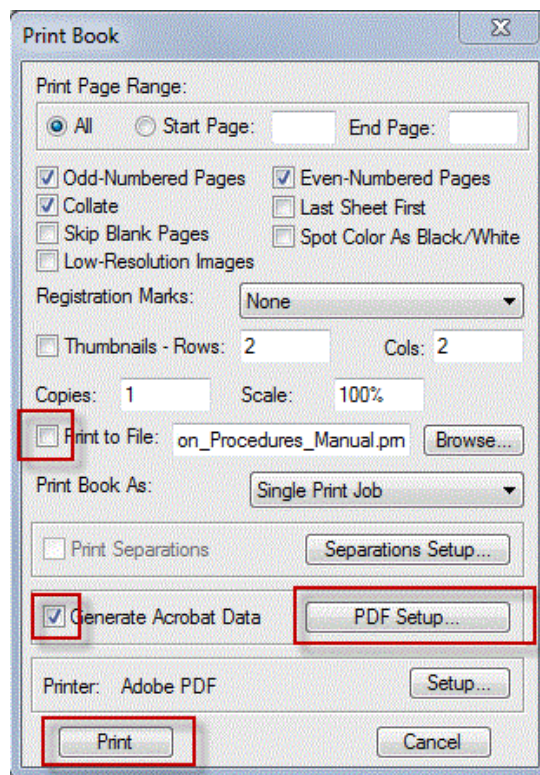


5. View a list of comments in the comments list.

7.4 Generate PDF Bookmarks

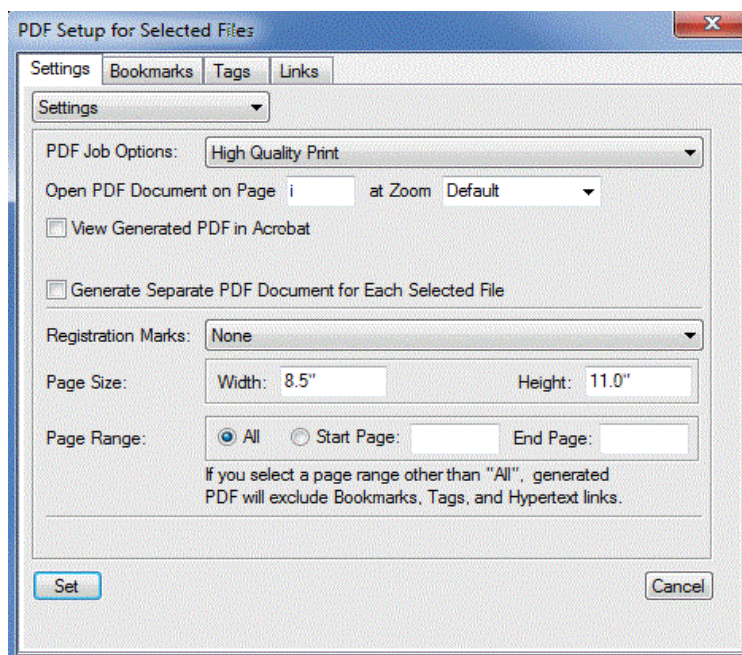
To automatically generate bookmarks in your completed PDF:

1. Click File | Print Book



Print Book dialog box

2. Click PDF Setup to define styles to be used for bookmarks to include in the PDF. Move text styles as needed from the right column to the left and use the << or >> buttons below the left column to align bookmarks as appropriate.



PDF Setup for Selected Files dialog box

3. Click Set in the lower left corner.
4. Check the Generate Acrobat Data checkbox.
5. Uncheck the Print to file checkbox.
6. Click Print to produce the PDF file.

7.5 Reduce File Size

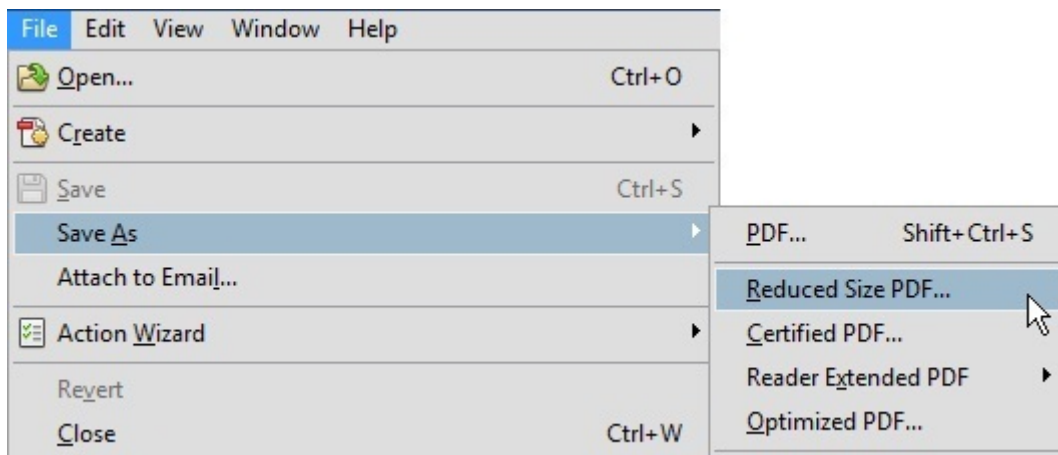
A compressed PDF (overwrite the current version when prompted) results with a reduction of 30-60% or more depending on the number of images and compression ratio achieved. The smaller file size makes uploads and downloads faster and saves server space. For example:

Document Name	Before	After
Financial TDD	33.1 MB	13.6 MB
Recipient Management Basics Facilitator Guide	11.8 MB	3.5 MB
Documentation Procedures Manual	4.2 MB	2.5 MB

Samples of file size after PDF compression

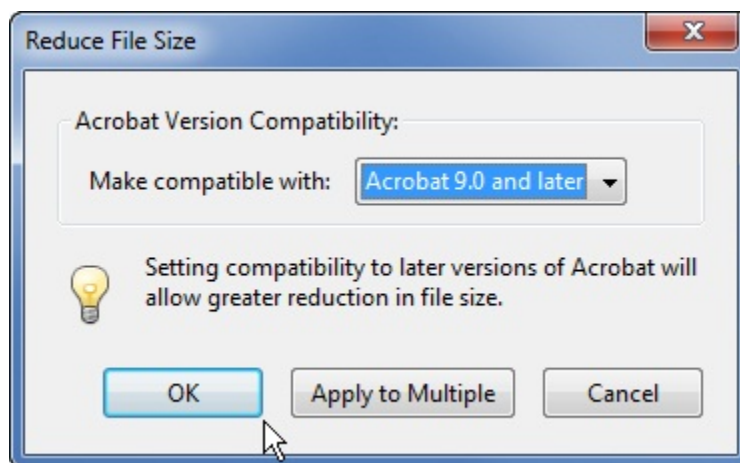
To reduce the size of the PDF file:

1. Select Document | Save As... | Reduce File Size:



Save As... Reduced Size PDF dialog box

2. Select a Acrobat Version for the file with which to be compatible. In this example, the PDF file will be compatible with Acrobat Reader 9.0 and newer:



Select Acrobat Version Compatibility dialog box

3. Click OK.
4. Select a file name in the Save As... window, or overwrite the existing PDF file, and click OK.

7.6 Merge PDFs

There are occasions that call for a merge of PDF files. For instance, the creation of a print version of the Facilitator and Participant Guides requires use of this process. Two (2) methods will be described here.

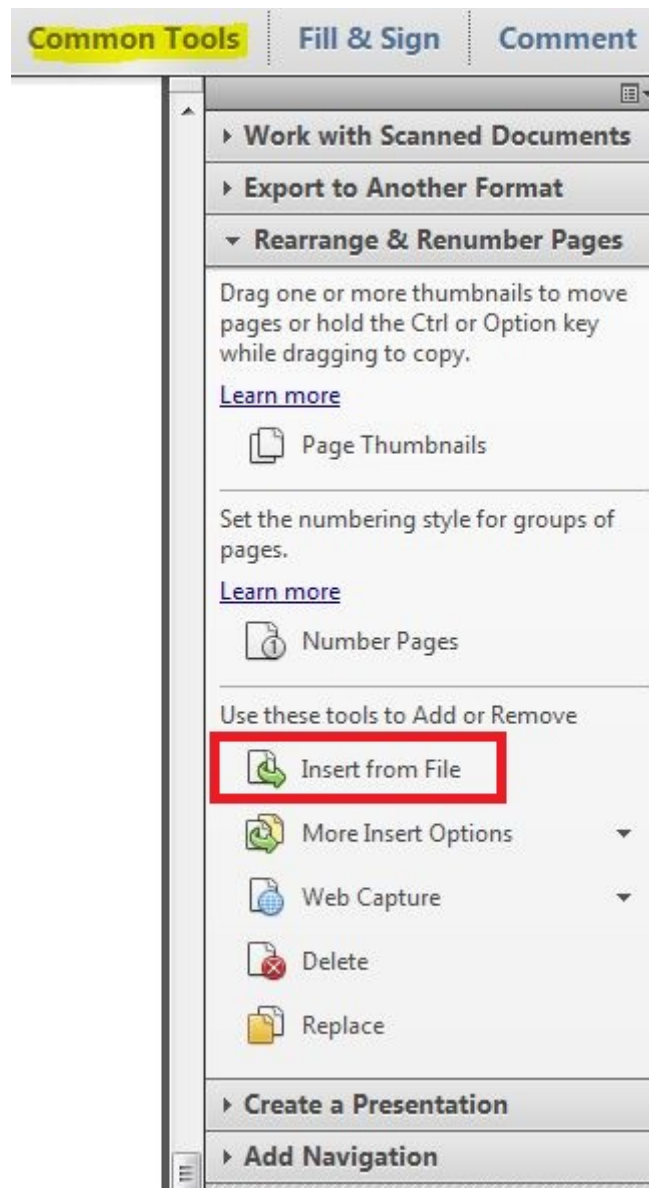
1. Insert Pages; and
2. Create PDF from Multiple Files.

ICreate PDF by Inserting Pages

Use this method to add the content from a PDF file. You may have to extract pages from a larger document if you only want to add a small number of pages. Use the Tools | Pages | Extract pages option to create the smaller file.

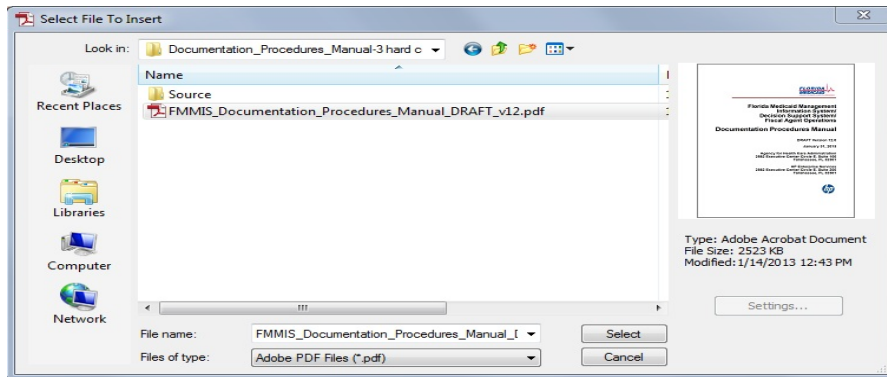
To add the contents of one PDF file into another:

1. Click Tools | Insert Pages | Insert from File from the cascading menu.



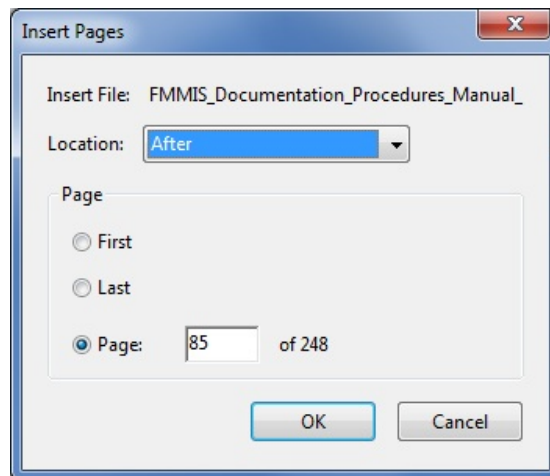
Tools | Pages | Insert Pages dialog box

2. Select a PDF file from the Select File to Insert dialog box:



Select File to Insert dialog box

3. Select a location to which the PDF file will be inserted; either before or after a particular page, or before or after the first or last page of the current PDF file:



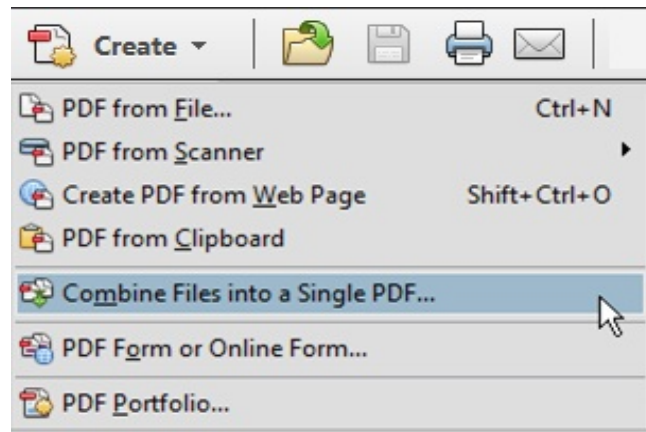
Insert Pages dialog box

4. Click OK and save the PDF file.

ICreate PDF from Multiple Files

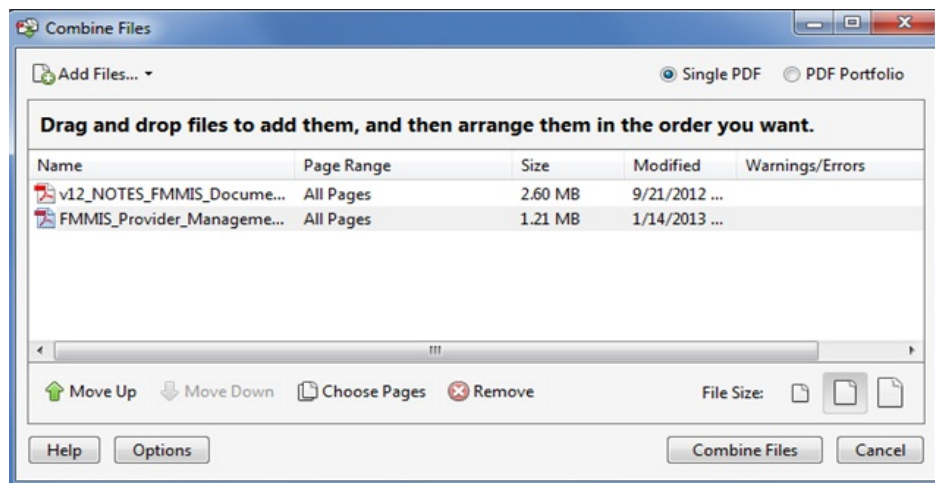
Use this method to merge several PDFs into a single PDF by “stacking” them one after another. This method differs from inserting pages in that your options are limited to sequencing each PDF without being able to specify a particular start page for each newly added PDF.

1. Click Create | Combine Files into a Single PDF from the cascading menu.



Create | Combine Files into a Single PDF... dialog box

2. Drag and drop the files into your PDF file using the Combine Files tool:



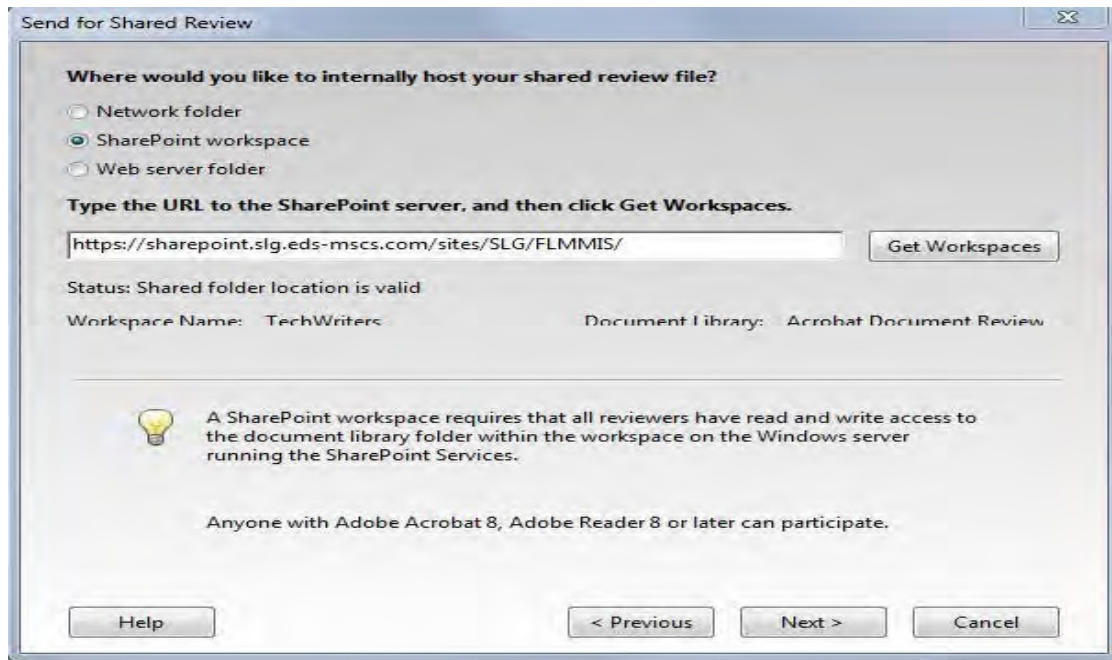
Combine Files dialog box

3. Select a file, if needed, and click Move Up, Move Down, Choose Pages or Remove.
4. Click Smaller File Size icon.
5. Click Combine Files. After processing, a new PDF file named Binder1.pdf will open in an Adobe Acrobat window.
6. Save the file.

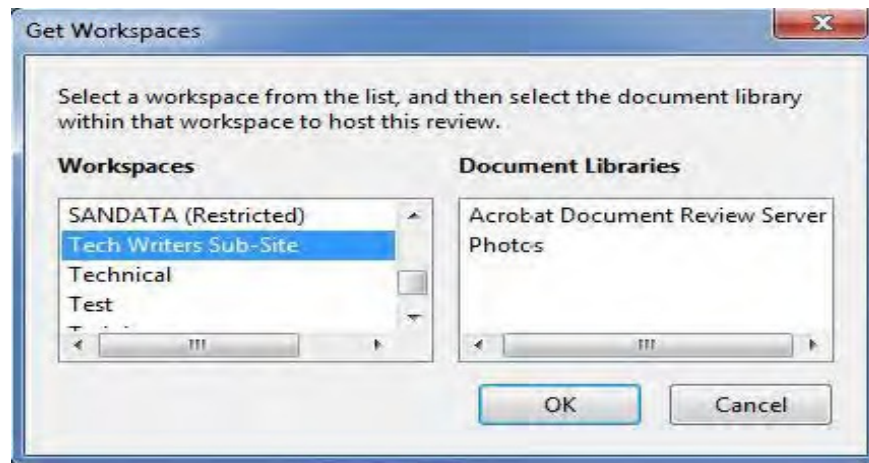
Using Adobe Acrobat for Shared Reviews

1. Select SharePoint workspace and put this link into the tool:

<https://sharepoint.slg.eds-mscs.com/sites/SLG/FLMMIS/>



2. Click Get Workspaces.
3. Go down to Tech Writers Sub-Site.




4. To go directly to the "Acrobat Document Review Server" folder in SharePoint:
<https://sharepoint.slg.edcs-mscs.com/sites/SLG/FLMMIS/TechWriters/Acrobat%20Document%20Review%20Server/Forms/AllItems.aspx>
5. Or, on the Tech Writers Sub-Site, click on Documents.
6. Or, access the server from the Tech Writer's home page:

EDS Medicaid Collaboration > State and Local Government > FL MMIS > Tech Writers Sub-Site

Tech Writers Sub-Site

Tech Writers Sub-Site
View All Site Content
Documents
Pictures
Lists
■ PROD APPROVED
■ FG/PG, PMs, and Other
Discussions
Surveys
Recycle Bin

Acrobat Document Review Server
Type Name Modified By
 FMMIS_Payment_Mgmt_Basics_FG_v10_0_DRAFT NEW Jim Matthews
☐ Add new document

Due Dates Calendar
There are currently no upcoming events. To add a new event, click "Add new event" below.
☐ Add new event

Contacts

Last Name	First Name	Business Phone	E-mail Address
Matthews	Jim	860-454-8283	james.matthews3@hp.com
Peterson	Mark	850-298-7122	mark.peterson4@hp.com
Sartschev	Mia	850-298-7153	mia.sartschev@hp.com
Scherr	Larry	850-298-7011	scherr@hp.com
Williams	Toyianna	850-298-7079	toyianna.williams@hp.com

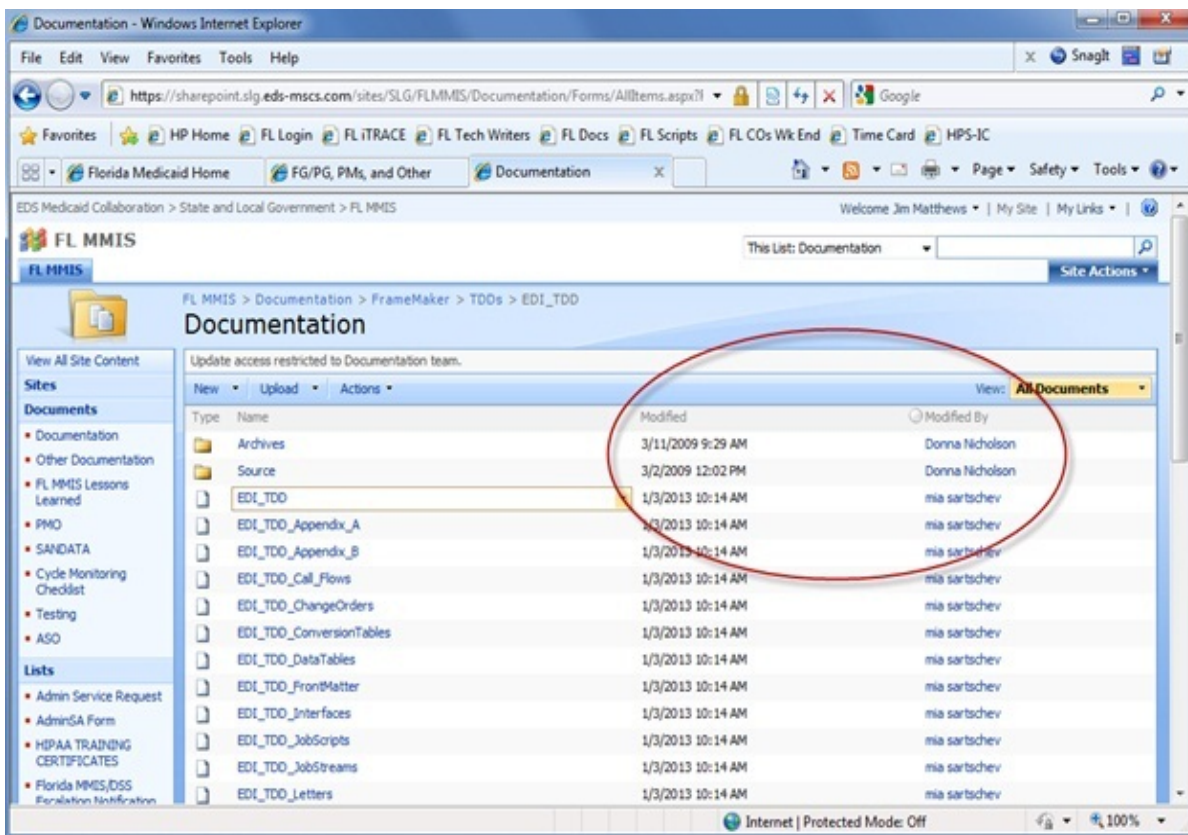
8 Business Design Document (BDD) Updates

8.1 BDD Updates in FrameMaker

Updates to BDDs require only a comparison of the new script runs with the previous version to produce a redlined version used to identify changes required in the FrameMaker files. See “Comparison Files” on page 8-3 for instructions on creating the comparison files.

Download the most recent versions of FrameMaker files, images, and source documents from SharePoint for the BDD you are updating.

Note: Even if you believe you were the last person to work a file, validate that you performed the last update to SharePoint by checking the Modified date and Modified By columns from the browser view of the Documentation folders.



Sample of SharePoint Modified and Modified By columns

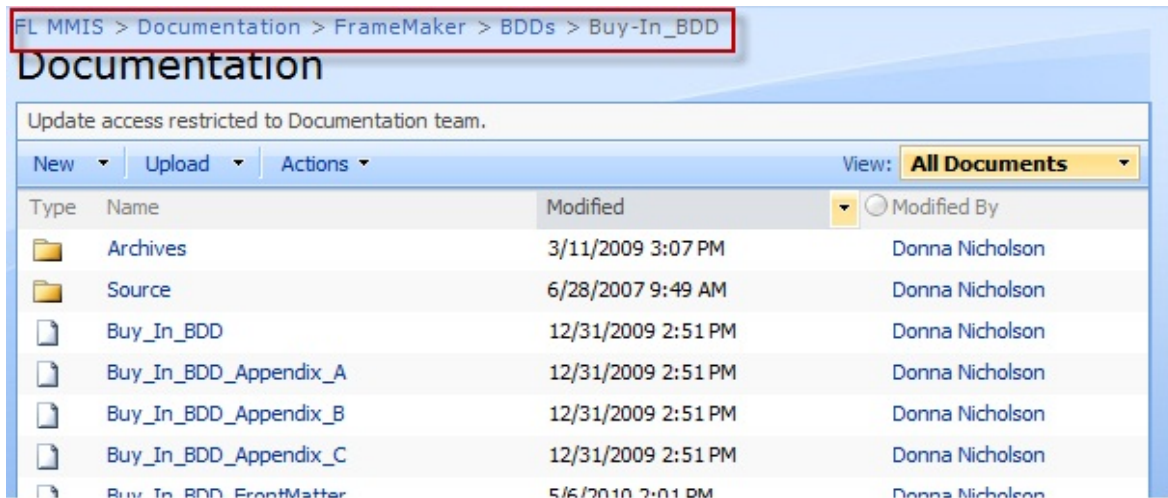
SharePoint File Structure for Documents in FrameMaker

File structure on your desktop/laptop must match the structure on SharePoint. FrameMaker files opened from SharePoint will appear to have broken links. Download all files needed and work from your local drive:

FrameMaker

TDDs

- Business_Area_Name_BDD <--This is the folder in which you will keep FM files.
- Source <--This is the folder that stores the Word script files and comparisons.
- Images <--This is the folder that stores the Use Case and other images.
- Common_ <-- This is the folder containing the cover and footer images.
- TEMPLATES <--This is the folder containing the FM templates for styles/layouts.



Sample file structure for BDD file storage on local drive and SharePoint

The Source folder holds the individual Word files from the final approved (or last delivered) version of the BDD. Store the current script run or redline documents in this folder. Always include the date of the script run as part of the file name. For example, correct file naming convention results in this type of file name: Buy_In_Overview_20070928.doc

The Images folder holds the images (or PDFs) for Import By Reference for use case activity diagrams or other images that may be used in the document(s). See “Naming Conventions - Images” on page 3-12 for information on file names for activity diagrams.

BDD Scripts

Run the following scripts from

https://itrace.flmmis.com/Florida/Subsystem/Utils/DSD%20BDD/DSD_Generate_BDD.asp

to update a BDD. See instructions in “Updating TDDs in FrameMaker” on page 9-10 and apply that convention to your source files for BDD updates.

Unless otherwise noted, perform a Compare and Merge (see “Comparison Files” on page 8-3) from the previous script run in MS Word into the current script results.

1. Overview;

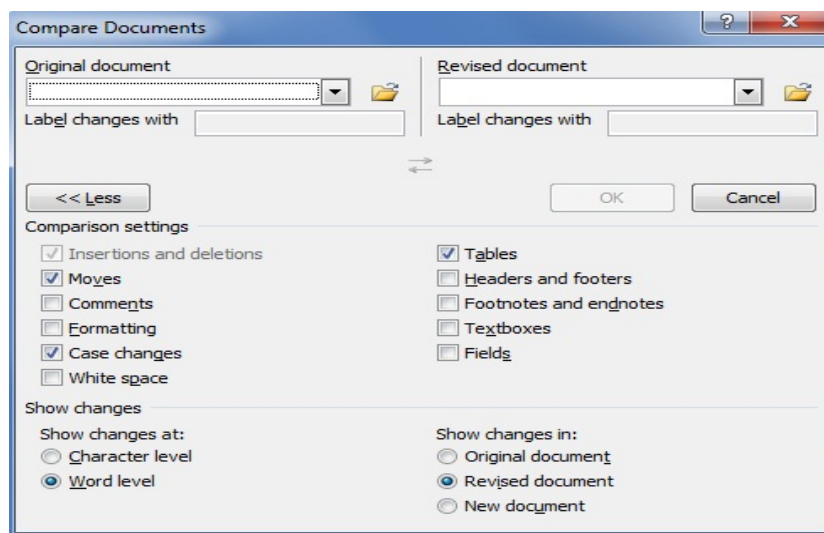
2. Flow chart - Import the latest flow diagram from iTRACE to ensure the most current version is included in the FrameMaker document;
3. Use Cases;
4. Requirements Matrix - Use the lead-in paragraphs from the BDD template and just insert the updated table into the document. Format the table to meet standards. No comparison to previous version is needed;
5. Process Matrix - Use the lead-in paragraphs from the BDD template and just insert the updated table into the document. Format the table to meet standards. No comparison to previous version is needed; and
6. BDD/TDD Cross-Reference - Use the lead-in paragraphs from the BDD template and just insert the updated table into the document. Format the table to meet standards. No comparison to previous version is needed.

Comparison Files

1. Identify the most recent Word version of the chapter you are working (by using the date in the file name).
2. Open this Word document and temporarily “Accept All Changes.” Later you will close this file without saving this change.

Note: The Overview script copied into Word may result in content included in Table format. Select the table and Convert | Table to Text before completing the comparison process.

3. Select Tools | Compare and Merge Documents . . . from the Word menu.
4. Identify the new script run document from the list and UNCHECK the option for Find Formatting.
5. Click Merge. (See image below.)



Compare and merge dialog box sample

6. Save the redlined comparison file from the most recent script run.
7. Close **without saving** the changes to the earlier script run. This preserves the redlines that were present in that document.

8.2 Finding Use Case Diagram Images

Locate use case diagram images in the iTRACE Web folders at:

<https://itrace.flmmis.com/Florida/Testing/>

Each business area folder includes the HTML file that includes the textual content for the Use Cases and the activity diagram image (in .jpg format).

1. Identify updated images based on the Modified date displayed in the folder view.
2. Compare this modified date with that stored on SharePoint in the BDD Source\Images folder.
3. Replace outdated images as needed and verify the image quality in the FrameMaker file.
4. Resize or reimport the image if the replacement image does not have the same size attributes as the original image.

As an alternative, right-click on the image in the Use Cases script return and “Save As” to the appropriate folder and replace previous images. Using the Web folders method, however, gives the advantage of only copying those most recently updated rather than replacing every image with the “Save As” method.

8.3 Updating the Front Matter file

1. Update the Front Matter variables for version number, version date, and the footer date.
Note: version numbering is incremental with each update until AHCA approval of that set of updates.
2. Update the Document Information page and Amendment History page for the current version.
3. With the Front Matter file still open, select all documents in the book list. From the main menu, select File | Import | Formats. See “Working with FrameMaker” See “Import Variables to Other Chapters” on page 6-19 for more information.

Additional Help

See “Working with FrameMaker” on page 6-1 for additional FrameMaker tips and help topics.

8.4 Printing Use Case Information from iTRACE

The following instructions provide the steps necessary to create a Word document file that contains the information on iTRACE about the use cases for a business area that you can print. The file will not be in the same format as the BDD and TDD but will be printable.

1. Start Word and have a new blank document file ready to use.
2. Start Internet Explorer and go to the iTRACE PMO page.

3. Select BDD Generation Page from the list of quick links on the left side of the PMO page.
4. On the page titled BDD Template Generation, select Use Cases in the drop-down box next to the Report Type label, select the business area in the drop-down box next to the Business Process label, and click on the Go button.
5. Wait until the resulting page has finished displaying. “Done” displays in the bottom left corner.
6. Right-click on the results page, then pick Select All from the drop-down list.
7. Right-click on the results page with all of the content selected, then select Copy from the drop-down list.
8. Open the Word window that contains the blank document file.
9. Right-click on the blank document, then select Paste from the drop-down list.
10. Save the blank document file as a Word document with the file name that you want in the directory that you want.
11. If you want to see the content of all of the tables and graphics, click File, then click Page Setup in the Word window, then select Landscape under the Orientation heading.
12. Save the Word document file again.
13. Print the Word document file.

8.5 BDDs Requiring Special Handling

Cross-Functional BDD

The Cross-Functional BDD includes several business area use cases that cross subsystem lines or are too isolated to have a BDD of their own:

1. Automated Letter Generator;
2. Change Management;
3. Data Imaging;
4. Document Management System;
5. Learning Management System;
6. Report Distribution;
7. Rules Engine; and
8. Security Management.

The Use Case script returns all use cases for the above areas as a single document, so updates to all areas must be completed before finalizing updates to this document.

First Health BDDs

The First Health (pharmacy) products are COTS products (including FirstRx, FirstDecision, and FIRSTrax) and the BDDs have ONLY an Appendix A - Process Matrix. They do NOT have a Requirements Matrix or Cross-Reference Appendix.

Recipient Maintenance BDD

All Use Cases for Recipient Maintenance BDD were canceled since they are also covered by Eligibility Determination Use Cases. AHCA requires an updated BDD anyway.

Conditional text was added to the Use Case chapter of the Eligibility Determination BDD to accommodate this request and the Recipient Maintenance BDD book file was updated to reference the Eligibility Determination Use Cases chapter.

Future updates to either document will REQUIRE attention to the conditional text settings (see “Show/Hide Conditional Text” on page 6-51) to show/hide as appropriate and to uncheck the indicator that displays the colored the text indicators.

Eligibility Determination BDD

See “Recipient Maintenance BDD” on page 8-6 for special handling needs for the Eligibility Determination BDD. When producing this BDD, check the conditional text settings (apply correct format to all files) to ensure the Eligibility Determination text only displays in the finished document.

9 Technical Design Document (TDD) Updates

9.1 Overview

Technical Design Documents (TDDs) are system-generated documents used to record systems development information for each FMMIS subsystem, such as Claims, Recipient Management, and the Web Portal.

TDDs are built from information uploaded by multiple individuals into the Florida Interactive Portal (FIP), which serves as the repository for all systems documentation. The information that populates the TDDs is compiled from change orders, image repositories, and systems descriptions on iTRACE. They are massive and historical, dating back to 2006 in some instances.

A select number of TDDs are updated each month, based on system changes involving changes orders with reported Prod Approved and Closed statuses. Prod Approved means that a task or product tied to a change order has been approved by MFAO. Closed means that a change order has been prod approved and implemented into the FMMIS. All change orders with a Prod Approved and a Closed status during a calendar month will be incorporated into the TDD fifteen (15) business day after the close of that calendar month.

9.2 Identifying Updates for the TDD

Change orders that are Prod Approved and Closed between the first and last day of a calendar month are identified fifteen (15) business days after the close of the month. This allows the most current system documentation after the last implementation date in the month to be selected for inclusion into the TDD. The fifteen (15) business day lag is due to the SLA requiring system documentation to be updated fifteen (15) business days after a Change Order is implemented to production.

Example:

To update the TDD with February 2020 Change Orders, Documentation will need to run the Change Orders - Status Detail script twice, once for the status of Prod Approved then another for the status of Closed.

The Change Orders - Status Detail is located through the following link:

https://itrace.flmmis.com/Florida/Testing/Utils/Rpt_ChangeOrder_Status_Detail.asp

Complete the Change Order Status Detail form by providing a Change Status From and To dates and by selecting a status of Prod Approved or Closed. Note: Leave the default selection for CO Grouping as is.

Change Order Status Detail

Filters
This report lists change orders Status Details.

CO Status Date From: 02/01/2020 To: 02/29/2020 (mm/dd/yyyy)

Status: Prod Approved

CO Grouping: Select one

[Back to PM Toolset](#)

Change Order Status Detail with Status of Prod Approved

Change Order Status Detail

Filters
This report lists change orders Status Details.

CO Status Date From: 02/01/2020 To: 02/29/2020 (mm/dd/yyyy)

Status: Closed

CO Grouping: Select one

[Back to PM Toolset](#)

Change Order Status Detail with Status of Closed

After completing the Change Order Status Detail form, click Submit.

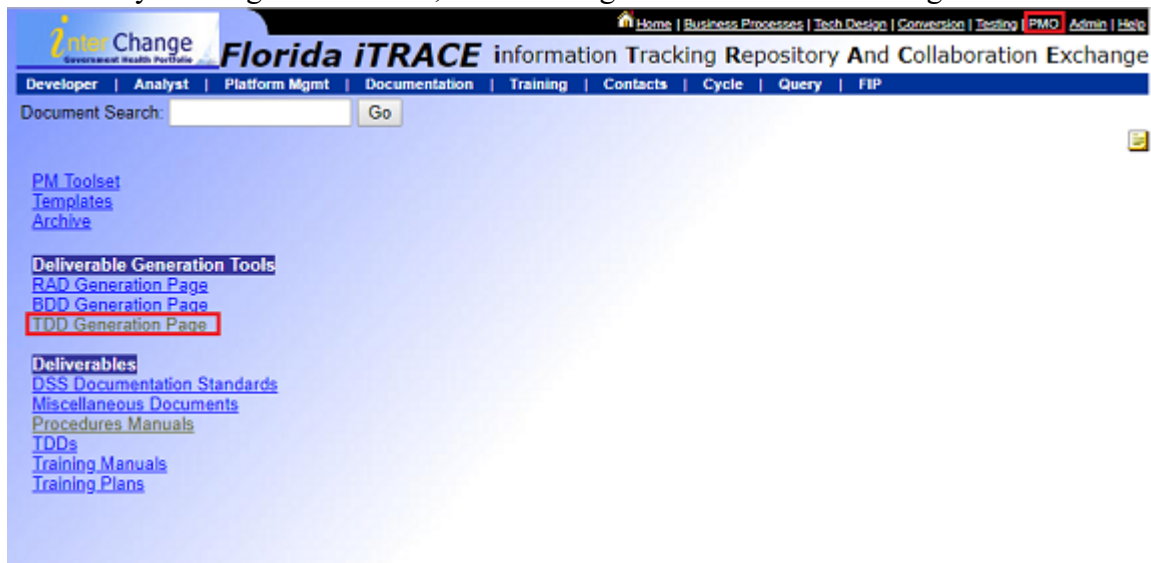
The results for both Prod Approved and Closed should then be exported to Excel and combined. The combined Excel report should be filtered to only show CO Type “CO”. Only Change Orders with either Prod Approved and/or Closed will be included in the TDD.

CO Type	CO		
Subsystem	CO#	Status	CO Name
Buy-In	177083	Prod Approved	State Code for Buy-In Panels
Change Management	177566	Closed	ADD BP status choice for MFAO
		Prod Approved	ADD BP status choice for MFAO
	179801	Closed	Add sosuppdoc to system objects
		Prod Approved	Add sosuppdoc to system objects
	179823	Closed	Create Box Documentation std
		Prod Approved	Create Box Documentation std
Managed Care			
Provider Management			
Recipient Management			
System Wide			
Web Portal			

Combined Prod Approved and Closed Status Reports in Excel

9.3 Accessing TDD Scripts

The technical details for each subsystem within FMMIS are documented in a database for display on iTRACE by clicking the PMO tab, then clicking the TDD Generation Page link.



Clicking the following link also displays the TDD Generation Page:

https://itrace.flmmis.com/Florida/Subsystem/Utils/DSD%20TDD/DSD_Generate_TDD.asp

The following page will display:

TDD Template Generation
- By Subsystem

This Screen allows you to generate the TDD Script Information for a particular Subsystem.
****TDD will take a couple of minutes to generate depending on the Subsystem selected**

Instructions for Generating

1) Select the appropriate Subsystem and click 'Go'

Report Type:	Overview	▼
Subsystem:	AVRS	▼ Go

2) Once the web page finishes displaying all the appropriate information, you can:

- Click 'Edit --> Select All'
- Click 'Edit --> Copy'
- Open up a new Word document
- Click 'Edit --> Paste'

OR

- Click 'File --> Save As'
- In the 'Save Web Page' dialog select the location, enter a name, select 'Web page complete' as the type, and click Save
- Open the file you just saved in MS Word

3) **Review the content, spelling, grammar and make corrections in the source data (iTRACE or FIP)**

The drop-down menus allow for users to search every section within a subsystem. After selecting a report type and subsystem, clicking “Go!” will begin loading the script for the respective area. The script in this database updates in real time. Below is a list of all report types within a subsystem:

1. Overview;
2. Significant Design Considerations;
3. Interfaces;
4. Programs;
5. Job Scripts;
6. Job Streams;
7. Web Pages (landscape orientation);
8. Panels (landscape orientation);
9. Field Edits;
10. Reports (landscape orientation);
11. Letters;
12. Data Tables;
13. Conversion Tables;
14. Call Flows;
15. Universes;
16. Web Services;
17. Workflows;
18. Change Orders;
19. Appendix A - Requirement Matrix;
20. Appendix B - TDD/BDD Cross-Reference;
21. Appendix C - Common Error Messages; and
22. Additional appendices as needed for specific TDDs.

Running TDD Scripts

Documentation only needs to run scripts for the following areas:

1. Change Orders:

Note: There are two (2) script options for Change Orders:

- a. Change Orders (ALL): Use this script for most of the subsystems. It captures all associated Change Orders for the subsystem.
- b. Change Orders (Range): Use this script for those subsystems that have a large number of Change Orders/Tasks (such as Claims, Provider, Recipient Management, System Wide, and so on). Using ranges with increments of 5,000 COs reduces script run-time and provides a potentially significant increase in productivity. For example, the Recipient Management TDD has more than 12,000 COs. So, if a change order is pulled for the Prod Approved status within the Recipient Management subsystem, the range can be from:
(2) 5001-10000; and
(3) 10001-15000.

Note: The script returns appropriate files in separate window(s) from the script selection window. Leave each of these separate windows open since they are “connected” to the script selection window. Closing one of these subsequent windows out of sequence may lock your system and also closes the script selection window if you “End Task.” When you have finished running and copying all segments of the script, you can start closing the subsequent script windows from last to first.

Reviewing TDD Scripts

When scripts have finished loading, use the find tool (CTRL + F) to find the change order listed as Prod Approved. Read through the change order and briefly review the spelling, formatting, and basic grammar.

Unlike project and training documents, editing is kept to a minimum for TDDs because the information is usually technical, often including programming code and internal discussion notes. Creative content revisions and associated discussions with Project Managers are not required or desired.

Editing TDD Scripts

After running a script, you may notice some content is pushed to the right that should normally be left-aligned. This occurs when the SE or BA has entered information in FIP but fails to properly close an unnumbered or ordered list (HTML tags).

The following image displays a change order with misaligned content in the Change Management subsystem script. The Status History and Clarifications items are shifted to the right when they should be aligned with the previous headings.

136320 - Add MOB Ind to CSR Rpt

Description

Update the "Change Order to CSR with Successors" report to allow searching for M&O bucket CSRs.

- Add a dropdown with the label M&O. Possible values should be 'All', 'Yes', 'No'
 - 'All': M&O flag is not used as a filter.
 - 'Yes': Report CSRs where the M&O checkbox is checked.
 - 'No': Report CSRs where the M&O checkbox is not checked.
- Verify that existing criteria and combinations work as expected

Technical Specifications

Modify /Testing/Utils/Rpt_CO_To_CSR_Successors.asp and make the following changes:

- Add a new dropdown with a label of 'M&O' to the report search criteria. The dropdown should have the following possible values
 - All
 - Yes
 - No
 - 'All' should not modify the report results (i.e. should not change query)
 - 'Yes' should only return CSRs that have a T_CSR_IND_MOB value of 'Y'.
 - 'No' should only return CSRs that have a T_CSR_IND_MOB value of 'N'.

Regression testing should occur to verify that existing criteria and combinations work as expected.

Status History

Date Occurred	Status
2/5/2018 2:42:39 PM	Change Order Identified
2/5/2018 3:21:52 PM	Ready for CCB
2/15/2018 2:08:32 PM	CO Approved
7/12/2018 3:26:52 PM	Construction in Process
7/31/2018 10:20:30 AM	Ready for Const Withu
8/7/2018 2:58:58 PM	MO Implementation
8/16/2018 10:11:35 AM	Ready for Prod Impl
8/23/2018 12:58:10 PM	Test Results Approved
8/23/2018 12:58:15 PM	Prod Approved
8/24/2018 9:06:56 AM	Prod Implementation
8/24/2018 9:07:56 AM	Closed

This table lists the status history for the Change Order.

Clarifications

Date Occurred	Description
7/25/2018 5:21:47 PM	User Cheryl Travis added CO Due date 08/23/2018
9/12/2018 4:08:59 PM	User Cheryl Travis added CO Completion date 08/23/2018

To correct the code within a change order, follow the steps below:

1. Scroll up through the script to identify the first instance of content pushed to the right. The list in the CO *above* this location is likely the offending element. In the example shown above, the CO that is causing the formatting issues is 136320.
2. Log in to iTRACE and click the FIP tab.



3. In the Change Orders section, enter the CO number in the CO ID field and click “Go!” The corresponding CO number will populate, as shown below:

Florida Interactive Portal (FIP)

Search Change Orders

CO ID: 136320

CO Type: -- Please select Type --

Subsystem Area: -- Please select Subsystem --

Priority: -- Please select Priority --

Defect Type: -- Please select Defect Type --

Current Status: -- Please select Status --

Identified Date: From: To: (mm/dd/yyyy)

Due Date: From: To: (mm/dd/yyyy)

Current Status Date: From: To: (mm/dd/yyyy)

Go! Reset Export To Excel

Name (like %Name%):

Owner: -- Please select Owner --

CO Grouping: -- Please select Grouping --

Severity: -- Please select Severity --

Defect Environment: -- Please select Defect Environment --

Project: -- Please select Project --

State Participant: -- Please select State Participant --

MCM Tracking Id:

Parent COs Only: ☐

Total Records: 1 (Show columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19)

ID	CO	Name	Type	Owner	Subsystem	Current Status	Status Date	State Participant	CSR	CSR Name
136320		Add MOB Ind to CSR Rpt	CO	Vijaya Ram	Change Management	Closed	08/24/2018	Cheryl Travis	3228	Add MOB Indicator to CSRs

4. Carefully review the Desired Solution Narrative and Technical Design Narrative to identify the lists.
- HTML lists are opened with a (ordered/numbered list) or (unnumbered/bulleted list). Additional tags create the separate line items in the lists.
 - Every or opening must eventually be “closed” using the HTML tags or .
 - tags do not have to be “closed”.
6. Follow the text to identify which list tag was not “closed” properly.
- For the change order used in this example, we can see that there are missing tags in the Technical Design Narrative box. There are three (3) tags, but only one (1) tag.

Technical Design Narrative:

Remaining Characters:

```
Modify /Testing/Utils/Rpt_CO_To_CSR_Successors.asp and make the
following changes:
<ul>
<li>Add a new dropdown with a label of 'M&O' to the report search
criteria. The dropdown should have the following possible
values<ul><li>All</li><li>Yes</li><li>No</li></ul></li>
<li>'All' should not modify the report results (i.e. should not change
query)</li>
<li>'Yes' should only return CSRs that have a T_CSR.IND_MOB
```

Technical Design Narrative:

Remaining Characters:

```
<li>'All' should not modify the report results (i.e. should not change
query)</li>
<li>'Yes' should only return CSRs that have a T_CSR.IND_MOB
value of 'Y'.</li>
<li>'No' should only return CSRs that have a T_CSR.IND_MOB value
of 'N'.</li>
</ul>
Regression testing should occur to verify that existing criteria and
combinations work as expected.
```

- b. To correct this issue, we just need to add two (2) more `` tags after the current `` tag. When the closing tags have been added, click “Update Change Order” at the top of the page.
7. Refresh the subsystem script to see if the issue was corrected. Note: Often, there is more than one offending list, as evidenced by the distance the content of the script return is pushed to the right. To save time, keep separate windows open to toggle between searching for change orders and refreshing the TDD script.
 - a. Below is the refreshed CO 136320 on the Change Management TDD script. Notice that the Technical Specifications and Status History headers are now correctly aligned to the left.

Note: The citations in the Status History and Clarifications sections cannot be adjusted because they are built into the coding of the web page. We cannot correct these issues by editing the coding in the change order.

136320 - Add MOB Ind to CSR Rpt

Description

Update the “Change Order to CSR with Successors” report to allow searching for M&O bucket CSRs.

- Add a dropdown with the label M&O. Possible values should be ‘All’, ‘Yes’, ‘No’
 - ‘All’: M&O flag is not used as a filter.
 - ‘Yes’: Report CSRs where the M&O checkbox is checked.
 - ‘No’: Report CSRs where the M&O checkbox is not checked.
- Verify that existing criteria and combinations work as expected

Technical Specifications

Modify `/Testing/Utils/Rpt_CO_To_CSR_Successors.asp` and make the following changes:

- Add a new dropdown with a label of “M&O” to the report search criteria. The dropdown should have the following possible values
 - All
 - Yes
 - No
 - ‘All’ should not modify the report results (i.e., should not change query)
 - ‘Yes’ should only return CSRs that have a `T_CSR.IND_MOB` value of ‘Y’.
 - ‘No’ should only return CSRs that have a `T_CSR.IND_MOB` value of ‘N’.

Regression testing should occur to verify that existing criteria and combinations work as expected.

Status History

Date Occurred	Status
2/5/2018 2:42:39 PM	Change Order Identified
2/5/2018 3:21:52 PM	Ready for CCB
2/15/2018 2:08:32 PM	CO Approved
7/12/2018 3:26:52 PM	Construction in Process
7/31/2018 10:20:30 AM	Ready for Const Wthru
8/7/2018 2:58:58 PM	MO Implementation
8/16/2018 10:11:35 AM	Ready for Prod Impl
8/23/2018 12:58:10 PM	Test Results Approved
8/23/2018 12:58:15 PM	Prod Approved
8/24/2018 9:06:56 AM	Prod Implementation
8/24/2018 9:07:56 AM	Closed

This table lists the status history for the Change Order.

Clarifications

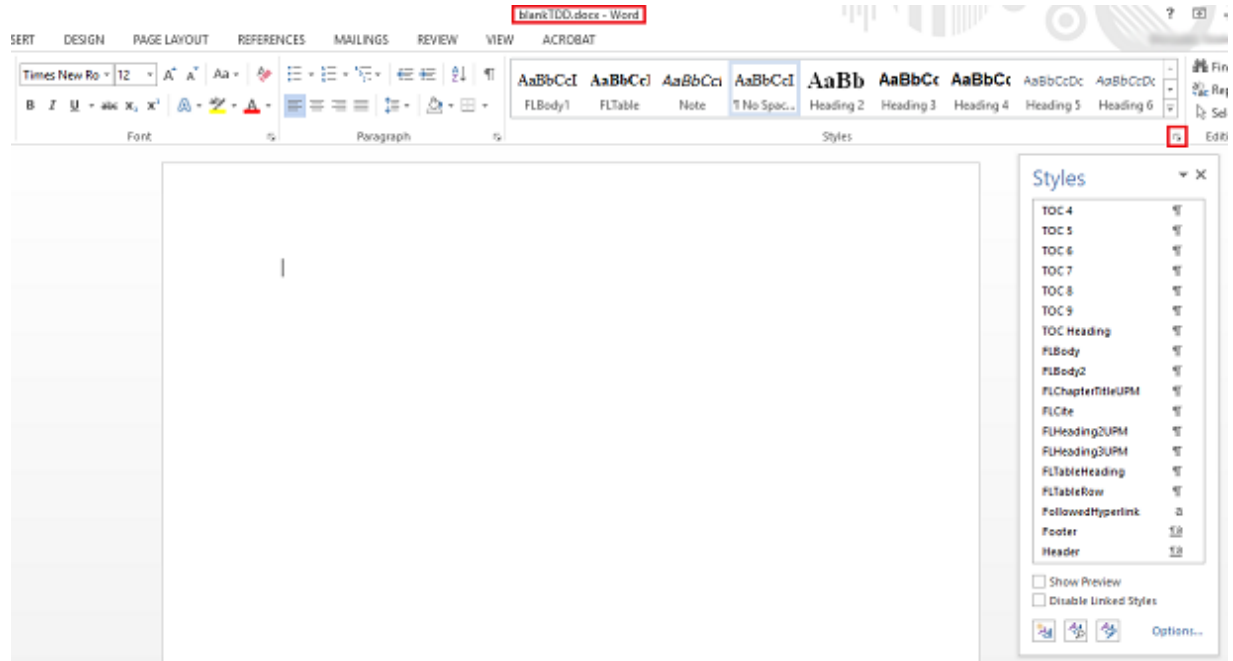
Date Occurred	Description
7/25/2018 5:21:47 PM	User Cheryl Travis added CO Due date 08/23/2018
9/12/2018 4:08:59 PM	User Cheryl Travis added CO Completion date 08/23/2018

This table lists the Clarifications for the Change Order.

9.4 Logging Changes from Scripts

Logging Change Orders in Word Document

After the change order scripts are finished running, use the Find tool (Ctrl + F) to search for the change order that was recently in the Prod Approved status. Copy the entire change order(s) and paste it into the blank TDD Word document. The blank TDD document already has the Florida styles populated. To view the style menu, click the down arrow key in the Styles tab. Change all fonts to their respective Florida Styles, as mentioned in Chapter 3.



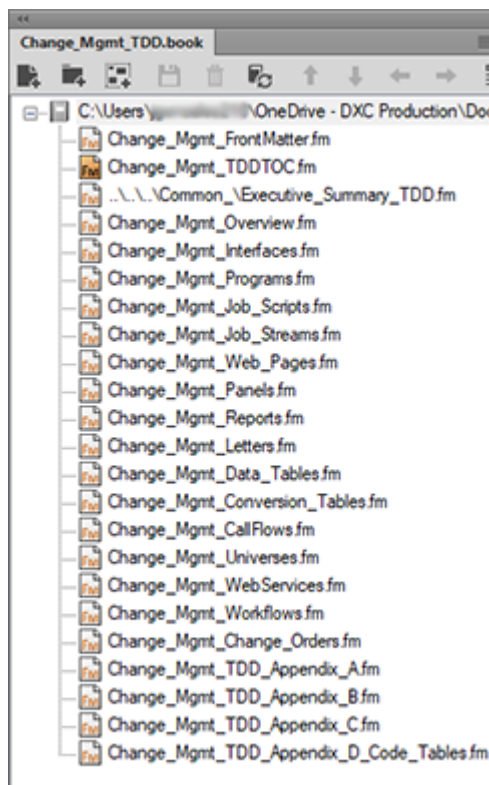
9.5 Updating TDDs in FrameMaker

Note: Detailed procedures for using FrameMaker are listed in “Working with FrameMaker” on page 6-1.

To update a TDD FrameMaker file, follow the steps below:

1. Open FrameMaker, then select the .book file from the list of FrameMaker® files. All chapters in a book will be listed.

Notice that all the chapters in the book are related to the different sections of the subsystem. Although we only update the Change Order chapter, it is important to open all chapters so the headers are updated with the correct version number and date. Note: Chapters other than the Change Orders and the Overview contain links so the user can run the script for that section of the subsystem. This method ensures that the user accesses the most updated information.



2. Open the Change Orders chapter and clear out the change orders listed. Then, paste the change orders from the blank TDD Word document and perform the following if needed:
 - a. Make global changes to reformat Word styles to FM styles.
 - b. Remove extra blank paragraphs that may have been converted from the Word document.
 - c. Scroll through the file to ensure formatting is consistent and that “odd” formatting did not result from the global changes. This may occur if styles were not consistently formatted previously, or if an override exists for a standard paragraph format.
3. Open the FrontMatter file and update the variables for the date and version number. Note: The version numbers for TDDs are always in whole numbers (e.g. version 98.0 is updated to 99.0, not 99.1).

4. Update the variables for all chapters in the book. Note: Double-check that the common FrameMaker files have the updated version number and date, as these are used for multiple TDDs.
5. On the Amendment History Page, add an entry for the new version. All TDD authors are listed in the TDD Authors tab in the _ALL Prod Approved and Projects Excel spreadsheet. In the “Section, Page(s) and Text Revised” column, include cross-references to the change orders that entered the “Prod Approved” status, as shown below:

Amendment History Page

Summary of Changes

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 98.0	May 21, 2019	Rachael Bower	Prod Approved week ending 05/07/2019: “122189 - Internal Release Date” on page 17-211; “129903 - DM Internal Release” on page 17-222; “142962 - DM Participant Priority” on page 17-262; and “142965 - Participant Priority” on page 17-263.
Version 99.0	July 2, 2019	Rachael Bower	Prod Approved week ending 06/18/2019: “169020 - Add Master Inter List QuickLinks” on page 17-339; and “169080 - iTRACE Document Search” on page 17-340.

6. Add change bars to all change orders.
7. Update the book. This updates the TOC for current page numbers and heading references. Validate that all TOC entries display properly and edit for manual line breaks if a long entry wraps inappropriately.
8. Convert to PDF, then re-save as a Reduced Size PDF and zip the file.
9. The zipped file will be uploaded to iTRACE using FileZilla, which is explained later in this chapter.

FrameMaker Chapters with Revised Information

To facilitate conversion to FrameMaker and peer reviews, the following section outlines the elements that are frequently reviewed and revised by the technical editor. Other chapters within the subsystem contain a link for users to generate the scripts on iTRACE.

Overview

The Overview provides a very high-level description of the subsystem and its functionality as well as a high-level data table diagram.

1. Subsystem introduction; and
2. Data Model.

Note: Technical editors should review the overview periodically to ensure no changes were made.

Change Orders

Change Orders define any system modification required by the RFP, identified through testing, or approved by the Change Control Board. Change Order types include Defects, Change Orders, or Tasks. Defects are not included in the TDDs but may affect system object documentation.

The Change Orders chapter includes:

1. Description;
2. Technical Specifications;
3. Status History;
4. Clarifications;
5. Associated Requirements; and
6. Associated System Objects.

Note: Only changes orders with the recent “Prod Approved” status are displayed in FrameMaker. However, there is a link provided if the user would like to view other change orders within a subsystem.

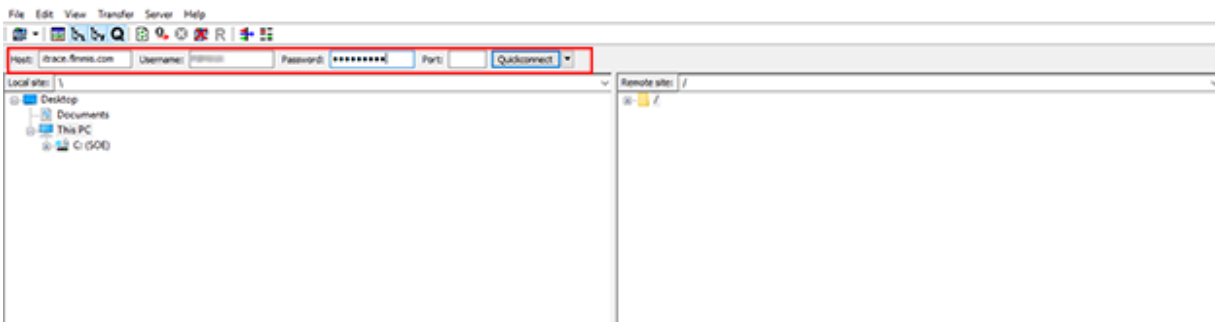
9.6 Uploading TDDs to iTRACE

Review the zipped PDF of the TDD again to ensure that all information has been updated and is displayed correctly.

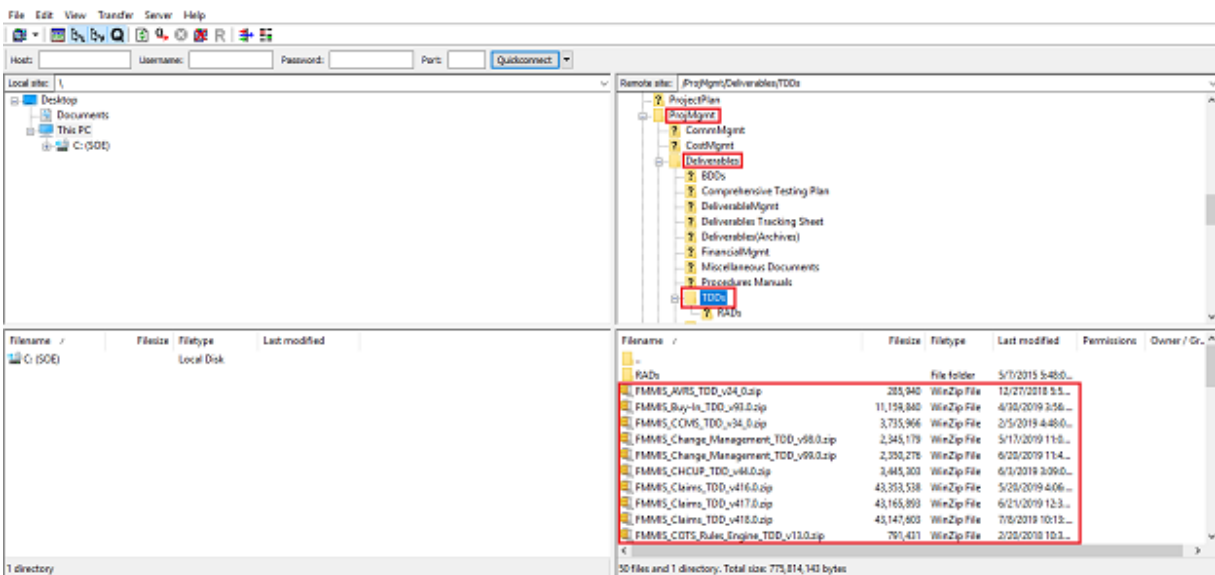
To upload TDDs to iTRACE:

1. Double-click the FileZilla icon in your Start Menu.
2. Enter the iTRACE URL in the Host text box, your FMMIS username in the username text box, and your FMMIS password in the Password text box. The Port text box can be left blank. When finished, click “Quickconnect”.

Note: The login credentials are saved after the first input. Clicking the down arrow key next to “Quickconnect” will display a list of previous credentials you can click to be logged in automatically.



3. In the upper right panel, click the + below “Remote Site.”
4. Scroll down, then navigate this path:
ProjMgmt > Deliverables > TDDs
5. When the TDD folder opens in the lower right panel, drag and drop the zipped PDFs into the panel. Note: Make sure you have updated the version # of the TDD in the filename to prevent overwriting an earlier version.



6. Best Practice: sort by descending date to double-check that all TDDs due that day have been uploaded.
7. After all TDDs are loaded, open the File drop-down menu and click “Exit”.
8. Log in to FMMIS and navigate to iTRACE > PMO > TDDs.
9. Check the list of TDDs on iTRACE to make sure the TDDs you uploaded are accessible.

Notifying Manager(s) and Maintaining Document Versions

1. When all TDDs due for a certain week have been successfully uploaded to iTRACE, email the Documentation manager(s) and include the list of TDDs and the version number that was uploaded.
2. Be sure to upload the complete FrameMaker file sets, any new images, and the zipped TDDs for the week into the associated file on the QA(ustlhnas02) drive. This ensures that our QA drive is up-to-date in the event that out individual files are inaccessible.

TDD Steps - Summary Checklist

The sample on the following page provides a high-level summary of tasks that must be done in the suggested sequence to produce a quality TDD within the contractual time frame allowed. For additional information regarding TDD development, review previous sections of this chapter.

Use the checklist as a guide to ensure all steps are completed for the TDD(s) assigned to you. Record the Week Ending date, Posting Due Date, and TDD name (abbreviate as needed) and check off each step when completed. This checklist is for your use and may be discontinued when the TDD update routine is mastered.

TDD Checklist

Week Ending: _____ Posting Due Date: _____

Step	Description	TDD/Subsystem
1.	Access the Prod Approved page on iTRACE	
2.	Record all changes orders marked Prod Approved on the _ALL Prod Approved and Projects spreadsheet	
3.	Record the change orders on SharePoint	
4.	Run the TDD scripts	
5.	Quickly review for any glaring formatting issues and edit COs on FIP	
6.	Find the change orders that have been marked as Prod Approved and copy them into the Blank TDD Word document	
7.	Update all styles as needed in the Word document	
8.	Paste all change orders into the Charge Order chapter in the TDD FrameMaker book	
9.	Remove any blank spaces in FrameMaker and update styles as needed	
10.	Update all variables and the Table of Contents	
11.	Add an entry in the Amendment History page and insert cross-references	
12.	Set change bars on all change orders with the Prod Approved status	
13.	Save the book as a PDF and zip the file	
14.	Upload the zipped PDF to iTRACE using FileZilla	
15.	Double-check the TDDs page on iTRACE to ensure the file uploaded successfully	
16.	Record the upload dates in the Excel spreadsheet and on SharePoint	
17.	Send email to managers when all TDDs for the week have been uploaded	
18.	Update the TDD files in the QA drive	

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10 Procedures Manuals

10.1 Overview

This chapter details information specific to the production of procedures manuals. Procedures manuals are developed based on business areas and job functions.

“Operations Phase User Documentation Process” on page 4-1 defines the process for submission for approval, with additional information available in other sections of chapter 4 “Deliverables Process (Operations)” on page 4-1.

10.2 Procedures Manual List

Manuals have been developed for the following business areas:

1. Adjustments (See “Employee Procedure Manuals” on page 8.);
2. Buy-In (See “Employee Procedure Manuals” on page 8.);
3. Configuration Management;
4. Cycle Monitoring and Management;
5. Database Administrators;
6. Data Capture (See “Employee Procedure Manuals” on page 8.);
7. Documentation;
8. EDI (Electronic Data Interchange) (See “Employee Procedure Manuals” on page 8.);
9. Banking Operations;
10. File Maintenance;
11. Field Service Representatives (See “Employee Procedure Manuals” on page 8.);
12. Florida Companion Guides (5010) (See “Florida 5010 Companion Guides” on page 10.):
 - a. 270/271;
 - b. 276/277;
 - c. 277U;
 - d. 820;
 - e. 834;
 - f. 835;
 - g. 837D;
 - h. 837I; and
 - i. 837P.
13. HIPAA Privacy and Security;
14. ICD-10 Documents;

15. MAPIR Administrative Users Guide (See “MAPIR Manuals” on page 10.);
16. MAPIR User Guide for Eligible Hospitals (See “MAPIR Manuals” on page 10.);
17. MAPIR User Guide for Eligible Professionals (See “MAPIR Manuals” on page 10.);
18. Mailroom (See “Employee Procedure Manuals” on page 8.);
19. Performance Reporting (See “Performance Reporting Procedures Manual” on page 11.);
20. PMO (Project Management Office);
21. Print Center Operations;
22. Provider Enrollment;
23. Provider Services Contact Center;
24. Publications Coordinator;
25. Resolutions (See “Employee Procedure Manuals” on page 8.);
26. Systems Administration; and
27. User Training.

10.3 Word Documents

The procedures manuals come to the documentation team from the author or owners. The author creates or updates the manual in Word and uses styles consistent with Florida standards.

First, proofread the manual to ensure it complies with the documentation standards as defined in the FMMISDSS_STD_DocumentationStandards_v1.6_20061106.doc document in the Documentation Standards folder on SharePoint. Review steps should include but are not limited to the following:

1. First occurrence of acronyms are defined;
2. Correct punctuation is used (i.e., comma usage in three or more item list);
3. Correct use of capitalization (watch out for over-capitalization);
4. Check spelling;
5. Check grammar; and
6. Check punctuation, and so on.

Each chapter of the procedures manual is copied into its own stand-alone document in Word. Open a new blank document, set margins to standard (72 pt top, bottom, left, and right), and apply the appropriate template (framemaker.dot) to ensure all FrameMaker styles will be available. The template is located in the Documentation Standards folder on SharePoint. Each chapter will then be copied individually into the blank document, saved as an appropriately named file to indicate which manual, what chapter, and the date the original manual was created or last revised. For example, chapter 3 of the Billing Procedures Manual which was created on December 13, 2006 would be named Billing_Procedures_Manual_03_20071213.doc.

Future updated file names should include the date of that revision. For example, name chapter 3 of the Billing Procedures Manual, updated on February 3, 2008, as `Billing_Procedures_Manual_03_20080203.doc`. Then perform Word's Compare and Merge from the original (or last) file into the newest file for that chapter.

10.4 FrameMaker Templates

The FrameMaker templates used for the procedures manual conversions are:

1. `FrontMatter_TEMPLATE.fm`;
2. `Portrait_Chapter_TEMPLATE.fm`;
3. `Landscape_Chapter_TEMPLATE.fm` (used rarely);
4. `TOC_TEMPLATE_FG.fm`; and
5. `Procedures_ManualIX_TEMPLATE.fm`.

The FrontMatter template usage is the same for all documents and is addressed in “Working with FrameMaker”, “FrontMatter Details” on page 6-4.

The individual chapters which comprise the main content of the manual use the `Portrait_TEMPLATE.fm` template file. In rare cases, the Landscape template is used.

The index chapter is created at the end of the assembly of the book by adding a Standard index. The `Procedures_ManualIX_TEMPLATE.fm` is then used to apply the following formats to the index file that is generated by FrameMaker: Reference Pages, Paragraph Formats, and Page Layouts. See “Index” on page 6-15.

Similarly, use the TOC template to import formats into the TOC file that is added once all the chapters of the book have been created and assembled in the order in which they should appear. The same formats, Reference Pages, Paragraph Formats, and Page Layouts are imported for the TOC as they are for the Index.

10.5 FrameMaker Document Structure

The FrameMaker document is structured as a book which acts as the framework or container for the individual files.

10.6 Content

Expected Elements

Each Procedure manual book will contain the following elements:

1. FrontMatter;
2. TOC;
3. Introduction (includes the standardized text describing the purpose of the manual);
4. Content specific to the document;

5. Glossary; and
6. Index.

Variable Usage

Variables are used for the DocumentName, FLPageNumber, Version Date, Version #, and Copyright. They are defined in the FrontMatter file and imported into each chapter. See “Working with FrameMaker”, “Variables” on page 6-24 and “Update Variables Across All Files” on page 6-8 for details.

Table of Contents

The Table of Contents (TOC) for a procedure manual will include the following elements:

1. FLChapterTitleUPM;
2. FLHeading2UPM;
3. FLHeading3UPM;
4. FLAppendixUPM;
5. FLGlossaryUPM; and
6. FLIndexUPM.

Once chapters have been added to the book, both the index file and the TOC can be created. With the book open, go to Add | Table of Contents, and the Set Up Table of Contents window is invoked. The elements listed above are then selected for inclusion in the Table of Contents.

For more information on TOCs, see “Table of Contents” on page 6-4.

Headings Used

Once the Word document has been copied into the FrameMaker file, the formatting is corrected. The following headings are used in the procedures manuals:

1. FLChapterTitleUPM;
2. FLHeading2UPM;
3. FLHeading3UPM; and
4. FLIndexUPM.

10.7 Creating Books

Open FrameMaker, then select File | New book. Save the new book as <<Business Area>>Procedure_Manual.book in a folder on your hard drive. File structure MUST match the following levels. FrameMaker files opened from SharePoint will appear to have broken links. Download all files needed and work from your local drive:

FrameMaker

Common_ <-- This is the folder with the cover images and the Glossary.

TEMPLATES <--This is the folder with the FM templates needed.

Procedure Manuals

Name_Procedures_Manual <--This is the folder in which you will keep FM files.

Source

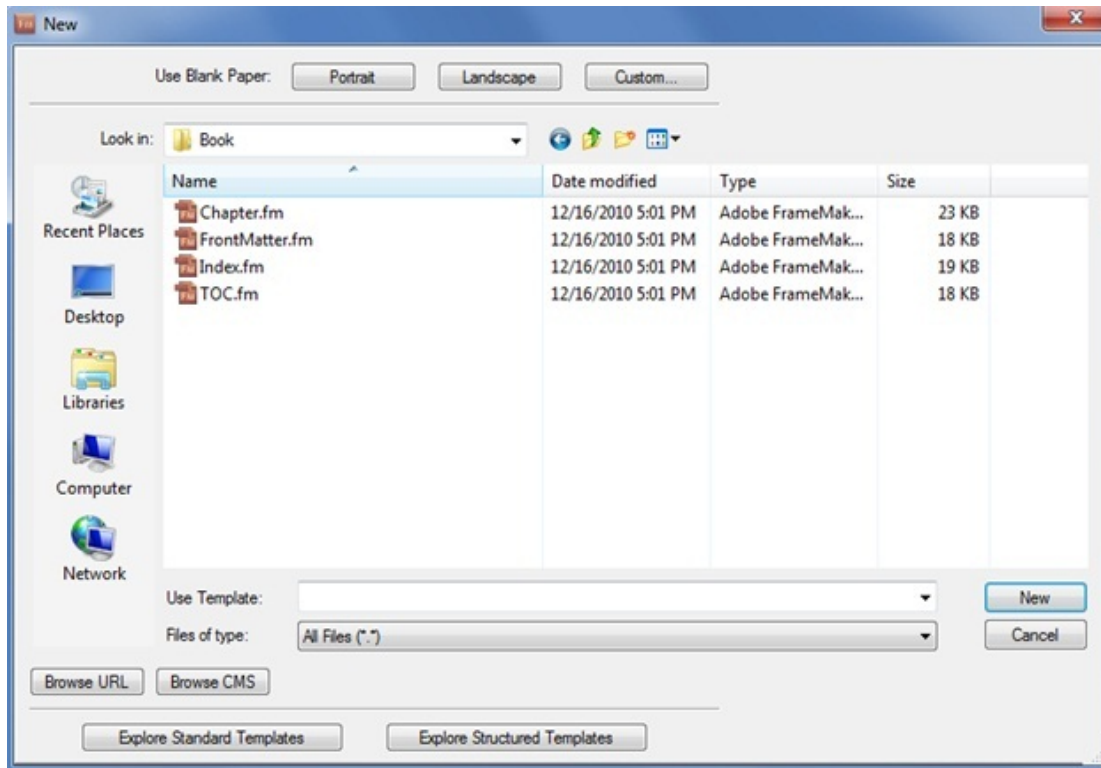
Images

For procedure manuals the Source folder holds the individual Word files you extracted from the final approved (or last delivered) version of the manual.

The Images folder holds the images (or PDFs) for Import By Reference for any images that may be used in the document(s).

10.8 Creating Chapters

Individual chapters are created by importing the individual Word® file chapters. In FrameMaker®, go to File | New | Document, select the Chapter.fm file and then click New.

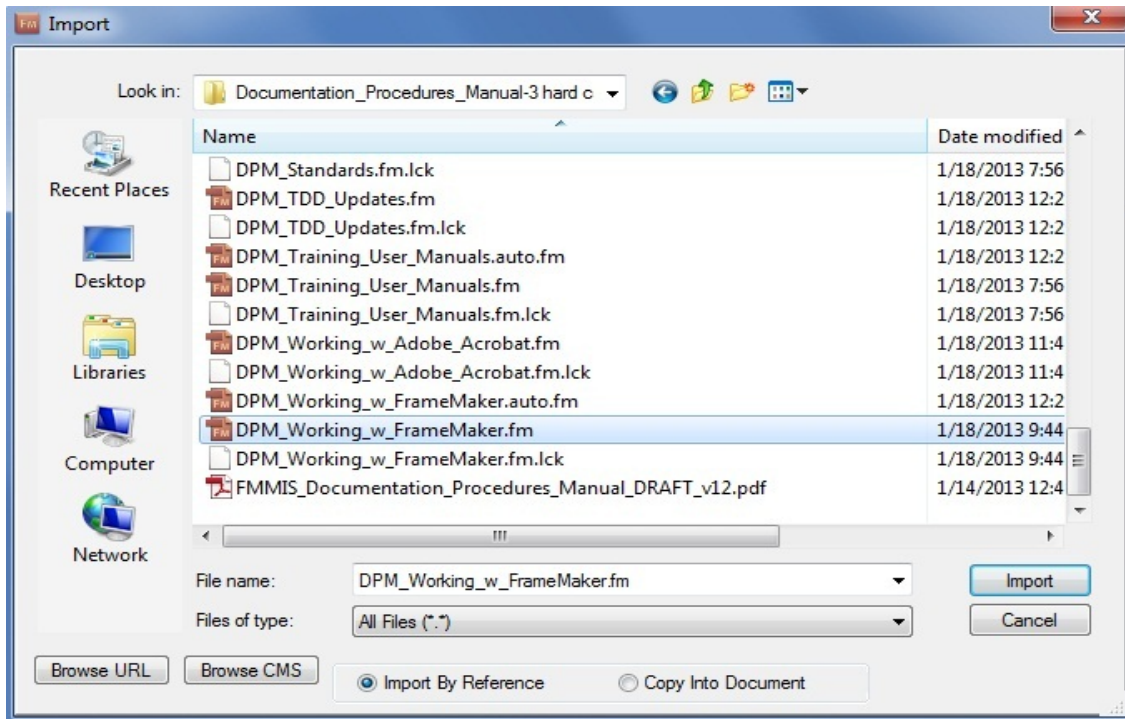


Sample of New Document dialog box

If you know how many chapters you need to import, open the Chapter.fm file. Save as Name_Chapter#.fm and continue to save as the next chapter names and so on until all chapters have been created. Then add all files to the book, import the variables from the FrontMatter file, create the TOC and Index files. At this point, you can begin importing Word® files into their respective FM chapter files. Clean up the content, format to standards, and add Index markers.

Copy Into Document

Once the FrameMaker® file is created, the Word chapter is imported. In the open FrameMaker® file, go to File | Import | File. Navigate to the file that is to be imported, select, and click the Import button. Make sure that “Copy Into Document” is selected. Two windows are invoked during the Copy Into Document process. Click the Convert button in the first window and the Import button in the second window.



Import Document dialog box

Any text that is to be imported into a FrameMaker® file should be copied into the document. Import By Reference will be used for all images that are in the manual.

Note: Copy and paste can also be used for text.

Formatting Content

The following styles are most commonly used to format the body of the work for each chapter in a book.

1. FLBody is used for all paragraph text;
2. FLBody1 is used for numbered lists;
3. FLBody2 is used for second level lists;
4. FLBody3 is used for further detail for a second level list;
5. FLBodyBOLD is used for emphasis text without a heading;
6. FLHeading2UPM is used for major topic changes;

7. FLHeading3UPM is used for subtopics within a Heading2 topic; and
8. FLBodyCTR is used for intentionally blank pages, i.e. “This page intentionally left blank.” for when the content of a chapter ends in an odd numbered page. All chapters are to end on an even numbered page.

Import By Reference

Importing by reference is used for all images that are to be included in the procedure manuals. The images are mapped to their location on SharePoint because most of the procedure manuals use images from the Technical Design Documents (TDD).

To import an image, select the point in the document where the image will be placed. Go to File | Import | File. Navigate to the file that is to be imported, select, and click the Import button. Make sure that “Import By Reference” is selected. Importing images by reference minimizes file size.

Finding images can be tricky. If the manual is, for example, a procedures manual for provider enrollment, most of the images for the manual will be found in the corresponding TDD’s images folders. The path to the imported images on your local drive must match exactly as the images are stored on SharePoint in order for another team member to be able to pick up and work the document. In this example, the following represents the file path for mapping images:

\Framemaker\TDDs\Provider_Management_TDD\Source\Images.

Within the Images folder are individual folders for the sections of the TDD that contain images: Job_Streams, Letters, Pages_Panels, and Reports. The images for procedures manuals and facilitator/participant guides are primarily found in the Pages_Panels folder. However, on occasion, an image will be located in another folder or in another TDD entirely. See information on “List of References” on page 6-21 for a FrameMaker® tool to assist you in locating images imported from several file folders.

10.9 Common Glossary

All procedure manuals use the same glossary. The glossary, DPM_Glossary.fm is located in the FrameMaker/Common_ folder on SharePoint. This file needs to be saved in the same location file structure. This file is updated periodically and therefore needs to be verified for the latest version.

10.10 Index

By RFP requirement, the procedures manuals must include an Index. Please see “Working with FrameMaker”, “Index” on page 6-15 for details.

10.11 Procedures Manuals Requiring Special Handling

Some procedures manuals require special handling to include conditional text, special appendices, PDF production instructions, and so on. The following sections identify the special handling for these procedures manuals.

Employee Procedure Manuals

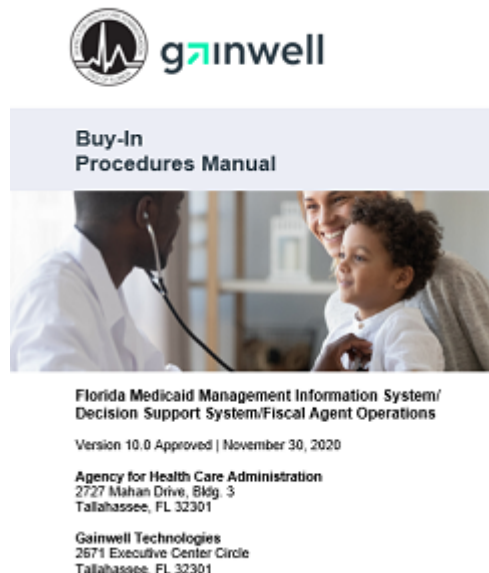
Employee Procedure Manuals are a specific type of Procedure Manual designed to serve as a hands-on operations guide for Gainwell Technologies Employees who engage directly in Fiscal Agent activities related to Adjustments, Buy-In, Data Capture, EDI, Mailroom, Provider Field Services, Resolutions, and any other operational area identified by the client for this format.

All Employee Procedure Manuals include:

1. “Overview” and “Preparing to Work” chapters (1 and 2);
2. Procedural chapters customized to the subsystem tasks, and which include:
 - a. Step-action tables; and
 - b. Sample screenshots;
3. Supporting appendices and glossaries; and
4. An Index.

Employee Procedure Manuals use a unique cover design, consisting of a photograph with the Gainwell logo on the top section of the page, with the AHCA logo and cover information displayed in the lower section. Cover text is set in a white Arial font on a black background.

Sample Employee Procedure Manual Cover:



Employee Procedure Manuals combine Florida and Gainwell font styles and color schemes, but are built within the structure of the Florida style templates, to enable easy toggling and conversion from Florida styles to Gainwell styles, and vice versa.

Table of Contents, Chapter Title, Index, and all headings (1, 2, 3) are set in the same FLStyles used throughout all documents. Additionally, numbering rules, list structure rules, and basic grammatical, spelling, and punctuation standards comply with the FLStyles and standards.

Sample Employee Procedure Manual Format

FMMIS/DSS/Fiscal Agent Operations
Buy-In Employee Procedures Manual – Version 10.0 Approved – June 21, 2018

5 Buy-In Reports

This section examines each of the reports a buy-in clerk processes to research and correct discrepancies between the third-party data and the data available on FMMIS.

5.1 Buy-In Part A and Part B Exception Error by Transaction Code

The Buy-In Part A and Part B Exception Error by Transaction Code reports identify transactions that need additional research. These transactions must be researched and the problems they identify resolved. Buy-in clerks research recipients' demographic, Medicare, and Medicaid information using the databases discussed in Sections 2 and 4, to determine what actions, if any, are necessary.

Transaction codes and their definitions can be located in Appendix C.1 and in the CMS State Buy-In manual using the following links.

Part A Codes

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/Buy-In_c07.pdf



Part B Codes

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/Buy-In_c05.pdf

5.1.1 Exception Code 2051 with Eligibility Status: Closed Medicaid

Step	Action	Results	Comment
1	Log into InterChange. Hover over Recipient in the top navigation bar and choose Search from the drop-down menu that displays.	The Recipient Search panel displays.	<ul style="list-style-type: none"> Search criteria include Recipient ID, SSN, Name, Case ID, and Medicare ID. The search can also be narrowed by adding birth date, county, or gender.
2	Review demographics using a Medicare database to verify they match those on FMMIS.		Best Practices: Medicare database research options include CMS, MMA, EDB and SOLO.
3	Follow the directions in the Demographic Discrepancies chart in Appendix C.3 to correct		

Gainwell Style Table

Gainwell Font	Replaces	Style Details
Body	FLBody	Arial 10pt; left; black.
 ArrowBullet	N/A	Wingding arrow bullet; yellow; black background; Arial 10pt; left; single tab justified indent; black.
1. Body1	FLBody1	Arial 10pt; left; black; single tab indent, justified.
a. Body2	FLBody2	Arial 10pt; left; black; double tab indent, justified.
 TableArrow	FLTableBullet	Wingding arrow bullet; yellow; black background; left; single tab indent, justified.
• TableBullet	N/A	Regular bullet; black dot; double tab indent.
TableHeading	FLTableHeading	Arial 10pt; centered; yellow, black background.
TableRow	FLTableRow	Arial 10pt; black.
TableStep	N/A	Arial 12pt; centered; black bold (used for numbers only).

When Gainwell styles are to be added to a document in FrameMaker, the styles must be imported by pasting a sample copy from another FrameMaker document, then adding the Gainwell styles to the FrameMaker Paragraph style catalog. The sample styles are available to Documentation Technical Editors in the FrameMaker version of this chapter, in the above Gainwell Style table.

After the Gainwell Style Table has been copied into the new document, use the following procedure to incorporate the Gainwell styles into the document.

1. Click on the sample text formatted in the new Gainwell style.

2. Open the Paragraph Designer tool.
3. The Gainwell Style Name will show in the Paragraph Tag dropdown.
4. Click Apply.
5. In the pop-up window, make sure “Store in Catalog” and “Apply to Selection” are selected.
6. Click Create.
7. Repeat the procedure for all styles in the sample copy.
8. Remember to delete the sample copy when finished.

Use the following procedure to convert FL Styles to Gainwell Styles, where appropriate:

1. Select one item of text to be re-styled.
2. Open the Paragraph catalog in FrameMaker:
 - a. Go to Format > Paragraphs > Catalog.
 - b. Select the Gainwell Style from the Catalog.
 - c. Open the Paragraph Designer.
 - d. In the Commands drop down list, choose “Global Update Options.”
 - e. In the Global Update Pop-Up window select “All Tagged.”
 - f. In the All Tagged text box enter the style-name you want to replace (e.g. FLBody).
 - g. Click the Update button.
 - h. An alert will appear asking if you want to replace the style you entered with the Gainwell Style. Click Okay.
 - i. Select the updated text again.
 - j. Open the Paragraph Designer.
 - k. Click “Update All.”
 - l. Click “Remove Overrides” in the pop-up box.

Repeat the above procedure to adapt the styles to each Chapter in the book.

MAPIR Manuals

MAPIR manuals are sent in PDF format to the Publications Coordinator along with the MFAO approval letter and a location for posting to Web Portal, as well as being uploaded to iTRACE on delivery.

Florida 5010 Companion Guides

Per the email below, follow this process to update/deliver the 5010 Companion Guides. As updates are received, work them as “approved” without creating a DRAFT version. No WPR is required. Submit to the EDI team for validation of the changes. When the EDI team provides approval to print, submit three hard copies and the CD via Transmittal letter as approved. Post to iTRACE as with all other approved manuals. The following serves as a template for the letter:

From: Weeks, Jennifer [Jennifer.Weeks@ahca.myflorida.com]

Sent: Tuesday, February 28, 2012 4:05 PM

To: Scherr, Larry

Cc: Powers, David

Subject: Companion Guide approval process

Larry,

As discussed the approval process for Companion guides will be different from the standard documentation process that you normally are required to follow.

Companion guides require a CO task to be created in FIP. At that point MFAO will pre-approve any content changes prior to the formatting process which your department is required to complete.

This is served as the final approval for publication from AHCA.

I will send an MFAO letter for this once David returns however please accept this as approval to proceed with current updates to be published as quickly as possible.

Jennifer Weeks

System Project Consultant

Agency for Health Care Administration

Medicaid Contract Management

850-412-3416

jennifer.weeks@ahca.myflorida.com

Performance Reporting Procedures Manual

As part of the development/update process, update individual chapters, as needed, and send to the owner/author of the affected chapters for WPR scheduling. Individual chapters are sent to AHCA for “pre-approval” before we generate the full document for submission for review and approval.

Because of the page count and number of images included in this manual, PDF each chapter and “build” the full document by inserting each chapter in sequence. Before finalizing the full document PDF, clean up the list of bookmarks to eliminate the bookmark that represents the individual chapters (includes “PDF” in the bookmark title) by moving the bookmark for the content from under the chapter bookmark. Then delete the chapter bookmark (that has the chapter’s PDF name).

Provider Enrollment Processing Procedures Manual

The Provider Enrollment Processing Procedures Manual includes an appendix of forms which are in the PDF entitled: Appendix E Forms to Insert.pdf. The steps listed below must be performed to properly insert this PDF into the procedures manual prior to submission for WPR or to AHCA:

1. Go to Appendix E in the bookmarks of the procedures manual PDF.

2. Go to Document | Insert Pages from the menu in the PDF to insert the Appendix E Forms to Insert.pdf *AFTER* the intentionally blank page of Appendix E. (This placement allows each form to be printed front-to-back appropriately.)
3. Reset the bookmarks to move the inserted forms bookmark (at the end of the list of bookmarks after pages are inserted) to an appropriate location below the Appendix E bookmark.
 - a. First, rename the Appendix E Forms to Insert.pdf bookmark to “Forms” (without quotes).
 - b. Click and drag this bookmark to just below the Appendix E bookmark that was created by the PDF process for the manual.
4. Click on each form bookmark and then go to the previous page to check for header correction to intentionally blank pages. Since these forms are in a separate PDF (not created in FrameMaker), the headers (and footers for copyright information) are not automatically corrected.
 - a. With Tools | Advanced Editing | Touchup Text Tool activated, make corrections to the version number and date in the first such header.
 - b. Then copy / paste the version number and date into all subsequent headers by going to each form’s bookmark (and backing up one page) to look for blank pages.

Note: There are currently fifteen (15) of twenty-two (22) forms with intentionally blank pages that must be corrected.
5. Save the document again and Reduce File Size.
6. Forward the new PDF for WPR or submission to AHCA, as appropriate.

Systems Administration Procedures Manual

Use conditional text to Show/Hide contact information and other Gainwell Technologies Internal Use Only text. Produce the AHCA only view by Showing the AHCAOnly conditional text. Produce the Gainwell Technologies Internal Use version by Showing SysAdmin conditional text.

In addition, there is conditional text for AHCAOnly that displays on the cover page.

For delivery, only the AHCA Only version is produced, printed, delivered, and posted to iTRACE.

11 Facilitator/Participant Guides

11.1 Overview

Instructors who conduct the FMMIS training session developed a set of guides (aka Training Manuals) for use during their sessions. Each guide is designed for use as both a facilitator guide (FG) and a participant guide (PG) through the use of the FrameMaker conditional text feature. This section of the Documentation Procedures Manual provides guidelines for working with these documents to put them into FrameMaker (FM), tag the conditional text, and produce either a facilitator guide or a participant guide for printing.

Note: Some training material is presented as PowerPoint presentations or computer-based training (CBT). Convert the PowerPoint presentations to PDF for print and delivery purposes. The instructional designer provides a printable version in PDF for computer-based training (CBT) and a CD with the CBTs for delivery purposes.

“Operations Phase User Documentation Process” on page 4-1 defines the process for submission for approval, with additional information available in other sections of chapter 4 “Deliverables Process (Operations)” on page 4-1.

11.2 Training Module Breakdown

The FGs/PGs are grouped into modules that help users and trainers focus on information needed. The FG/PG source and FrameMaker files are grouped into folders and subfolders as indicated below. The listings represent the actual folder/subfolder names used on SharePoint:

1. General_Training_Manual:
 - a. Benefit Plans;
 - b. Call Center Management System;
 - c. Change Management;
 - d. FMMIS Fundamentals;
 - e. Learning Management System;
 - f. OnBase;
 - g. Security Management;
 - h. Using Audit Panels; and
 - i. Workflow.
2. Health_Quality_Mgmt_Reporting:
 - a. DSS (Decision Support System);
 - b. Fraud and Abuse Detection;
 - c. Health Outcome Measurement;
 - d. MAR; and
 - e. WebIntelligence.
3. Medicaid 101.

4. Payment_Mgmt_TM:
 - a. Adjudication of Claims and Encounters;
 - b. Adjustments and Voids;
 - c. Claims Processing Administration;
 - d. Claims Research;
 - e. Cost Avoidance;
 - f. Payment Mgmt Basics;
 - g. Prior Authorization;
 - h. Provider Communications Re Payments;
 - i. Provider Payments; and
 - j. Viewing Claims Related Data.
5. Provider_Mgmt_Training_Manual:
 - a. Provider Maintenance; and
 - b. Provider Management Basics.
6. Recipient_Mgmt_TM:
 - a. Buy-In;
 - b. CHCUP;
 - c. Managed Care (not updated, for historical purposes);
 - d. Recipient Maintenance; and
 - e. Recipient Management Basics.
7. First_Health_TM:
 - a. First_Health_User_Guide; and
 - b. FirstDecision User Guide.

11.3 Building a Facilitator/Participant Guide in FM

Use the instructions in the section to create a new Facilitator/Participant Guide that is not already available for update. This section assumes that you have already extracted all chapters from the Word document into individual Word files for importing into FrameMaker. The original document and individual chapters should be maintained in the Source folder indicated below.

1. Open FrameMaker, then select File | New book. Save the new book as <<Training_Class_name>>_Facilitator_Guide.book in a folder on your hard drive. File structure MUST match the following levels:

FrameMaker

Training Manuals

General_Training_Manual

CCMS

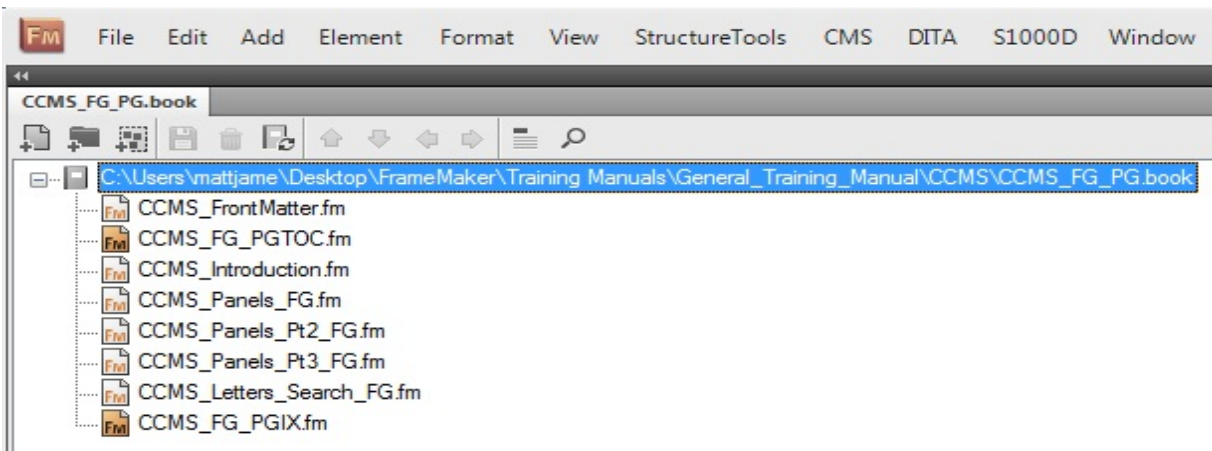
<--This is the folder that houses the FM files.)

Source <--This folder holds the original Word® file and chapter file(s) used to create the Training Manual.)

Images <--This is the folder in which special images are kept. Whenever possible, Import By Reference from the TDD folder for the given image.)

2. Open ../../Common_/TDD_FrontMatter.fm and Save As Training_Manual_Name_FrontMatter.fm in your working folder in the above structure. Redefine Variables and update the Front Matter as appropriate for your document. Troubleshoot your file by reviewing the text tags just before the point where the improper restart begins. There may be an inaccurate (or unknown to FrameMaker) tag that is looking for a number. For instance, if a list item should be tagged as FLBody1, but has a tag of List Number, retag that paragraph and test the next FLHeading2UPM again.
3. Open ../../Common_/TEMPLATE/Portrait_Chapter_TEMPLATE.fm and Save As each of the chapter names in your Training Manual. These will vary by document.

A sample listing of chapters in the Call Center Management System Facilitator Guide includes:



Sample of FrameMaker Book list of documents

4. Add files to the FM book as appropriate.
5. Edit existing content or map in new content as requested. See “Working with FrameMaker Content” on page 6-28 for details.
6. Update formats to the FrameMaker paragraph styles. See “Standardize Styles” on page 6-46 for details.
7. Set conditional text indicators wherever Instructor Notes display. See “Create Cross-References” on page 6-55 for instructions. The following conditional text tags are used in training manuals to be turned on or off as needed for each type (facilitator or participant guide) to be printed:
 - a. **FG** - Most commonly used conditional text tag. Applied to any text that should be seen ONLY in the facilitator’s guide.

- b. **PG** - Infrequently used conditional text tag. Applied to text that is needed by the Participant guide, but is redundant or unnecessary in the Facilitator Guide. Example: In the Word® version of the CCMS Facilitator Guide, the Introduction has this chapter title:

Call Center Management System (CCMS) Facilitator Guide

But to use this Chapter Title in the Participant Guide, we added an additional word and tagged each as conditional text for the manual in which they will be used.

Call Center Management System (CCMS) Facilitator Participant Guide

While producing the guides and working with conditional text, it may be beneficial to leave the Condition Indicators (colors) turned on. REMEMBER to turn them “off” when it is time to print to PDF.

8. Set Chapter Numbering at the Book level in FrameMaker. See “Adjust Embedded Chapter Numbering” on page 6-11 for details.
9. See “Produce a Facilitator Guide” on page 11-4 and “Produce a Participant Guide” on page 11-6 for detailed instructions on producing these document types.
10. Insert or update TOC as appropriate.
11. Print book to PDF.

See “Print the Book” on page 6-29 for details.

12. Navigate to the Appendix for the PowerPoint slideshow to include a PDF of the PowerPoint slideshow or Quick Reference Card (QRC) in the book. Follow the instructions to “ICreate PDF from Multiple Files” on page 7-9 to add these pages.

Review the appendices to ensure that each one ends on an even-numbered page by adding or removing “blank” pages as needed.

13. Save the resulting PDF and click Document | Reduce File Size. Accept the default and click OK.

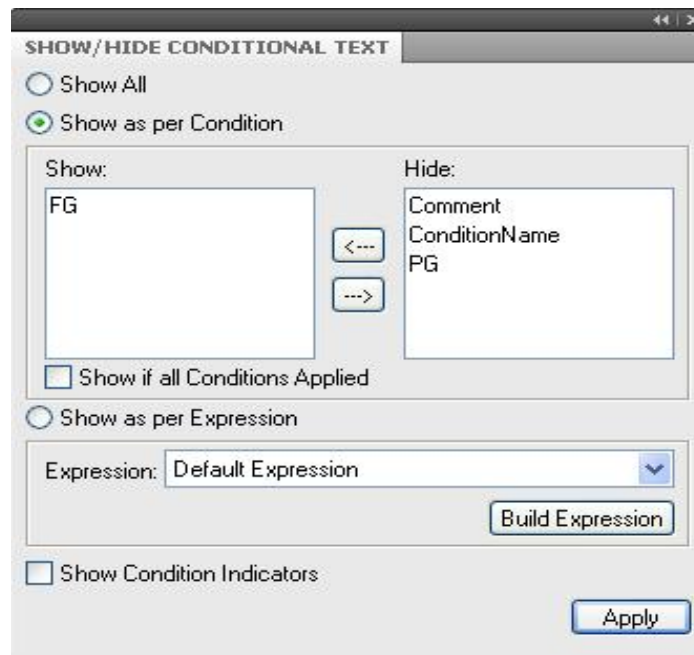
Note: Use the newest version (i.e., retain existing, or select version 9.0 or higher) to achieve the greatest compression rate.

14. Post all files, in appropriate file structure, to SharePoint and record status (i.e., ready for Peer Review, or WPR) on the Procedures Manual Tracking sheet on the SharePoint > Tech Writers Sub-site.

11.4 Produce a Facilitator Guide

See section “Facilitator/Participant Guides Checklist” on page 11-8 for a printable checklist to use while producing Facilitator and Participant Guides.

1. Open the FrontMatter file, set variables for version number, version date, and document name.
2. Set conditional text Show/Hide indicator to Show | FG. Uncheck the Show Condition Indicators check box. The Show/Hide conditional text box should look like this:



Show/Hide Conditional Text dialog box when setting up to print to PDF.

3. Go to the Book view in FrameMaker and select all files in the book. File | Import | Formats for Variables and Conditional Text Settings from the file you have open (above). This step ensures that all such indicators are turned on (or off) and variables are changed as needed throughout the book.
4. Make edits as indicated in the Word file provided by the trainer or AHCA (in the case of revisions after their review). Use Change Bars as appropriate.
5. Validate that each chapter now ends on an even-numbered page. Text that displays (or not depending on the conditional text indicators) may cause chapters to have a different number of pages. Add or remove "This page intentionally left blank" using conditional text settings, if needed.
6. Update the Table of Contents and Index from the Book view.
7. Update the Amendment History page for this version to include sufficient information about the changes made. Use Cross-references to the sections containing the changes (whenever possible). If a section is deleted, simply indicate that "content was deleted from section describing . . ." or other appropriate wording, without cross-referencing anything.

Note: Occasionally, a change is made to Instructor Notes. It then becomes necessary to add a Conditional Text indicator for FG to the Amendment History page for those entries so they will not display in the participant guide.

8. Follow the instructions beginning at step "11. Print book to PDF." on page 11-4.
Note: Do not create a separate Book file for the FG and PG in FrameMaker.

11.5 Produce a Participant Guide

Follow all instructions presented in “Produce a Facilitator Guide” on page 11-4 with the exception that the Show/Hide Conditional Text box will have PG on the Show list with the FG indicator moved to the Hide list. Also change DocumentName variable to reflect Participant Guide.

Check each section again to ensure that it ends on an even-numbered page. Add or remove “This page intentionally left blank” using conditional text settings if needed.

See section “Facilitator/Participant Guides Checklist” on page 11-8 for a printable checklist to use while producing Facilitator and Participant Guides.

11.6 Training Manuals Requiring Special Handling

First Health User Guide (UAT Training)

Compile a single PDF from the list of documents included in the Florida UAT Training Handbook Setup.doc.

A “cover page” was created by editing one of the manual covers. Extracted cover is in the Source folder in the event this PDF must be reproduced in the future (Cover_and_blank_pages_for_First_Health_User_Guide.pdf).

Use the blank page to separate sections, as needed, so the printed document starts and ends appropriately.

Note: This document was used during implementation. This document is currently not updated by Gainwell Technologies, as Magellan provides their own training. This refers to the First Health User Guide, which is not to be confused with the First Health TDD.

OnBase

The OnBase Facilitator and Participant Guides (FG/PG) include an appendix that attaches an OnBase User Guide. This is a PDF document for this COTS product and is not formatted to Florida standards. The OnBase User Guide PDF file is located on SharePoint at:

FLMMIS > Documentation > FrameMaker > Training Manuals > General_Training_Manual > OnBase.

After creating the FG and PG PDFs, use the Document | Insert Pages feature of FM to attach the User Guide PDF. Save the FG/PG PDF again and Reduce File Size from the File drop-down menu.

FMMIS Fundamentals CBT

The Instructional Designer provides a printable PDF of this CBT as well as a CD containing the CBT segments for delivery purposes.

Recipient Management FGs/PGs

A number of duplicated images in individual FG folders prompted the revision to move “special” images for specific FGs/PGs to FrameMaker | Training Manuals | Recipient_Mgmt_TM | Images.

The following guides associated with the Recipient Management group were edited to Import By Reference from the single Images folder (aside from TDD-referenced images):

1. Recipient Management Basics;
2. Recipient Maintenance; and
3. Managed Care (for historical purposes):
 - a. Provider Updates;
 - b. Recipient Assignments_State; and
 - c. Recipient Assignments (fiscal agent version).

Any new or updated images for these FGs must also be stored and referenced at this location.

Note: Buy-In and CHCUP FGs are not affected by this change.

11.7 Facilitator/Participant Guides Checklist

The following table provides a high-level checklist of tasks required for updating Facilitator and Participant Guides. See “Produce a Facilitator Guide” on page 11-4 and “Produce a Participant Guide” on page 11-6 for additional details in the process.

Step #	Description	Facilitator Guide	Participant Guide
1	Download files from SharePoint.		
2	Open FrontMatter and set Variables. Set Conditional text to FG mode.		
3	Import Variables AND Conditional Text settings to all files.		
4	Highlight all book files. Select Format Document Change Bars and check both options. Click Set.		
5	Update FrameMaker files with all edits from the Word document.		
6	Set cross-references in Amendment History to summarize changes, include CO# or MFAO Letter that prompted the changes.		
7	Update Book and review TOC for manual edits for alignment. Review book for chapters ending on even pages. Add or remove blank pages as needed.		
8	Print FG to PDF. Reduce file size and insert PowerPoint slides (in PDF) with Instructor Notes visible, if applicable.		
9	Create Zip file (name should include FG_PG).		
10	Send file to owner/author for WPR scheduling (include QA team and date deadline for the WPR.)		
11	Update Tracking Deliverables spreadsheet for WPR date.		
12	Attend WPR and make changes as appropriate during WPR. Repeat step 7, if needed.		
13	Repeat steps 7 and 8. Add to Zip file.		
14	Open FrontMatter and set Variables. Set Conditional text to PG mode.		
15	Repeat step 3 and review for chapters ending on even pages. Add or remove blank pages as needed.		
16	Update Book and review TOC for manual edits for alignment.		
17	Print PG to PDF and reduce file size. Insert PowerPoint slides (in PDF in Handout view – 2 slides per page), if applicable. and add to Zip file.		
18	Send Zip file to owner/author for final approval to print/deliver.		
19	Upload all files to SharePoint.		
20	After approval from owner/author, follow Deliverables process for printing and delivery. Update Tracking Deliverables spreadsheet as steps are completed.		

12 Miscellaneous Documents

12.1 Overview

This chapter addresses documents that are not deliverables as required by the RFP but that must be distributed, one-time only deliverables, or documents/deliverables that remain in MS Word throughout the life of the project.

12.2 Project Management Office (PMO) Deliverables

The RFP requires certain documents to be delivered and updated periodically throughout the life of the contract. These are produced in Word or MS Project as appropriate and delivered as required. The list of PMO deliverables includes:

1. Communication Management Plan;
2. Cost Allocation Plan;
3. Cost and Budget Estimates;
4. Project Charter;
5. Project Plan;
6. Quality Management Plan;
7. Risk Management Plan; and
8. Staffing Plan.

The Project Charter is a one-time deliverable while the others are updated (if needed) and delivered on a quarterly basis. The quarterly updates must follow the deliverables process, including the WPR process. Special transmittal letter text identifies the documents that required update in the current quarter. Printed copies of the updated files are not provided at delivery.

PMO documents are stored on SharePoint at:

12.3 Disaster Recovery Plan

The Disaster Recovery Plan (DRP) is stored on SharePoint at:

FLMMIS > Documentation > PMO Deliverables

Note: The DRP is not posted to iTRACE once approved due to security issues. It is Gainwell Technologies Confidential and Proprietary.

Note: A generic document is posted (as of 8/24) at this link to point the person looking for the document to request a copy from the Gainwell Technologies' Privacy and Security Officer.

12.4 Web Portal User Guide

The Web Portal User Guide is produced in MS Word. This document breaks from the Florida documentation standards as follows:

1. The cover does not include the Florida Medicaid or Gainwell Technologies logos, Document Information page, or Amendment History page.
2. The Header contains only one line that includes the document title, version number and date.
3. Page numbering runs continuously from the first page of the content and is in the # of ## format.

12.5 One-time Documents

The following documents were produced during the Implementation phase of the FMMIS project and updates may no longer be required. However, the information is retained in the event that updates become necessary at some point in the future.

Electronic Health Records Pilot Project

The Florida Electronic Health Records (EHR) Pilot Project will create individual health records for each Medicaid recipient in a pilot area defined as the greater Tallahassee area for whom claims data exists. All large project deliverables apply to this project and include:

1. Project Charter;
2. Cost & Budget Estimates;
3. Quality Management Plan;
4. Scope Control and Change Management Plan;
5. Risk Management Plan;
6. Staffing Management Plan;
7. Workplan;
8. General Training Plan;
9. Provider Outreach Plan;
10. Comprehensive Test Plan;
11. Security and Privacy Plan;
12. Stakeholder Analysis and Communication Management Plan;
13. Training Plan;
14. RAD;
15. BDD; and
16. TDD.

Apply Florida standards and review documents for grammar/spelling/punctuation, and so on, and follow the deliverables process as usual. See “Deliverables Process (Operations)” on page 4-1 for details.

All documents remain in Word/PDF format throughout the life of the project. Documents are located on SharePoint at:

FLMMIS > Documentation > EHR.

EHR Security and Privacy Plan

Special handling has been implemented for delivering this document to AHCA.

The Gainwell Technologies security officer handles all steps except as identified below:

1. Include the PDF document in a password-encrypted Zip file. The technical writer working this document creates the password-encrypted Zip file.
2. The security officer sends the password for this file via encrypted e-mail to Terri Fuller.
3. The technical writer working this document sends the password to the security officer so the document can be printed for delivery. Print six copies (until approved), duplexed, 3-hole, and stapled.
4. Burn a separate CD for this document only. Burn any other deliverables to a second CD. The technical writers handle the CD creations.
5. Include the printed documents in a sealed envelope (with the CD and a duplicate of the transmittal letter) within another sealed envelope addressed to Terri Fuller, Proprietary and Confidential.
6. Attach the transmittal letter to the outside of the envelope for the AHCA Implementation Lead’s benefit.
7. Follow the deliverables process from this point.

National Provider Identification (NPI) Plan

The NPI Plan is produced and remains in MS Word throughout the life of the project and stored on SharePoint at:

FLMMIS > Documentation > NPI Plan.

PES Billing Guides

These six (6) Provider Electronic Solutions (PES) Billing Guides provide billing information for providers and are not deliverables as defined in the RFP:

1. FMMIS_PES_Dental_Billing_Guide;
2. FMMIS_PES_General_Billing_Guide;
3. FMMIS_PES_Institutional_Inpatient_Guide;
4. FMMIS_PES_Institutional_Nursing_Home_Guide;
5. FMMIS_PES_Institutional_Outpatient_Guide; and

6. FMMIS_PES_Professional_Billing_Guide.

They are produced in Word and the decision was made not to convert these to FrameMaker.

The documents include shared information and if the decision is made to convert to FrameMaker at a later date, careful consideration should be given to creating shared text that can be imported into each guide as needed, either as entire chapters, or as common text that is imported by reference.

The cover material differs from other Gainwell Technologies documents in that certain elements have been removed at the request of the Provider Relations team. Elements that were removed from these documents are:

1. Reference to the “project” that usually displays just below the Medicaid logo (on the cover);
2. The AHCA and Gainwell Technologies addresses (on the cover);
3. Document Information Page; and
4. Amendment History Page.

Documents are stored on SharePoint at:

FLMMIS > Documentation > PES Billing Guides.

PES User Guide

The PES software supports the processing of Health Insurance Portability and Accountability Act (HIPAA) ready transactions. The PES User Guide gives providers instructions for getting the software, installing, and using it. While not a deliverable required by the RFP, the document must follow the deliverables process as usual.

The cover material differs from other Gainwell Technologies documents in that certain elements have been removed at the request of the Provider Relations team. Elements that were removed from this document are:

1. Reference to the “project” that usually displays just below the Medicaid logo (on the cover);
2. The AHCA and Gainwell Technologies addresses (on the cover);
3. Document Information Page; and
4. Amendment History Page.

Apply Florida standards and review documents for grammar/spelling/punctuation, and so on, and follow the deliverables process as usual. See “Deliverables Process (Operations)” on page 4-1 for details.

The document remains in Word/PDF format as of this writing. No decision has been made to convert this to FrameMaker. The User Guide is located on SharePoint at:

FLMMIS > Documentation > FrameMaker > Procedure Manuals > PES User Guide-3 hard copies.

Training Plans

Two training plans were delivered in the Planning Phase of the FMMIS Implementation project:

1. State and Contractor Training Plan; and
2. Provider Training and Adoption Plan.

The State and Contractor Training Plan focuses on FMMIS user training expectations and is located on SharePoint at:

FLMMIS > Documentation > State and Contractor Training Plan.

The Provider Training and Adoption Plan focuses on the training efforts necessary for smooth transition to FMMIS for providers. It is located on SharePoint at:

FLMMIS > Documentation > Provider Training and Adoption Plan.

Conversion Plans

Conversion Plans (global and detailed) are required during the Design and Development Phases of the FMMIS Implementation project. The Global Conversion Plan is located at:

FLMMIS > Documentation > Global Conversion Plan.

Detailed Conversion Plans for the following functional areas are located at:

FLMMIS > Documentation > Detailed Conversion Plans.

1. CHCUP;
2. Claims;
3. Cost Avoidance;
4. Document Management System;
5. Financial;
6. Managed Care;
7. Provider;
8. Recipient;
9. Reference; and
10. Service Authorization.

Test Plan

The Comprehensive Test Plan outlines all phases of testing for the FMMIS Implementation project. Periodic reports are required, but may not be submitted for delivery through the documentation team. The plan is stored on SharePoint at:

FLMMIS > Documentation > Comprehensive Testing Plan.

Certification

Deliverables associated to the Center for Medicare and Medicaid (CMS) certification will be identified and produced following the move to Production (post Go-Live). Documentation team

involvement may be limited, but will include assistance with blocking out Personal Health Information (PHI) from any documents submitted to CMS.

Report samples required by CMS must be cleansed of all PHI. The techwriters will be involved with this process which requires blocking out specific information from images taken from actual reports produced by the system.

13 Documentation Team Reports

The Documentation team produces workload status and other reports as requested by the capability manager or account QA manager. Instructions for completing these reports are included in this chapter.

13.1 Status Workload Reports

Each Friday afternoon, send the Workload Status Week Ending report by email to the Quality Assurance Program Manager, Capability Manager, and copy to QA staff responsible for the Documentation report card. If Friday is a holiday, send the report on the immediately preceding business day.

A sample report is attached to this document. In progress and submitted reports are located on SharePoint at:

FLMMIS > Documentation > Documentation Reporting > Workload Status Week Ending Reports.

To ensure a complete report each week, make updates to the report throughout the week as new information is identified. Make final updates just prior to sending the report on Friday afternoon.

Note: Use red text in the report to identify new or changed information since the previous report. Change the previous week's red entries to black font if still included on the report.

1. Use the previous report as a starting point. File Save As with the new Friday date as part of the file name to generate the next report document.
2. Edit the Week Ending date to reflect the Friday date being reported.
3. REPORTING PERIOD: Change the Reporting Period to reflect the reporting Monday through Friday dates.
 - a. Move the last three (3) weeks data to the top of the Reporting Period table and insert the next appropriate Tuesday date in the Week Ending field.
 - b. Enter the number of TDDs (COs) with the posting date as indicated the sample report (attached).
 - i. Use the Status Change by Week Report to get the TDD and CO numbers for the newest week added.
 - ii. Record an "as of" date for the week that is still "open" as of the Friday reporting date.
4. DOCUMENTS RECEIVED FOR UPDATE: Record documents received during the week. Include:
 - a. Version number,
 - b. MFAO letter number or CO numbers that prompted the updates;
 - c. Due Date to AHCA if known.
5. DOCUMENTS SUBMITTED BUT NOT YET APPROVED: This table includes all documents submitted to AHCA but for which no response has been received.

- a. Enter the appropriate information for each DRAFT document submitted.
 - b. Remove the line item when approval response is received.
 - c. If not approved, leave the line item in the table, but add the resubmission information, in red font, when the document is returned for final approval.
6. DOCUMENTS APPROVED AND SUBMITTED AS FINAL: Record documents submitted as final. Include version number and submission date.
7. DOCUMENTS EXPECTED FOR UPDATE: This section helps to track documents which are reportedly being worked for updates and may be received at any time by the techwriters. This information may come as:
 - a. A request for a Word version of a Procedures Manual or Facilitator/Participant Guide;
 - b. A CO identified as affecting a particular manual or guide;
 - c. Word-of-mouth indications of pending updates.
8. DOCUMENTS APPROVED VIA EMAIL BUT PENDING OFFICIAL MFAO LETTER: Use this section to report documents for which an email approval has been received but for which no official MFAO letter has been received.
9. DOCUMENTS DISCONTINUED: The final section of the report lists documents that were never approved, but have since been discontinued as the result of a change of fiscal agent responsibilities.

13.2 Monthly Summary of Workload Reports

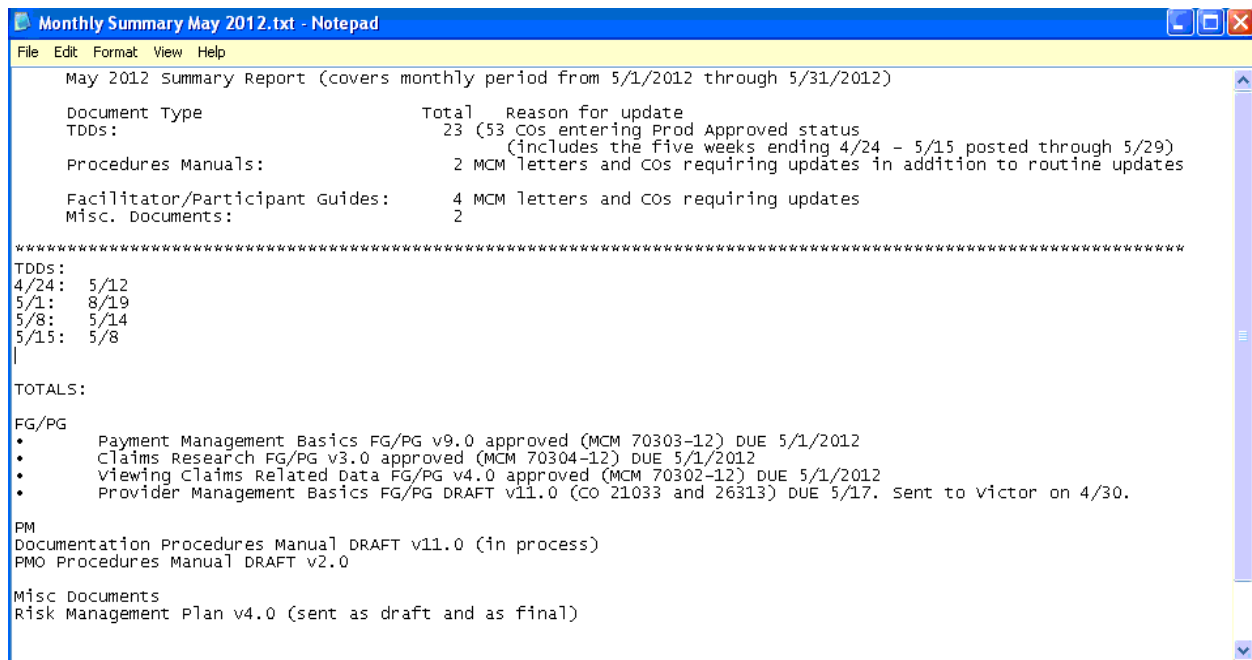
On the last workday of the month, send a summary report of the month's activities via email to the quality assurance manager with copies to the capability manager and the quality assurance staff responsible for the monthly SLA for Documentation. The report includes only a numeric summary of the following document types:

1. TDDs (include total of TDDs and COs for a four- or five-week period);
2. Procedures manuals;
3. Facilitator/participant guides; and
4. Miscellaneous documents (may include one-time documentation support or recurring support not fitting into the other categories.)

To make this report easy to finalize and submit, keep a Notepad record throughout the month. The following is a sample of the .TXT file kept each month. Send only the portion above the horizontal separator at month's end.

The Monthly Summary of Workload Reports are located on SharePoint at:

FLMMIS > Documentation > Documentation Reporting > Monthly Workload Summary Report.



The TDDs section reflects the weekly total number of TDDs followed by the number of COs associated to those TDDs. Some months will include a fifth week of TDDs which are reported based on posting dates rather than week ending dates.

The remaining sections list the documents worked or handled through the month. If a DRAFT was submitted and later submitted as approved in the same month, count that document twice since it was handled on two (2) occasions.

13.3 Submitted but Not Approved Report

The Submitted but Not Approved Report provides the account's QA manager with information regarding documents that have been delivered to AHCA, but for which no response has been received. The QA manager sends this report to the operations manager who follows up with AHCA to obtain approval or comments to finalize the draft documents.

The report includes:

1. Document name;
2. Submit date;
3. Resubmit date;
4. Tracking ID; and
5. Responses Due to Gainwell Technologies date.

The document is located on SharePoint at:

FLMMIS > Documentation > Documentation Reporting > Submitted but Not Approved Report.

Update the report and send to the account QA manager any time a DRAFT document is submitted for approval. Use red text to indicate new entries. Repost to SharePoint.

Update the report and send to the account QA manager every Friday afternoon. Use red text to indicate new entries. Repost to SharePoint.

14 Quality Assurance Report Card Support

14.1 User Documentation Report Card

Each month, Quality Assurance (QA) team members review documents processed during the previous month. A QA team member runs a CO query report for all BPCOs with due dates during the month for use in the Systems report card, while validation for Procedures Manuals and Facilitator and Participant Guides that were approved and submitted during the month are used in the General Functions report card.

14.2 Miscellaneous Documents Validation

The documentation reports are received monthly via email to validate Due Dates and Submission Date are in compliance with contractual time limits for updating systems documents (primarily affecting Procedure Manuals or Facilitator/Participant Guides) for the General Functions report card.

The image below provides an example of one such request received by email:

Monthly Report: User Manual Update							Audit Month: Example
Requirement: Provide updates to user manuals on any modifications, corrections, or enhancements to the system within fifteen (15) workdays of the State's approval of implementation of the change. 40.1.3.12 section 2 #2 Scoring: Sample size - 10% of all user manuals updated because of CO/enhancement in audit month All updates done within 15 workdays = 100 1 update not done within 15 workdays = 85 2 updates not done within 15 workdays = 75 3 updates not done within 15 workdays = 50 4 updates not done within 15 workdays = 25 5 or more updates not done within 15 workdays = 0							Audited By: Score:
	CO Number (if applicable)	Short Description	Approval Date	Due Date	Updated Manual	Date Completed/Posted	Comments
1		Made changes as directed per MFAO Letter # 87389-85.	3/9/2020	3/30/2020	FMMIS Provider Contact Center Employee Procedures Manual V7.0	3/10/2020	85-IOPS-03-084 MFAO 87516-85
2	12345	Updates to reflect current operations procedures including the addition of SharePoint procedures and posting to MEUPS.	3/16/2020	4/6/2020	FMMIS Publications Procedures Manual V8.0	3/16/2020	85-IOPS-03-156 MFAO 87542-85
3	54321	Updated Manual per MFAO Letter # 87390-85.	3/16/2020	4/6/2020	FMMIS Adjustments Procedures Manual V8.0	3/24/2020	85-IOPS-03-161 MFAO 87543-85
4		Comprehensive updates to entire manual per MFAO Letter # 87409-85.	3/24/2020		FMMIS Data Capture Procedures Manual V8.0	3/24/2020	85-IOPS-03-215 MFAO 87567-85

Respond to the email in one of two (2) ways:

1. If the dates and other information included in the spreadsheet require no corrections, respond to the email to reflect the validity of all items.
2. If information included in the spreadsheet is incorrect, record the correct information on the spreadsheet, highlighting the changes, and return the spreadsheet to the email requester.

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Appendix A. Business Processes and Functional Areas

The FMMIS documentation for BDDs addresses use cases by business process while the TDDs address the technical design by subsystem. There is often a one-to-one correlation to a subsystem, but this is not a certainty. Some business processes cross subsystem lines and are not easily cross-referenced to a single TDD. This appendix helps identifies these relationships and cross-references to TDDs as closely as possible. The table below is sorted by business process name.

Business Process	Subsystem
Adjudication of Claims and Encounters	Claims
Adjustments and Voids	Claims
Benefit Plan Administration	Reference
Buy-In	Buy-In
CHCUP	CHCUP
Claims Processing Administration	Claims
Cost Avoidance	Third Party Liability
Cost Avoidance	County Billing
Decision Support System (DSS)	Data Warehouse
Eligibility Determination	Recipient Management
Eligibility Verification	Recipient Management
Enrollment	Recipient Management
FirstDecision	PBM (Pharmacy Benefits Management)
FIRSTrax	PBM (Pharmacy Benefits Management)
FirstRX	PBM (Pharmacy Benefits Management)
Fraud and Abuse Detection	Fraud and Abuse
General Requirements (Cross-Functional BDD)	Change Management
General Requirements (Cross-Functional BDD)	DMS
General Requirements (Cross-Functional BDD)	Data Imaging
General Requirements (Cross-Functional BDD)	Learning Management
General Requirements (Cross-Functional BDD)	Rules Engine
General Requirements (Cross-Functional BDD)	Security Management
Health Outcome Measurement	Health Outcome Measurement
Management Reporting	MAR
Provider Communications	Provider Management
Provider Communications Regarding Payments	Financial
Provider Enrollment Administration	Provider Management
Provider Enrollment Processing	Provider Management
Provider Maintenance	Provider Management
Provider Payments	Financial

Business Process	Subsystem
Recipient Communications	Recipient Management
Recipient Maintenance	Recipient Management
Service Authorization	Prior Authorization
N/A	AVRS
N/A	CCMS
N/A	EDI
N/A	Performance Reporting
N/A	System Wide (System Architecture and Common Functions TDD)
N/A	Web Portal
N/A	Workflow

Cross-reference between BDDs and TDDs

Appendix B. Technical Documentation Standards

The following guidelines provide standards for the systems engineer (SE) or business analyst (BA) to use when documenting system objects in the Florida Interactive Portal (FIP) and are presented here to help technical writers determine if documentation complies with standards or lacks certain required detail. Contact the SE or BA to request corrective action.

B.1 Panels and Pages

Panel or page names should be capitalized. Example: Provider Location Name Address.

The page/panel name should be listed in the Title of the system object as it shows on the screen shot. These should always be the same.

Include the navigation to access the page/panel in the description section. This should follow the description and begin with a new paragraph. Example: Navigation: Main Menu [Financial] > Financial Menu [1099 Display] > 1099 Display Options Menu [1099 Adjustments].

The page/panel images should not display invalid values for a field. Example: If the valid values are “Yes” and “No”, the image should not show the field with a value of “Both”.

The introduction to the pages/panels section includes basic page/panel features.

Use punctuation and complete sentences in the page/panel Description, Field Description and Field Edits Message and Correction sections. Do not use abbreviations such as “> than 0”; spell it out so no misinterpretation can be made.

It is not necessary to capitalize field names within the page/panel Description, Field Description, and Field Edits Message and Correction sections. Example: “Service Location invalid for this Provider” should read as “Service location invalid for this provider”.

Field Description Tables

For every field on the page, there should be a corresponding entry in the Field Descriptions table for the page/panel.

1. If a field appears more than once, there needs to be an entry for each occurrence of the field.
2. For duplicated fields, distinguish them by adding further description in parenthesis after the field name [i.e. “Tax ID”, “Tax ID (Search Results)”].
3. For fields that are columns in tables, only the column header needs to be included.
4. Field lengths, such as for CCYY/MM/DD, should not include the “/” in the count of the record length. The length should use the maximum quantity of characters that can be entered or output from the database or file to be displayed on the page/panel (internal format), excluding any special characters. Data type should be number, integer, or character - depending on the internal format. Use the field description to specify the number of decimal places displayed.
5. Field names should be listed in the Description exactly as they are in the page/panel. Example: Dte Eff. Field names that are abbreviated need to be spelled out in the description. Example: Dte Eff should have Date Effective in the description.

6. Non-standard buttons should be defined as fields in the Field Description section. The standard buttons (Save, Select, Exit, Delete, New) should not be documented; these will be covered in the System Wide subsystem documentation. Any extra features, such as the capability to print a report, should be defined in the Extra Features section.
7. Unlabeled fields on page/panels (i.e. the label zip followed by a five-character zip field and then a four-character zip+4 field that does not have its own label) should be documented in the Field Description and Field Edit Message and Correction sections under the label with which they are grouped. The description should indicate that there are multiple fields associated with the label, and the length should be the sum of the lengths of the associated fields. There should not be fields on page/panels that are not associated with a label.
8. In the Field Descriptions Table documenting the page, hyperlinks should have a Field Type of Hyperlink, a Data Type of N/A, and a Length of 0.

Field Edits

Edit and correction messages should display the field name as it appears on the page/panel.

Example: DOS must be in CCYYMMDD format. The only time this would be an issue is if there isn't enough space to spell out the entire field (should it appear that way on the page/panel). If this occurs, the field name should be abbreviated.

B.2 Reports/Letters

Capitalize the report name. Example: Financial Balancing Report.

Report fields should be listed in the Field Descriptions as they display on the report. Example: RID.

Punctuation and complete sentences should be used in all situations in the Field Description.

Report headers should not be included in the Field Descriptions. This includes: Page, Report Name, Report Number, Run Date, Run Time, and so on.

Report Header

The following fields are required in the Report Header:

1. Report – technical name of the report;
2. Process – job script that creates the report;
3. Location – job step in job script that creates the report;
4. Run Date – date the report was run;
5. Run Time – time the report was run;
6. Page – current page of the report; and
7. Report Period - daily and weekly reports should be in the mm/dd/ccyy format, monthly reports should be in mm/ccyy format, quarterly reports should be in mm/dd/ccyy – mm/dd/ccyy format, annual reports should be in ccyy format

Field Descriptions

1. Field Names should be upper/lower case in the Field Descriptions.
2. Field names should be listed in the Field Description exactly as they are in the report.
Example: Dte Eff.
3. Field names that are abbreviated need to be spelled out in the Description. Example: Dte Eff should have Date Effective in the description.
4. For every field on the report (except the report header fields), there should be a corresponding entry in the Field Descriptions table for the report.
 - a. If a field appears more than once, then include an entry for each occurrence of the field;
 - b. For duplicated fields, distinguish them by adding further description in parenthesis after the field name; and
 - c. For fields that are columns in tables, only the column header needs to be included.
5. Fields within an example of a letter should use the field name in parenthesis versus Xs or 9s. Example: (Date) vs. (Month DD, CCYY) or (XX/XX/XXXX). The only exclusion is if the report is pulling claims data and a section of the letter is similar to a report. See the Accounts Receivable Payment Letter for an example.
6. A number field that displays special characters (\$,./) is not a numeric formatted field, it is character formatted field. The only instance where you would have a number field is if there are no decimal places or special characters displayed. Therefore, the data type for fields with decimal or special characters is character, not numeric. If a data type is defined as character, it should represent the number of characters displayed. If the data type is numeric, it should represent the maximum quantity of numbers that can be displayed.

B.3 Job Scripts

Titles should be capitalized and should not be abbreviated, unless necessitated by limitation of this field in the Florida Interactive Portal (FIP).

Job script and job step descriptions should be full sentences with punctuation.

Input/output files should not have punctuation unless you are using a complete sentence to describe the action resulting from the file. If the action is being described, use the appropriate tense such as “Prints the report” (vs. print report).

Do not abbreviate words such as “concat” or “trunc”. Use the complete word.

B.4 Change Orders

Do not reference a “mock up” in this section. Refer the reader to the example of the result of the change order. Example: Refer to Expenditure page/panel for a result of this change order.

B.5 Provider ID

Provider IDs within FMMIS/DSS are numbers ranging up to ten (10) digits. The Provider Base ID (BSE) is a system-generated number consisting of seven (7) digits. The Medicaid ID (MCD) is a system-generated number consisting of the Provider BSE ID plus a two-digit service location suffix for a total of nine digits. The National Provider Identifier (NPI), having a length of ten (10) digits, may also be used but is assigned by an external organization.

Even though these IDs are numbers, they need to be treated as characters because the leading zeros are significant.

In many cases, the service location is an integral part in identifying a provider. Service location is a two-character code.

Most information specific to a provider is identified by a combination of the Provider BSE ID and the service location suffix.

In instances where the location code is not deemed necessary, it will not display on the page, panel, or report.

In instances where location code does display, based upon page or report "real estate", it may display as part of the same field, in a separate field without a label, or in a separate field with a label.

Here are the standards for those presentations:

1. Same field as the Provider MCD ID - The field should indicate that the presented field is a concatenation of the provider ID and service location suffix, for a total of nine characters.
2. Separate field without a label - The field should be described in the Provider number field on the field listing as a separate sentence indicating that the provider's service location suffix displays in a separate field and is two characters long.
3. Separate field with a label - (Provider service location suffix character 2).

B.6 Recipient ID

Recipient number within FMMIS/DSS is a ten-character code stored in a twelve-byte field. The ten (10) characters include one (1) check digit as the suffix.

B.7 PA Number

This is the number assigned by the Prior Authorization (PA) unit to a Prior Authorization request. The Prior Authorization number is a ten-digit character field.

B.8 End Dates

Dates in the database are stored as long integers in the format CCYYMMDD. As an example, the default end date is 22991231.

The default end date used for open segments in 2299/12/31.

B.9 Clerk ID

Within the database, ID_CLERK is the field that holds the Clerk ID. This field is a character field that is eight characters long.

For the online applications, the Clerk ID should be a character field, seven bytes long, though the page/panel can allow eight (8) characters.

B.10 General Information

The following general guidelines should be used in any documentation:

1. System should not follow FMMIS. Example: ...the FMMIS/DSS vs. the FMMIS/DSS system;
2. Capitalize acronyms such as ID, CMS, AHCA, and so on;
3. Do not use the word “we”. Find another way to say it;
4. Do not use an apostrophe to pluralize acronyms, such as CCNs, MCOs, 1099s, and so on;
5. Database table names, such as T_CHK_CLM_XREF, must be in uppercase;
6. Full file (descriptive) names should be capitalized if they are included in a list but lower case if used in a sentence;
7. Program names – use lower case;
8. COLD – use the term Document Management System (DMS) in all references instead of COLD or CRLD;
9. Be selective with the use of color in images. Background colors can make the text difficult to read when it is printed;
10. If images are included in the subsystem overview sections, include a caption explaining what the image represents; and
11. If acronyms are used in the subsystem, make sure they are spelled out on first use and included in the Glossary (See “Glossary of Terms” on page C-1). Notify lead technical writer to have an acronym added to the Glossary.

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Glossary of Terms

The following table provides a glossary of terms taken from the Florida Request for Proposal (RFP) with the addition of Gainwell Technologies terminology that may be used in project communications. In the Term column, the phrase or acronym is given with its preferred capitalization. In the Definition column, acronyms are spelled out (with correct capitalization) and definitions are given.

Acronyms are always spelled out on first use in a document; for example, Income Eligibility Verification System (IEVS).

Term	Definition
.NET	(pronounced dot-net) - An initiative by Microsoft to create a new software development platform focused on network transparency, platform independence, and rapid application development.
3DES	(Triple Data Encryption Standard) A mode of the DES encryption algorithm that encrypts data three (3) times. Three (3) 64-bit keys are used instead of one.
A	
AAAD	Avaya Aura Agent Desktop (called triple-AD) Phone software used in Gainwell Technologies call centers
ABA	American Bankers' Association
ACA	Affordable Care Act
access	Refers to the ability or the means necessary to read, write, modify, or communicate data/information or otherwise make use of any system resource.
accretion	The process by which the State begins to pay the Medicare premiums.
ACWM	Assistance Categories with Modifiers
ad hoc request	A request to provide non-production reports.
adjudicate	To determine whether all program requirements have been met and whether the claim can be paid, denied, suspended, or if the encounter data would be paid or denied.
adjudicated claim	A claim that has reached final disposition such that it can either be paid or denied or determined if it would be paid or denied.
adjustment	A transaction that changes any payment information on a previously paid claim.
Agency	The Florida Agency for Health Care Administration
AHCA	Agency for Health Care Administration
AHS	Automated Health Systems
aid category	An alpha and numeric code identifying the criteria used to determine an individual's eligibility. Aid Categories are the equivalent to Florida Program Codes or Assistance Categories with Modifiers (ACWM).
AIMM	Asset Impact Management Module

Term	Definition
APC	American Power Conservation
APD	Advanced Planning Document Also, Agency for Persons with Disabilities.
ARNP	Advanced Registered Nurse Practitioner
ASA	Average Speed of Answer
ASC	Ambulatory Surgical Center An ASC is a distinct entity that operates exclusively to provide surgical services to patients not requiring hospitalization and has an agreement with the Centers for Medicare and Medicaid Services (CMS) to participate in Medicare as an ASC. ASCs must be state-licensed and Medicare certified. An ASC may be either independent (that is, not a part of any other facility) or hospital-affiliated.
ASN	Alternative Service Network A network of providers under separate contract to provide services to a list of Medicaid recipients and share in cost-savings for efficient patterns of care.
Assignment plan	An assignment plan identifies specific prepaid services covered under a recipient's enrollment. AKA Medicaid Programs.
Assistance Category with Modifiers (ACWM)	See Aid Categories.
AUX	Auxiliary
ATN	Application Tracking Number
AVRS	Computerized Automated Voice Response System Used to supply recipient eligibility information or claims status to providers via telephone.
B	
backbone	Cat5 and Gigabit Cabling, Multi mode Fiber Optics or combination of both Ethernet and Gigabit switches.
BAM	Business Activity Monitoring
BDD	Business Design Document, includes Use Cases for the given business area.
BENDATA	State Beneficiary Data File – used to submit input records to Social Security Administration (SSA) in order to establish or discontinue BENDEX exchange or to modify AHCA controlled data fields.
BENDEX	Beneficiary Data Exchange System A file containing data from the federal government regarding all persons receiving benefits from the SSA.
beneficiary	A person receiving Medicare.
Benefit plan	A benefit plan is a group of covered services a recipient is eligible to receive. AKA Medicaid Programs.

Term	Definition
BESST	Beneficiary Enrollment Software and Systems Technology It is the incumbent fiscal agent choice counseling system where Medicaid recipients' managed care choices are recorded.
bidder	A Vendor who returns a properly completed bid in response to a request for solicitation from an authorized state or agency-purchasing agent.
BIC	Beneficiary Identifier Code
BPEL	Business Process Execution Language
BPS	Business Process Services (formerly BPO Business Process Outsourcing)
BSCI	Brain and Spinal Cord Injury
Business Associate	A business associate is a person or entity who on behalf of the Agency Performs or assists in the performance of: a function or activity involving the use or disclosure of protected information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing; or any other function or activity regulated by the Health Insurance Portability and Accountability Act (HIPAA) privacy rule; or Provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for the Agency, where the provision of the service involves the disclosure of protected information from the Agency or from another Agency business associate. A covered entity may be a business associate of another covered entity. Agency workforce members are not considered to be Agency business associates.
buyer	An entity that has released the solicitation.
Buy-In	A procedure whereby the state pays a monthly premium to the Social Security Administration on behalf of eligible Medicaid recipients, enrolling them in the Medicare Title XVIII Part A and Part B Program.
C	
calendar day	A twenty-four hour period between midnight and midnight, regardless of whether or not it occurs on a weekend or holiday.
calendar year	A twelve month period of time beginning on January 1 and ending on December 31.
can	Used to express non-mandatory provisions; words denote the permissive.
caps	Limits on services available to a Medicaid recipient, such as the number of dentures a recipient may receive.
carrier	An organization processing Medicare Part B claims on behalf of the federal government.
CBT	Computer Based Training Formal course materials delivered through an interactive Web-based training application.
CCMS	Call Center Management System

Term	Definition
CDT	Current Dental Terminology
CECE	Centre for Enabling Client Excellence
Certification	The written acknowledgment by the Centers for Medicare and Medicaid Services (CMS) that the operational MMIS meets all legal and operational requirements necessary for 75% Federal Financial Participation (FFP).
CFR	Code of Federal Regulations The federal rules that direct the state in its administration of the Medicaid program and implementation and operation of an MMIS.
CHAMPUS	Civilian Health and Medical Program Uniformed Service - The US Government program that provided insurance to military dependents and retirees, now replaced by TRICARE.
CHCUP	Child Health Check-Up Formerly (EPSDT) Early, Periodic, Screening, Diagnosis and Treatment.
CHD	Florida County Health Departments
CHIP	Children’s Health Insurance Program
CHOW	Change of Ownership
CIA	Certified Internal Auditor
claim	A request for Medicaid to pay for health care services.
“Clean Desk” Practice	A practice that ensures no Protected Health Information (PHI) is exposed to those who don’t have a “need to know” the information. This policy includes not leaving PHI information exposed on your desk, locking your computer when you leave your desk so no one else can see PHI on your display, and having your monitor placed on your desk so that no one can walk up behind you and see information on the screen.
CLIA	Clinical Laboratory Improvement Amendments Provisions of 1988 which requires all laboratory testing sites to obtain either a certificate of waiver or a certificate of registration along with an identification number in order to legally perform testing anywhere in the United States.
CM	Configuration Management
CMAT	Children’s Multidisciplinary Assessment Team
CMM	Capability Maturity Model An Information Technology (IT) system development methodology developed and promoted by Carnegie Mellon University to measure and certify the methods and controls used by a company or agency in the development of IT systems.
CMMI	Capability Maturity Model Integration

Term	Definition
CMS	Centers for Medicare and Medicaid Services The organizational unit of the U.S. Department of Health and Human services responsible for administration of the Title XIX Program under the Social Security Act. CMS was formerly called the Health Care Financing Administration (HCFA). In Florida, CMS may also refer to Children’s Medical Services within the Florida Department of Health.
CMS	Children’s Medical Services Network
CNHDP	Community Nursing Home Diversion Pilot (more commonly known today as the Nursing Home Diversion Waiver)
CO	Change Order
COB	Coordination of Benefits
COBC	Coordination of Benefits Contractor
COLD	Computer Output to Laser Disk
compliance date	The date by which the Agency and other covered entities must comply with a standard, implementation specification, requirement, or modification adopted under the HIPAA rules. The compliance date for the HIPAA privacy rule is April 14, 2003.
compound drug	A medication that is a combination of two (2) or more pharmaceuticals.
contingency plan	The action(s) to be taken if a previously identified risk event should occur
contract	The written, signed agreement resulting from, and inclusion of, this RFP; any subsequent amendments thereto and the proposer’s proposal.
contract amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract; it shall include bilateral actions, such as administrative changes, notices of termination, and notices of the exercise of a contract option.
contract manager	The Agency’s individual responsible for providing overall project direction as liaison between contractor and Medicaid staff and monitors contractor performance.
contractor	The successful proposer (fiscal agent) with which the state has executed a contract that processes and adjudicates provider claims on behalf of the state.
COOP	Continuity of Operations Plan A plan that incorporates disaster recovery, risk analysis, and contingency planning to assure continued operation of fiscal agent responsibilities in case of a disaster, system failure, work stoppage, or other occurrence
copay	Copay is the fee paid by the recipient to the provider at the time the service is rendered, unless the recipient is exempt from that liability.

Term	Definition
correctional institution	Any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, Florida, a territory, a political subdivision of Florida for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody include juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.
cost-based reimbursement	Reimbursement based on the provider's actual costs for rendering services to Medicaid recipients. Some providers who are reimbursed on a cost basis are: county health department clinics, federally qualified health centers, and rural health clinics.
COTS	Commercial-Off-The-Shelf software application
covered entity	Defined as: <ul style="list-style-type: none"> • A health plan; • A health care clearinghouse; or • A health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA. The HIPAA regulations specifically designate Medicare, Medicaid, and the Children's Health Insurance Program as covered entities that must comply with HIPAA.
covered functions	Those functions that a covered entity performs that make it a health plan, health care provider, or health care clearinghouse.
covered service	Mandatory medical services required by CMS and optional medical services approved by the state for which enrolled providers will be reimbursed for services provided to eligible Medicaid recipients.
CPA	Certified Public Accountant
CPT	Current Procedure Terminology Unique coding structure scheme for all medical procedures approved by the American Medical Association - Fourth Edition.
crossover claim	A claim submitted by a Medicare/Medicaid provider to a Medicare carrier or intermediary on behalf of a dual Medicare/Medicaid eligible or Qualified Medicare Beneficiary that has been paid by Medicare and crossed over to Medicaid for payment of the Medicare deductible and/or coinsurance.
CSR	Customer Service Request An official notification to the fiscal agent to initiate a modification or additional requirement in FMMIS.
CTI	Computer Telephone Integration
CTN	Contact Tracking Number
D	

Term	Definition
data aggregation	Protected information created or received by a business associate in its capacity as an Agency business associate that the business associate combines with protected information it receives in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the Agency and the other covered entities.
day	Calendar day, unless specified as a workday.
DB (or db)	Database
DBA	Database Administrator Also, Doing Business As, which is used in Provider Enrollment.
DDE	Direct Data Entry
DCF	Department of Children and Families DCF is the Florida agency that determines Medicaid eligibility in many categories and operates the Florida Online Recipient Integrated Data Access (FLORIDA) system to record Medicaid eligibility and eligibility for other state assistance programs.
DEA	Drug Enforcement Agency
deletion	The process by which the state stops paying the Medicare premiums.
deliverable	All software, documentation, reports, manuals, and any other item that the Vendor is required to produce and/or tender to the state under terms and conditions of this contract.
denied claim	A claim for which no payment is made to the provider because the claim is for non-covered services, is for an ineligible provider or recipient, is a duplicate of another similar or identical transaction, or does not otherwise meet State standards for payment.
designated record set	A group of records maintained by or for the Agency that is: <ul style="list-style-type: none"> • The medical records and billing records about individuals maintained by or for a health care provider; • The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Agency; or • Records used, in whole or in part, by or for the Agency to make decisions about individuals. The term record refers to any item, collection, or grouping of information that includes protected information and is maintained, collected, used, or disseminated by or for the Agency.
DFS	Department of Financial Services (State of Florida)
diagnosis	The classification of a disease or condition.
DIP	Detailed Implementation Plan A document that clearly and specifically defines each task and subtask and specifies a completion date.

Term	Definition
Disaster Recovery and Back-up Plan	A plan to ensure continued claims processing through adequate alternative facilities, equipment, back-up files, documentation and procedures in the event that the primary processing site is lost to the contractor.
disclosure	The release, transfer, provision of access to, or divulging in any other manner of information outside of the Agency.
DME	Durable Medical Equipment
DMF	Death Master File
DMO	Disease Management Organizations
DOAH	Department of Administrative Hearings (State of Florida)
DOB	Date of Birth
DOC1	Group1 letter template generator application
DOD	Date of Death
DOEA	Department of Elder Affairs (State of Florida)
DRG	Diagnosis Related Group
Drug Rebate	Program authorized by the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) in which legend drug manufacturers or labelers enter into an agreement with the Secretary of the Department of Health and Human Services (DHHS) to provide financial rebates to states based on dollar amount of their drugs reimbursed by the Medicaid program.
D-SNP	Dual Special Needs Plan
DSS	Decision Support System Component of a data warehouse that provides analytical-level queries and reporting.
DSSU	Disk Staging Storage Unit
DUR	Drug Utilization Review Drug Utilization review is a process whereby the pharmacist reviews the prescription and the patient record for therapeutic appropriateness.
E	
E2	Group1 Retrieval of past letters (application)
EAGLE	Estate and Casualty Accounting Reporting System An application used by Third Party Liability to track activity in recovering Medicaid funds from Medicare, casualty cases, commercial carriers, and estate.
EAPG	Enhanced Ambulatory Patient Groupings
EBP	Enrollment benefit plan
ECS	Electronic Claims Submission Electronic methods of claims submission.
ED	Emergency Department (DSS)
EDB	Medicare Enrollment Database

Term	Definition
edit	Validation of data.
EDP	Electronic Data Processing
EFT	Electronic Funds Transfer The payment of funds made by direct deposit to a provider's bank account.
EHR	Electronic Health Record (See also EMR, Electronic Medical Record), a record of diagnoses, treatments and laboratory results stored in an electronic record for retrieval and use by authorized treatment professionals.
EIS	Executive Information System High level management reporting using graphical and tabular reports via the Decision Support System (DSS) to provide upper management data for accessing the overall scope and performance of the Medicaid program.
Eligible	As it pertains to Buy-In, it means that an individual has met certain qualifications.
eligibility file	A file that maintains pertinent data for each Medicaid eligible recipient.
eligibility verification	Refers to the process of validating whether an individual is determined to be eligible for health care coverage through the Medicaid program and/or a provider is qualified to provide services to the Medicaid population. Eligibility for the recipient and provider is determined by the state.
emancipation	When a minor has achieved independence from his or her parents, often by getting married before reaching age 18 or by becoming fully self-supporting.
EMR	Electronic Medical Record (See also EHR, Electronic Health Record), a record of diagnoses, treatments and laboratory results stored in an electronic record for retrieval and use by authorized treatment professionals.
encounter data	Detailed data about individual health care related services provided by a capitated managed care organization (MCO) or other state-designated managed care providers. Encounter data is equivalent to a standard Medicaid claim except that it is submitted to provide service delivery data to the Agency and is not eligible for reimbursement. MCO health care related services are those covered and reimbursed by a per member, per month capitated rate payment.
enhancements	Major MMIS system changes that are federally or state mandated and funded by CMS at an enhanced rate.
Entitled	As it pertains to Buy-In, it means that an individual has paid into the Social Security retirement system or has been determined disabled and, therefore, the benefit belongs to them.
EOB	Explanation of Benefits An explanation of denial or reduced payment included on the provider's remittance advice.

Term	Definition
EOMB	Explanation of Medical Benefits The result of Medicare claims processing reported to a provider.
EOMB	Explanation of Medicaid Benefits A report of paid Medicaid claims reported to selected recipients for fraud and abuse purposes.
EQRO	External Quality Review Organization
ESC	Error Status Code
evaluation	The in-depth review and analysis of contractor's proposals.
F	
FA	Fiscal Agent Refers to the Vendor operating FMMIS. A contractor who processes Medicaid provider claims for payments and performs certain other related functions as an agent for the state.
FACTS	Fraud and Abuse Tracking System Developed by third party Vendor and used by Medicaid Program Integrity.
FAD	Fraud and Abuse Detection
FAL	Functional Area Lead
FAO	Fiscal Agent Operations
FDLE	Florida Department of Law Enforcement
FFP	Federal Financial Participation The percentage amount contributed by the federal government towards a category of costs in the Florida Medicaid program.
FFS	Fee-for-Service
FG/PG	Facilitator Guide/Participant Guide
FHK	Florida Healthy Kids
Field Office	The AHCA office that Fields Service Representatives visit to facilitate Provider education, provide documentation, and research issues.
FIP	Florida Interactive Portal
FLEX	Florida Encounter Exchange
FLORIDA	Florida On-Line Recipient Integrated Data Access System An integrated automated system for TANF, Food Stamps, Medicaid Eligibility, Child Support Enforcement, and Project Independence.
FMAP	Federal Medical Assistance Percentage
FMMIS	Florida Medicaid Management Information System Florida Medicaid claims processing system.
FMMIS/DSS	Florida Medicaid Management Information System/Decision Support System FMMIS and DSS designed, developed, and implemented by the Contractor to meet all of the business requirements contained in this RFP.

Term	Definition
FRAES	Florida Regulatory and Enforcement System. Old facility licensure system replaced by License Ease. FRAES is a comprehensive database management system that offers the functionality to handle vast and complex data. This single application is designed to manage all phases of licensing, including complaint, inspection, legal cases and revenue management. This system also handles MediPass credentialing.
FrameMaker	Software used to produce systems and user documentation for FMMIS account. Commonly abbreviated as FM.
FREEDOM	Florida Rapid Entry to Data Online for Medicaid Name associated with current Medicaid DSS.
FSJ	Force Start Job (force_startjob)
FTE workday	FTE workday is a unit of measurement that describes the eight (8) hours a full time employee works in a day.
FTP	File Transfer Protocol
functional equivalence	The ability of a solution not defined in the federal General System Design (GSD) for Medicaid systems to meet the business requirements of the GSD.
FY	Fiscal Year State: the twelve-month period beginning July 1 and ending June 30. Federal: the twelve-month period beginning October 1 and ending September 30.
G	
GAAP	Generally Accepted Accounting Principles
GIS	Geographical Information Systems Software program that allow data to be displayed spatially.
GPCI	Geographic Practice Cost Index Components which reflect the physician's work, practice expense, and malpractice expense.
group health plan	An employee welfare benefit plan (as defined in section 3(1) of the Employee Retirement Income and Security Act of 1974 (ERISA), 29 U.S.C. 1002(1)), including insured and self-insured plans, to the extent that the plan provides medical care (as defined in section 2791(a)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 300gg-91(a)(2)), including items and services paid for as medical care, to employees or their dependents directly or through insurance, reimbursement, or otherwise, that: <ul style="list-style-type: none"> • Has 50 or more participants (as defined in section 3(7) of ERISA, 29 U.S.C. 1002(7)); or • Is administered by an entity other than the employer that established and maintains the plan. • Note: Also see the definition of health plan.

Term	Definition
GUI	Graphical User Interface
H	
HCFA	The Health Care Financing Administration within the Department of Health and Human Services that administered Medicare and Medicaid policies. HCFA is now called the Centers for Medicare and Medicaid Services (CMS).
HCPCS	Healthcare Common Procedure Coding System A coding system designed by CMS that describes the physician and non-physician patient services covered by Medicaid and Medicare programs, used primarily to report reimbursable services provided to patients.
HDD	Hard disk drive
health care	The care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following: <ul style="list-style-type: none"> • Preventive, diagnostic, therapeutic, rehabilitative, maintenance, palliative care, counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and • Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
health care clearinghouse	A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and “value added” networks and switches, that does either of the following functions: <ul style="list-style-type: none"> • Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or • Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

Term	Definition
health care operations	<p>Health care operations means any of the following activities to the extent that the activities are related to covered functions:</p> <ol style="list-style-type: none">1. Conducting quality assessment and improvement activities including:<ul style="list-style-type: none">• Outcome evaluation and development of clinical guidelines provided that the obtaining of generalized knowledge is not the primary purpose of any studies resulting from such activities; Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination;• Contacting of health care providers and patients with information about treatment alternatives; and• Related functions that do not include treatment.,2. Licensing, credentialing, and training activities including:

Term	Definition
health care operations (cont'd.)	<ul style="list-style-type: none"> • Reviewing the competence or qualifications of health care professionals; • Evaluating practitioner and provider performance; Evaluating health plan performance; • Conducting training programs in which students, trainees, or practitioners in areas of health care learn, under supervision, to practice or improve their skills as health care providers; • Training of non-health care professionals; and • Accreditation, certification, licensing, or credentialing activities. <p>3. Contract activities including:</p> <ul style="list-style-type: none"> • Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits; and • Ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of Section 164.514(g) of the HIPAA regulations are met, if applicable. <p>4. Conducting or arranging for medical review, legal services, and auditing functions.</p> <p>5. Fraud and abuse detection and compliance programs.</p> <p>6. Business planning and development, such as:</p> <ul style="list-style-type: none"> • Conducting cost-management and planning related analyses related to managing and operating the entity; • Formulary development and administration; and • Development or improvement of methods of payment or coverage policies. <p>7. Business management and general administrative activities of the entity, including, but not limited to:</p> <ul style="list-style-type: none"> • Management activities relating to implementation of and compliance with the HIPAA requirements; • Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected information is not disclosed to such policy holder, plan sponsor, or customer; • Resolution of internal grievances; • Consistent with the applicable requirements of the HIPAA privacy rule, creating de-identified health information; • Keeping applicants and recipients informed about services, benefits, appointments, and treatment options in accordance with the federal Medicaid and HIPAA privacy rule.

Term	Definition
health care provider	A provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
health information	Health information means any information, whether oral or recorded, in any form or medium, that: <ul style="list-style-type: none"> • Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and • Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
health insurance issuer	As defined in section 2791(b)(2) of the PHS Act, 42 U.S.C. 300gg-91(b)(2) and used in the definition of health plan, means an insurance company, insurance service, or insurance organization (including an MC) that is licensed to engage in the business of insurance in Florida and is subject to state law that regulates insurance. It does not include a group health plan.
Health Maintenance Organization (MC)	As defined in section 2791(b)(3) of the PHS Act, 42 U.S.C. 300gg-91(b)(3) and used in the definition of health plan, MC (Managed Care) means a federally qualified MC, an organization recognized as an MC under state law, or a similar organization regulated for solvency under state law in the same manner and to the same extent as an MC (note: formerly referred to as HMO).
Health Oversight Agency	Health oversight agency means an agency or authority of the United States, Florida, a political subdivision of Florida, an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.
health plan	An individual or group plan that provides, or pays the cost of, medical care (as defined in section 2791(a)(2) of the PHS Act, 42 U.S.C. 300gg- 91(a)(2)). Health plan includes the following, singly or in combination: <ul style="list-style-type: none"> • Group health plan; • Health insurance issuer; • MC; • Part A or Part B of the Medicare program under Title XVIII of the Act; • The Medicaid program under Title XIX of the Act, 42 U.S.C. 1396, et seq.; • An issuer of a Medicare supplemental policy (as defined in section 1882(g)(1) of the Act, 42 U.S.C. 1395ss(g)(1));

Term	Definition
health plan (cont'd.)	<ul style="list-style-type: none"> • An issuer of a long-term care policy, excluding a nursing home fixed-indemnity policy; • An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two (2) or more employers; • The health care program for active military personnel under Title X of the United States Code; • The veterans health care program under 38 U.S.C. chapter 17; • The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) (as defined in 10 U.S.C. 1072(4)); • The Indian Health Service program under the Indian Health Care Improvement Act, 25 U.S.C. 1601, et seq.; • The Federal Employees Health Benefits Program under 5 U.S.C. 8902, et seq.; • An approved state child health plan under Title XXI of the Act, providing benefits for child health assistance that meet the requirements of section 2103 of the Act, 42 U.S.C. 1397, et seq.; • The Medicare + Choice program under Part C of Title XVIII of the Act, 42 U.S.C. 1395w-21 through 1395w-28; • A high risk pool that is a mechanism established under state law to provide health insurance coverage or comparable coverage to eligible individuals; • Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care (as defined in section 2791(a)(2) of the PHS Act, 42 U.S.C. 300gg-91(a)(2)); • <u>Health plan excludes:</u> • Any policy, plan, or program to the extent that it provides, or pays for the cost of, excepted benefits that are listed in section 2791(c)(1) of the PHS Act, 42 U.S.C. 300gg-91(c)(1); and • A government-funded program (other than the ones listed above) whose principal purpose is not providing or paying the cost of health care; or whose principal activity is the direct provision of health care to persons or the making of grants to fund the direct provision of health care to persons.
HHS	The Federal Department of Health and Human Services.
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act of 1996 A federal law that includes requirements to protect patient privacy, to protect security of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify providers.

Term	Definition
HIPP	Health Insurance Premium Payment
HME	Agency for Health Care Administration's (AHCA) Home Medical Equipment Unit
HPVR	HPE virtual room used for distance learning trainings, meetings and presentations.
hospitalist	A physician who specializes in treating hospitalized patients of other physicians in order to minimize the number of hospital visits by other physicians
HQA	Health Quality Assurance AHCA's bureau of Health Quality Assurance and Managed Care Administration.
HTML	Hypertext Markup Language A standardized computer language for displaying information in Web browser screens across various operating systems and platforms.
I	
ICD-9-CM	International Classification of Disease, Ninth Edition, Clinical Modification A classification and coding structure of diseases used by the state and healthcare community to describe patients' conditions and illnesses and to facilitate the collection of statistical and historical data.
ICD-10	International Classification of Disease, Tenth Edition A classification and coding structure of diseases used by the state and healthcare community to describe patients' conditions and illnesses and to facilitate the collection of statistical and historical data.
ICF/DD	Institutional Care Facility for the Developmentally Disabled
ICN	Image Control Number A unique serial number applied to each imaged document stored in FMMIS. Several ICNs may be associated with a single Transaction Control Number and non-claim documents may have an ICN as their sole control number.
ICP	Institutional Care Program
ICR	Intelligent Character Recognition (ICR) scanning technology
ID	Identification number
IEVS	Income Eligibility Verification System
IG	Inspector General's Office (State of Florida)
immediately	Within one (1) hour
IMS	Issue Management System
individual	The person who is the subject of protected health information.

Term	Definition
individually identifiable health information (IIHI)	<ul style="list-style-type: none"> Is a subset of health information, including demographic information collected from an individual, and: Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and <p>Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.</p>
intermediary	Private insurance organization under contract with the federal government handling Part A Medicare claims.
internal stakeholders	All persons on the project team with an interest in the outcome of the project, including the Gainwell Implementation Team, state and fiscal agent staff, contractors
IQIM	Integral Quantitative Information Measure
IQIR	Incoming Quality Inspection Rejection
IQIS	Inpatient Quality Indicators
IRS	Internal Revenue Service (Federal)
ISDM	Information Systems Development Methodology A formal process to organize, execute, and document the development of information systems projects, approved by the State to manage the work and produce artifacts appropriate to the platforms being used for development.
ISO 9002:200	International Organization for Standardization
IT	Information Technology Any equipment, or interconnected system(s) or subsystem(s) used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the Agency. IT includes computers, ancillary equipment, software, firmware, and similar procedures, services (including support services), and related resources.
iTRACE	information Tracking Repository And Collaboration Exchange in FMMIS
J	
J2EE- JAVA 2 PLATFORM, ENTERPRISE EDITION or J2EE	A standard for developing distributed Multi-tier architecture applications, based on modular components running on an application server. It uses several technologies, including JDBC and CORBA, and extends their functionality with Enterprise Java Beans, Java Servlets, Java Server Pages, and XML technologies.
JAD	Joint Application Design

Term	Definition
JCA - J2EE CONNECTOR ARCHITECTURE	A standard that allows J2EE (Java 2 Platform, Enterprise Edition) application servers to reach enterprise information systems (EIS).
JIL	Job Information Language
JMS -	Java Message Service - API is a messaging standard that allows application components based on the Java 2 Platform, Enterprise Edition (J2EE) to create, send, receive, and read messages. It enables distributed communication that is loosely coupled, reliable, and asynchronous.
Jukebox	A device that holds multiple optical discs and one (1) or more disc drives, and can swap discs in and out of the drive as needed. The robotics mechanism, in simple terms, works just like a CD auto-changer. The optical disk is a “once write multiple reads” compact disc.
L	
LAN	Local Area Network Backbone and Network Servers
law enforcement official	An officer or employee of any agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, who is empowered by law to: 1. Investigate or conduct an official inquiry into a potential violation of law; or 2. Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.
LEIE	List of Excluded Individuals and Entities
LicenseEase	A new facility licensure system in 2002, which replaced FRAES. It manages all phases of licensing, including complaint, inspection, legal cases, and revenue management. This system also handles MediPass credentialing.

Term	Definition
limited data set	Is protected information that excludes the following direct identifiers of the applicant/beneficiary or of his or her relatives, employers, or household members: <ol style="list-style-type: none"> 1. Names; 2. Postal address information, other than town or city, state, Zip Code; 3. Telephone numbers; 4. Fax numbers; 5. Electronic mail addresses; 6. Social Security numbers; 7. Medical record numbers; 8. Health plan beneficiary numbers; 9. Account numbers; 10. Certificate/license numbers 11. Vehicle identifiers and serial numbers, including license numbers; 12. Device identifiers and serial numbers; 13. Web Universal Resource Locators (URLs); 14. Internet Protocol (IP) address numbers; 15. Biometric identifiers, including finger and voice prints; and 16. Full face photographic images and any comparable images.
LMS	Learning Management System
Lock-in	An FMMIS function in which a Medicaid recipient receives certain benefits from a single, identified source. Lock-in is most used in Pharmacy Benefits Management to require a potentially abusive recipient to pick up prescriptions at a certain pharmacy only. Lock-in is used in managed care to require a recipient to receive care through a certain MC or service network for a set period of time.
LTC	Long Term Care
M	
MACRA	Medicare Access and CHIP Reauthorization Act
Managed Care (MC)	Systems of care designed to improve recipients' access to health care and continuity of care, while reducing the overall costs of care.
MAC	Maximum Allowable Cost
MAPIR	Medical Assistance Provider Incentive Repository

Term	Definition
marketing	<p>To make a communication about a product or service, a purpose of which is to encourage recipients of the communication to purchase or use the product or service. Marketing <u>excludes</u> a communication made to an individual:</p> <ul style="list-style-type: none"> • To describe the entities participating in a health care provider network or health plan network, or to describe if, and the extent to which, a product or services (or payment for such product or service) is provided by a covered entity or included in a plan of benefits; • For treatment of that individual; or • For case management or care coordination for that individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to that individual.
MARS	Management and Administrative Reporting Subsystem
MB	Megabyte
MBI	Medicare Beneficiary Identifier
MCM	Medicaid Contract Management (now known as Medicaid Fiscal Agent Operations or MFAO)
MCO	<p>Managed Care Organizations</p> <p>Specific to Florida Medicaid, these organizations include the current and future MC plans. It is expected that the number and type of Florida Medicaid MCOs will continue to grow.</p>
MCU	Managed Care Updates
MDS	Minimum Dataset
Medicaid	The federal medical assistance program as described in Title XIX of the Social Security Act.
Medicaid program	See Benefit Plans and Assignment Plans.
Medicaid Information Technology Architecture	MITA. An initiative by the federal Centers for Medicare and Medicaid Services to modernize Medicaid Management Information Systems operated by the Agency by promoting greater interoperability with other systems, use of Commercial-Off-The-Shelf software, reusable programs and systems, and system analysis that allows business needs to drive system development.
Medicaid Reform	Proposed reform efforts to contain the cost of the Medicaid program in Florida.
Medicare	The federal health care program as described in Title XVIII of the Social Security Act. Part A covers hospitalization and Part B covers medical insurance.
MEDP	SMMC aid category for enrollees with Medicaid Pending – The individuals who apply for the LTC Program in order to receive home and community-based services and who meet medical eligibility requirements. These individuals can choose to receive services before being determined financially eligible for Medicaid by the Department of Children and Families.

Term	Definition
MediPass	Medicaid Physician Access System A Medicaid primary care case management program designed to assure adequate access to primary care, reduce inappropriate utilization, and control program costs.
MEDS-AD	Medicaid for Aged or Disabled
MEUPS	Medicaid Enterprise User Provisioning System
MEVS	Medicaid Eligibility Verification System
MFAO	Medicaid Fiscal Agent Operation, formerly Medicaid Contract Management (MCM)
MFCU	Medicaid Fraud Control Unit A section under the Florida Attorney General that investigates potential Medicaid fraud and abuse.
Mhz	Megahertz
milestone	The measuring point used to review and approve progress, to authorize continuation of work, and, depending on the terms of the contract, to pay for work completed.
“Minimum Necessary Required”	Limiting the use of disclosure of PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. In other words, you only have access to the minimum amount of PHI necessary to perform your defined work function.
MIS	Managed Information System
MITA	Medicaid Information Technology Architecture
mitigation plan	An action taken to reduce or eliminate the probability and impact of an identified risk before it occurs.
MMA	Medicare Prescription Drug, Improvement, and Modernization Act of 2003
MMA	Managed Medical Assistance
MMIS	Medicaid Management Information System Medicaid claims processing and information system.
MM P code	The three-letter code used to identify women eligible for Medicaid due to pregnancy.
modification	Routine FMMIS system changes that are identified throughout the life of the contract, documented on the Customer Service Request (CSR) form, and submitted to the contractor for design, programming, and implementation.
MO	Model Office
MOU	Memorandum of Understanding
MPI	Medicaid Program Integrity Unit responsible for Fraud and Abuse Detection under the Inspector General’s Office.
MPN	Minority Physician Network
MQC	Medicaid Quality Control

Term	Definition
MS	SSI Medicaid For SSI Direct Assistance Recipients
MSAS	Medicaid Service Authorization System Agency-developed tracking system for handling all service authorizations. Medicaid Field Offices use this system to track all requested and approved service authorizations.
MSC	Management Steering Committee
N	
NACOS	Network Access Control Online System. Creates online or batch requests for any request for CA-ACF2, RACF, VM:SECURE, and TOP SECRET security platform applications.
NCCI	National Correct Coding Initiative
NCPDP	National Council of Prescription Drug Programs
NDC	National Drug Code
nominated risk	A team member or stakeholder has suggested that a possible risk be considered, but the risk committee has not yet accepted this as a risk item; the risk item is tentatively entered into the Risk Identification Log.
NEO Book	New Employee Orientation book
NET	Non Emergency Transportation service
NIC	Network interface card
NPDB	National Practitioner Database
NPI	National Provider Identifier
NPES	National Plan and Provider Enumeration System
NPS	National Provider System
O	
OCR/ICR	Optical Character Recognition (OCR)/Intelligent Character Recognition (ICR) scanning technology
OIG	Office of Inspector General

Term	Definition
organized health care arrangement	<ul style="list-style-type: none"> • A clinically integrated care setting in which individuals typically receive health care from more than one (1) health care provider; • An organized system of health care in which more than one (1) covered entity participates, and in which the participating covered entities hold themselves out to the public as participating in a joint arrangement and participate in joint activities that include at least one (1) of the following: <ul style="list-style-type: none"> o Utilization review, in which health care decisions by participating covered entities are reviewed by other participating covered entities or by a third party on their behalf; o Quality assessment and improvement activities, in which treatment provided by participating covered entities is assessed by other participating covered entities or by a third party on their behalf; or o Payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating covered entities through the joint arrangement and if protected health information created or received by a covered entity is reviewed by other participating covered entities or by a third party on their behalf for the purpose of administering the sharing of financial risk. • A group health plan and a health insurance issuer or MC with respect to such group health plan, but only with respect to protected health information created or received by such health insurance issuer or MC that relates to individuals who are or who have been participants or beneficiaries in such group health plan; • A group health plan and one (1) or more other group health plans each of which are maintained by the same plan sponsor; or • The group health plans described above and health insurance issuers or MCs with respect to such group health plans, but only with respect to protected health information created or received by such health insurance issuers or MCs that relates to individuals who are or have been participants or beneficiaries in any of such group health plans.
OIR	Office of Insurance Regulation
online	Interaction between a user operating a cathode ray tube (CRT), personal computer, or point of service (POS) device to send and receive information on a video display via a telecommunications network to a central computer processing unit (CPU).
OSCAR	<p>Online Survey Certification and Reporting</p> <p>The federal file which contains CLIA certified providers and their classifications. The interface loads and verifies the CLIA provider number, status, and specialties for which a provider is approved and can deny claims based upon CLIA specialties and subspecialties found on the OSCAR file.</p>

Term	Definition
overpayment	Payment made to a provider in excess of the amount allowed under the Medicaid State Plan guidelines.
P	
PAG	Physician Advocacy Group
paid claim	A claim that has resulted in the provider being reimbursed for some dollar amount or a zero paid amount.
password	Refers to confidential authentication information composed of a string of characters.
payment	<p>The activities that relate to the individual to whom health care is provided undertaken by:</p> <ul style="list-style-type: none"> • A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or • A health care provider or health plan to obtain or provide reimbursement for the provision of health care. • Payment activities include, but are not limited to: • Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts); • Adjudication or subrogation of health benefit claims; and • Risk adjusting amounts due based on enrollee health status and demographic characteristics; • Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing; • Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; and • Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services.
PBM	Pharmacy Benefit Management
PCCM	Primary Care Case Management
PCP	Primary Care Physician or Primary Care Providers
PDCS	<p>Prescription Drug Card System</p> <p>Claims processing system used by the incumbent fiscal agent to process all pharmacy claims with nightly data passed to FMMIS (same as PBM)</p>
PDHP	Prepaid Dental Health Plan
PDL	Preferred Drug List
PECC	Provider Enrollment Call Center
PECOS	Provider Enrollment Chain and Ownership System

Term	Definition
PES	Provider Electronic Solutions Proprietary MS Windows-based software distributed free of cost to FL Medicaid providers to enable them to submit electronic claims by batch.
personal representative	A person who manages the legal affairs of another, such as a power of attorney or executor.
PHI	See Protected Health Information
PHP	Prepaid Health Plan
PHS	Public Health Service
PII	Personally Identifiable Information
PITR	Point in Time Restore
PMA	Public Medical Assistance
PMATF	Public Medical Assistance Trust Fund
PMBOK™	Project Management Body of Knowledge A library of project management skills, tools, and standards used by the Project Management Institute to measure and certify Project Management Professionals.
PMHP	Prepaid Mental Health Program A waiver program to capitate costs of certain mental health services currently operated in two (2) AHCA areas.
PMI	Project Management Institute A body that certifies Project Management Professionals
PMI PMBOK	Project Management Institute Project Management Body of Knowledge
PML	Provider Master List
PMO	Project Management Office
PMP	Project Management Professional or Primary Medical Provider
POA	Power of Attorney
POS	Place of Service Sometimes used to mean “Point of Sale” for Pharmacy.
Premium	A dollar amount a person has to pay for insurance coverage.
Pride	Pride Enterprises, a State vendor that processes mail.
prime contractor	A contractor who contracts directly with the state for performance of the work specified in this RFP.
prioritized risk	A risk that has been evaluated for probability of occurrence, potential impact, and risk exposure calculated leading to assigning a priority based on risk exposure
PRO	Peer Review Organization

Term	Definition
procurement library	The collection of FMMIS documentation, provider policy manuals, and general information related to the Florida Medicaid program and the Florida MMIS.
proDUR	Processing and prospective drug utilization review
Program code	See Aid Categories.
project level risk	A risk that can have a global impact on the project
Protected Health Information (PHI)	<p>Protected health information (PHI) is the individually identifiable health information that is communicated in the following ways:</p> <ul style="list-style-type: none"> • Transmitted by electronic media, which includes Internet, Extranet, leased lines, dial-up lines, private networks, magnetic tape, disk, or compact disc (45 CFR 162.103); • Maintained in any electronic media; or • Transmitted or maintained in any other form or medium, which include oral communication or paper. <p>This definition <u>excludes</u> individually identifiable health information in:</p> <ul style="list-style-type: none"> • Education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232g; • Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and • Employment records held by a covered entity in its role as employer.
provider	A person, organization or institution that provides health care related services and is enrolled in the Florida Medicaid program.
provider class	An extrapolation of provider type, category of service, geographic location and other factors that specify the characteristics used to distinguish different kinds of providers in the system.
provider handbook	Provider manuals that contain the state's program specific coverage, limitation, and reimbursement policies.
Provider Field Services Representatives	The Provider Field Services Representatives are responsible for assisting providers through onsite visits and education activities, handling telephone and written inquiries, resolving problem claims, and communicating provider issues to Gainwell management and AHCA.
PSCC	Provider Services Call Center
PSN	<p>Provider Service Network</p> <p>A network of providers under separate contract to provide services to a list of Medicaid recipients and share in cost-savings for efficient patterns of care.</p>

Term	Definition
psychotherapy notes	Notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
Public Health Authority	Is an agency or authority of the United States, a state, a political subdivision of a state or territory, an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of the public agency or its contractors, persons, or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.
Q	
QA	Quality Audit
QII	Qualified Individual 1 A category of Medicaid in which the only service the recipient is eligible for is to have their Part B Medicare premium paid. This category was previously known as PBMO.
qualified risk	An urgent priority, high priority or medium priority risk, requiring a risk response plan.
R	
RA	Remittance Advice The statement mailed to a provider detailing the claim charges pending, paid, or denied. A summary of payments produced by FMMIS along with provider reimbursement. RAs are sent to providers along with checks or EFT.
RAID	Redundant Arrays of Independent Disks
RAM	Random Access Memory
RBRVS	Resource Based Relative Value Scale
recipient	A person who has been determined to be eligible for assistance in accordance with the state plan(s) under Title XIV and Title XIX of the Social Security Act, Title V of the Refugee Education Assistance Act, and/or Title IV of the immigration and Nationality Act.
record	Any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.
reimbursement handbook	Provider manuals that contain billing instruction for reimbursement by Florida Medicaid.

Term	Definition
rejected claim	A claim that contains errors found during screening, such as missing provider ID or other key data elements, or has some conflicting information that will impede the proper adjudication through the automated system. Such claim is returned to the responsible provider without entering it into FMMIS.
Relates to the Privacy of Individually Identifiable Health Information	With respect to a state law, that the state law has the specific purpose of protecting the privacy of health information or affects the privacy of health information in a direct, clear, and substantial way.
Remittance Advice (RA)	The statement mailed to a provider detailing the claim charges pending, paid, or denied. A summary of payments produced by FMMIS along with provider reimbursement. RAs are sent to providers along with checks or EFT.
Remittance Voucher	The statement mailed to a provider detailing the claim charges pending, paid, or denied. A summary of payments produced by MMIS along with provider reimbursement. RVs are sent to providers along with checks or EFT.
Replacement Medicaid System	FMMIS The term used in this RFP to describe the new system that the contractor is to develop for the State of Florida; the system must be certifiable as meeting the requirements of Section 1903(r) of the Social Security Act.
Required by Law	A mandate contained in law that compels a covered entity to make a use or disclosure of protected health information and that is enforceable in a court of law. The HIPAA definition includes, but is not limited to: <ul style="list-style-type: none"> • Court orders and court-ordered warrants; • Subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; • Acivil or an authorized investigative demand; • Medicare conditions of participation with respect to health care providers participating in the program; and • Statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits. <p>Note: In order for Medicaid protected information to be disclosed, even if required by law as defined above, the disclosure must be allowable under the federal Medicaid regulations.</p>
research	A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
Residual Risk	Risk remaining after a risk mitigation action has been implemented.
RetroDUR	Retroactive Drug Utilization Review

Term	Definition
RFP	Request for Proposal The document that describes to prospective proposers the requirements of the fiscal agent, FMMIS, terms and conditions and technical information.
risk	A risk is an uncertain event or condition that, if it occurs, has a positive or negative effect on the project objective.
risk management	Systematically thinking about potential negative outcomes before they happen and setting up processes that will avoid them, minimize their impact, or help you cope with their impact.
risk management log	A centralized repository for documenting and tracking project risks
RMP	Risk Management Plan
ROPA	Referring, Ordering, Prescribing, and Attending Providers
RPICC	Regional Perinatal Intensive Care Center
RRB	Railroad Retirement Board
RTD	Return to District
RTP	Return to Provider
RTS	Return to Submitter
S	
SBI	Split Billing Indicator
scope of work	A document prepared by the requestor and included in the requisition package, which delineates and fully describes the service to be performed or the required end result.
SCRUB	Remove an EFT record from the weekly payment file, essentially voiding the payment.
SDLC	Systems Development Life Cycle
SDX	State Data Exchange System The Social Security Administration's method of transferring SSI entitlement information to the state via tape.
SE	Systems Engineer
Secretary of HHS	Refers to the Secretary of Health and Human Services or any other officer or employee of HHS to whom the authority involved has been delegated.
service authorization	The approval required from a designated authority for reimbursement of certain Medicaid services.
SIXT	SMMC Aid category for enrollees who have lost Medicaid eligibility for up to sixty days from the date of ineligibility. The SIXT aid category allows recipient coverage to continue during loss of eligibility.
SLA	Service Level Agreement Refers to contractual requirements with the client.
SLC 3	System Life Cycle
SMA	State Medicaid Agency

Term	Definition
SMAC	State Maximum Allowable Cost
small health plan	A health plan with annual receipts of \$5 million or less.
SLMB	Special Low-income Medicare Beneficiaries A category of Medicaid where the only service the recipient is eligible for is to have their Part B Medicare premium paid.
SME	Subject Matter Expert
SMMC	Statewide Medicaid Managed Care
SOA	Service Oriented Architecture
SOAP	SOAP (Standard Object Access Protocol) A light-weight protocol for exchanging messages between computer software, typically in the form of software componentry. The word object implies that the use should adhere to the object-oriented programming paradigm.
SOLQ	State Online Query
source systems	Systems or data files outside FMMIS that supply data to FMMIS to be used in various business processes. There are many source systems, including the FLORIDA System operated by the Department of Health, BENDEX, and SSX data from the Social Security Administration.
spenddown	The Medically Needy program requires that an individual incur medical expenses equal to his/her share of cost amount, a.k.a. spenddown amount, in order to become eligible for Medicaid. Medicaid is federally prohibited from reimbursing providers any portion of a recipient's spenddown amount; however, share of the cost information and medical expenses are currently tracked on the state's Medicaid eligibility system. Spenddown is the amount that a recipient pays before Medicaid will start reimbursing for the claims/services.
SQL	Structured Query Language
SSA	Social Security Administration The federal organizational unit within DHHS that determines eligibility for various federally-administered programs.
SSI	Supplemental Security Income
SSN	Social Security Number
SSNRI	Social Security Number Removal Initiative
standard	Refers to a rule, condition, or requirement describing the following information for products, systems, services, or practices with respect to the privacy of individually identifiable health information: <ul style="list-style-type: none"> • Classification of components; • Specification of materials, performance, operations; or • Delineation of procedures.

Term	Definition
Standard Setting Organization (SSO)	An organization accredited by the American National Standards Institute that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of, this part.
state law	A constitution, statute, regulation, rule, common law, or other state action having the force and effect of law.
statutes	Laws passed by Congress or a state legislature and signed by the President or the Governor of a state, respectively, that are codified in volumes called “codes” according to subject matter.
STF	States Termination File
subcontractor	Any entity contracting with the Prime Contractor to perform services or to fulfill any of the requirements requested in this RFP or any entity that is a subsidiary of the Prime Contractor that performs the services or fulfills the requirements requested in this RFP.
SURS	Surveillance and Utilization Review Subsystem Part of the current FMMIS but was replaced by a client service application and data mart in the DSS in 2001.
SVES	State Eligibility Verification System
system documentation	Documents that contain the technical description of the configuration, components and operation of FMMIS or DSS.
T	
T-MSIS	Transformed Medicaid Statistical Information System
TANF	Temporary Assistance for Needy Families
TCN	Transaction Control Number An internal control number assigned to each claim as the fiscal agent for processing receives it. The TCN is used in both FMMIS and PBM and is different in PBM.
TDD	Technical Design Document, includes technical aspects of FMMIS technical areas as documented on iTRACE.
TFAL	Technical Functional Area Lead
TPA	Third Party Administrator
TPL	Third Party Liability A situation in which a claim submitted as a result of an accident or injury where another individual or organization may be responsible for payment or in which a recipient has health insurance resources other than Medicaid or Medicare which are responsible for at least partial payment of a claim. The TPL Subsystem identifies claims where liability potentially exists. TPL includes private healthcare carriers, Medicare, and other third party resources of Medicaid recipients, and ensures that Medicaid is the payer of last resort.

Term	Definition
trading partner	Is an external entity, such as a third party insurer, with whom the covered entity does business (in contrast, a business associate is an entity that performs certain business functions for a covered entity). The same entity can be a Medicaid trading partner for some purposes and a Medicaid business associate for other purposes.
treatment	The provision, coordination, or management of health care and related services by one (1) or more health care providers, including: <ul style="list-style-type: none"> • The coordination or management of health care by a health care provider with a third party; • Consultation between health care providers relating to a patient; or • The referral of a patient for health care from one (1) health care provider to another.
TRICARE	The US Government program that provides insurance to military dependents and retirees. (Previously known as CHAMPUS)
trigger (PMI definition)	A trigger is a symptom or warning sign indicating that a risk has occurred or is about to occur. Some triggers may be more serious or indicative than others.
U	
UAT	User Acceptance Testing
UCF	Universal Claim Form The NCPDP standard paper claim form for pharmacy claims.
UPIN	Unique Provider Identification Number.
use	With respect to individually identifiable health information means the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information
Use case	Use cases define the user's interaction with FMMIS.
user	Any individual or a group identified by the state as the persons authorized to use all or parts of FMMIS functions. A user could also be a DSS User.
V	
vendor	Any responsible source that provides a supply or service.
W	
WAN	Wide Area Network Connection between two (2) local area networks (LANs).
WBS	Work Breakdown Structure A detailed plan used to complete and track a project. The WBS identifies every task in the project, estimates time and resource requirements, identifies predecessor and successor tasks, identifies the critical path, and is used to compare to actual project performance.
WebEx	Online training environment (distance learning tool) as of 4/1/2017.

Term	Definition
Work Product Review	WPR. The review conducted by QA reviewer, owner/author, and appropriate specialists prior to submission of a document to the State for approval.
workday	A day scheduled for regular state of Florida employees to work, Monday through Friday except holidays observed by regular state of Florida employees. Time frames in the Request for Proposal (RFP) requiring completion with a number of workdays shall mean by 5:00 p.m. Eastern Time on the last workday.
WSM	Web Services Manager
X	
XML	Extensible Markup Language Designed to improve the functionality of the Web by providing more flexible and adaptable information identification. XML is actually a meta language-a language for describing other languages-which allows users to design their own customized markup languages for limitless different types of documents.
XSL/XSLT	(XSL) Extensible Style sheet Language (XSLT) Extensible Style sheet Language Transformations A language for transforming XML documents into other XML documents. XSLT is designed for use as part of XSL, which is a style sheet language for XML. In addition to XSLT, XSL includes an XML vocabulary for specifying formatting. XSL specifies the styling of an XML document by using XSLT to describe how the document is transformed into another XML document that uses the formatting vocabulary.

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