



# **Florida Department of Health**

## **Early Steps Data System (ESDS)**

### **References, Glossary, and Contact Information**

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## 1 Introduction

### **Document Structure**

This document has the following sections.

1. Glossary
2. References
3. Contact Information

## 2 Glossary

Term/Acronym	Definition/Meaning
<b>835</b>	835 - Health Care Claim Payment - also known as an Electronic Remittance Advice (ERA). It is the electronic transaction that provides claim payment information and documents the EFT (electronic funds transfer). An 835 is sent from insurers to the healthcare provider. Similar to an 837, they also provide information about the healthcare services being paid for. This includes data like what medical treatment is being paid for and if it has been reduced or changed in the time between when the 835 remittance file was sent out. Furthermore, it also includes insurance information about deductibles, co-pay amounts, splitting of healthcare claims, co-insurers, and bundling.
<b>837</b>	837 - The 837 file is a HIPAA form utilized by healthcare organizations and medical providers to communicate healthcare claims. Also known as EDIs, they are essentially electronic files that contain information about an electronic claim. They are “electronic” because the file is submitted to an insurance provider in lieu of a paper claim. The 837 file includes insurance claim data. The complication is that 837 files may contain not just one claim but multiple from the hospital to the payor. The 837s will include information that details aspects of patients’ treatment, including medical services provided, cost of treatment, and additional adjustments. Finally, the 837s will consist of the actual claim amount.
<b>837-P</b>	ASC X12 – Health Care Claim: Professional (837). Subtype of 837 specifically for Providers that work outside of a hospital system.
<b>AHCA</b>	Florida Agency for Health Care Administration (a Medicaid agency)
<b>CERT</b>	Certification Environment
<b>CHC</b>	Change Healthcare Clearinghouse used by Florida to interact with insurers who cover claims for EI services. The clearinghouse that acts as a proxy for insurers. CHC forwards requests from <i>Subscriber</i> to the <i>Payer</i> and forwards the responses made by the <i>Payer</i> .
<b>Claim</b>	A claim is a bill that a healthcare provider submits to an insurance provider. The bill contains the details of what needs to be paid.
<b>COB</b>	Coordination of Benefits. Adjudication by insurers of payment for services a medical provider has made a claim on. Can involve negotiation between multiple insurers.
<b>COS</b>	Child Outcomes Summary - The Child Outcomes Summary (COS) summarizes information on a child's functioning
<b>COTS</b>	Commercial Off-The-Shelf (Application)

Term/Acronym	Definition/Meaning
<b>CPT</b>	Current Procedural Terminology codes (codes to track services provided to a child)
<b>Dashboard</b>	Dashboards provide an opportunity to give users critical insights into their assignments, task priority, and the overall team’s metrics. Dashboards provide a simple, single-view of cases and information within ESDS, supporting both analytics for enterprise planning (e.g. throughput, measurement of progress against key performance milestones, etc.) and information related to automating daily operations (e.g. worklists and daily assignments).
<b>DOE</b>	Department Of Education
<b>DFI</b>	Depository Financial Indicator
<b>DME</b>	Durable Medical Equipment
<b>DoH or DOH</b>	Department of Health (Florida)
<b>Early Steps (ES)</b>	Florida’s comprehensive, multidisciplinary, community based, family-focused system that provides a coordinated system of early intervention services for infants and toddlers with a developmental delay or an established condition which may result in a delay. This umbrella program has three components: The Developmental, Evaluation and Intervention (DEI) Program, the IDEA, Part C Program, and services provided.
<b>EDI</b>	EDI is similar to XML: a data format, with entire families of associated schemas, including X12. It was designed in an era where storage per character was considerably more limited and is much more compressed (and consequently less human readable) than XML.
<b>EHR or EMR</b>	An Electronic Health Record (EHR) / Electronic Medical Record (EMR) is a comprehensive, digital system used to store, manage, and share patients' health information in real time across different healthcare settings, ensuring secure and efficient access to patient data for authorized users.
<b>EI</b>	Early Intervention
<b>EOB</b>	Explanation of Benefits. A summary of medical benefits provided by an insurer to a subscriber or patient. Sent by a medical provider to insurer when making a claim of payment for services.
<b>ERA</b>	Electronic Remittance Advice
<b>ESDS</b>	Early Steps Data System - ( <i>Casetivity</i> -EI implementation for Florida Early Steps program)
<b>ESSO</b>	Early Steps State Office - (Florida’s Department of Health Early Intervention head office)

Term/Acronym	Definition/Meaning
<b>Federal Reports</b>	A report submitted to a federal agency such as OSEP (Office of Special Education Programs) that are often required to show compliancy with federal regulations. The information provided in these reports may include demographic information, use of federal funding or performance of the program.
<b>Fiscal Reports</b>	A report used to extract data on various items related to finances including capturing of claims for payment by Part C or providing information related to billing the activities of the children in the Early Steps program.
<b>HIPAA</b>	Federal Health Insurance Portability and Accountability Act.
<b>ICD-10</b>	Classification system of diagnosis codes representing conditions and diseases, related health problems, abnormal findings, signs and symptoms, injuries, and external causes of injuries and diseases
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IFSP</b>	Individualized Family Service Plan or Individualized Family Support Plan
<b>Independent Contractor</b>	A provider who offers specialized services to children with developmental delays or disabilities. The provider operates as an independent contractor, meaning they are not an employee of the agency but provide services under the terms specified in the contract.
<b>Insurance</b>	Any company or organization that provides insurance. They are the actual <i>Payers</i> .
<b>ITDS</b>	Infant and Toddler Developmental Specialist (ITDS)
<b>JAD</b>	Joint Application Development
<b>JSON</b>	JavaScript Object Notation
<b>LEA</b>	Local Education Agency
<b>LES</b>	Local Early Steps Program
<b>LSM</b>	Local (Early Steps Program) System Manager
<b>Menu</b>	Set of options that appear at the top of the screen and allow the user to navigate to an area of the application.
<b>MMA</b>	Managed Medical Assistance
<b>Monthly Packet</b>	A set of reports run monthly that provide an overview of the personnel, caseload and other information for the LES.
<b>MOVEit</b>	Florida Department of Health Enterprise Managed File Transfer
<b>MQA</b>	Medical Quality Assurance
<b>NESF</b>	Natural Environment Support Fee (Items needed in the home for the child, daycare, and park fees)
<b>NPI</b>	National Provider Identifier (standard). Unique ID for covered health care providers.

Term/Acronym	Definition/Meaning
<b>O&amp;M</b>	Operations and Maintenance
<b>OSEP</b>	Office of Special Education Programs
<b>Other Payer</b>	Information about payers and claims needed for the coordination of benefits prior to ESSO.
<b>PAC</b>	Parent Access Code
<b>Part C</b>	Medicare health plan
<b>Part C of IDEA</b>	Early Intervention for infants and toddlers
<b>Payer</b>	Insurance organization that makes payment on a claim. Can be either a private insurer or Medicaid.
<b>Personalized Reports</b>	Also known as Personalized Reports. Reports that are customized to provide specific information not covered in a standard report. The reports include default search parameters, custom columns and sorting. They are only visible and accessible to the user who created it.
<b>PML</b>	Provider Master List
<b>PMP</b>	Project Management Plan
<b>Previous payer</b>	Payers who have processed the claim prior to it being submitted to ESDS. These include private insurances and, where applicable, Medicaid.
<b>Provider</b>	Individual or organization providing care to a child and making claims for services provided.
<b>RAID</b>	Risks, Action Items, Issues, Decisions (tracking document)
<b>Report</b>	A report is a structured presentation of data, extracted and compiled from the system's database, designed to convey information in a clear and organized manner. Reports are used to analyze, summarize, and visualize data, providing insights and supporting decision-making processes.
<b>RFQ</b>	Request for Quote (procurement mechanism)
<b>ROPA</b>	Referring, Ordering, Prescribing, Attending Provider (ROPA)
<b>RPA</b>	Revenue Process Advisor. A service provided by Change Health Care providing claims management among other things.
<b>RTM</b>	Requirements Traceability Matrix
<b>SDLC</b>	Software Development Life Cycle
<b>Security Role</b>	A user role represents a specific set of tasks or responsibilities assigned to a group of users within an application. User roles streamline system permissions by grouping users according to their job functions and predefining permissions related to that group's specific tasks or responsibilities. Permissions allow these groups of users to access and perform specific tasks within the system such as viewing data or modifying records, while also ensuring system actions are HIPAA compliant and auditable.
<b>Service Line</b>	Claims detail of a specific provided service



Term/Acronym	Definition/Meaning
<b>SFTP</b>	Secure File Transfer Protocol
<b>SME</b>	Subject Matter Expert
<b>SOC2 Type 2 (II)</b>	Service Organizational Control, as developed by the American Institute of CPAs (AICPA), that outlines the criteria for managing client data using 5 “trust service principles”: Security, Availability, Processing, Confidentiality and Privacy. Type II refers to the higher level of demonstrated operational compliance.
<b>SSG</b>	Strategic Solutions Group (vendor/system host provider)
<b>Standard Extract</b>	A set of standardized data elements collected that provides information for use in reporting or analysis.
<b>Subscriber</b>	Person who has insurance that covers a child for Early Steps service(s). This is most commonly the parent or guardian of the child but may be the child directly, depending on the insurer. The overall transaction data flow is the same in either case.
<b>Task</b>	Activity that can be assigned to a user.
<b>TIN</b>	Tax Identification Number
<b>TCM</b>	Targeted Case Management - it is Service Coordination.
<b>TCON</b>	Transition Conference
<b>TED</b>	Task Expectation Document
<b>TPC</b>	Transition Planning Conference
<b>UAT</b>	User Acceptance Testing
<b>UF</b>	University of Florida (legacy Early Steps Data System)
<b>WBS</b>	Work Breakdown Structure
<b>X12</b>	ANSI standardization committee that developed EDI and hundreds of EDI transaction sets and XML schemas used in government and industry. Of particular relevance is the X12N subcommittee, which maintains the EDI standard for insurance, including public and private health care insurance.

El Application Terms	Definition
<b>Activity</b>	Services that are occurring for the child.
<b>Ad-hoc Tasks</b>	Unanticipated or unplanned activities that users need to complete.
<b>Annual IFSP (Annual Review Evaluation of IFSP)</b>	A face-to-face annual review of a child's development in all domains, including review of existing evaluations and assessments from community providers and a determination of continuing eligibility.
<b>Anonymous User</b>	A non-authenticated user who submits data to the EI application
<b>Application</b>	The Early Steps Data System

EI Application Terms	Definition
<b>Assessment</b>	The ongoing multidisciplinary procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the child's unique strengths and needs and the services appropriate to meet those needs. An initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.
<b>Attribute Security</b>	Security on an entity that is applied based on properties or attributes of the user and the applicable entity.
<b>Button</b>	An area of the screen for the user to click to indicate that they want to take an action.
<b>Case Type</b>	Workflow or process.
<b>Case Instance</b>	An instance of a case type.
<b>Catchment</b>	The specific cities and towns for which an Early Intervention program is certified to provide services for.
<b>Client</b>	Child who has been referred to EI.
<b>Contact Note</b>	Documents a visit / interaction with the family. Includes both billing information (service log) as well as clinical notes (progress note).
<b>Continuous Operation of the ESDS and Maintenance</b>	A stage in the software development life cycle after implementation and stabilization where maintenance of software can include software upgrades, repairs, and fixes of the software if it breaks.
<b>Crosswalk</b>	A table that maps data from one set of values to another.
<b>Dashboard</b>	Home screen(s) for users to have easy access to task/reports/key metrics etc. Dashboards provide an opportunity to give users critical insights into their assignments, task priority, and the overall team's metrics. Dashboards provide a simple, single-view of cases and information within the System, supporting both analytics for enterprise planning (e.g. throughput, measurement of progress against key performance milestones, etc.) and information related to automating daily operations (e.g. worklists and daily assignments).
<b>Data Migration</b>	The process of selecting, preparing, extracting, and transforming data and permanently transferring it from one computer storage system to another. Additionally, the validation of migrated data for completeness and the decommissioning of legacy data storage are considered part of the entire data migration process.
<b>Disposition</b>	For Florida, disposition is when the child leaves the Early Steps program. (A Disposition Date and Disposition Reason refer to the date the child was discharged from Early Steps and the reason they were discharged.)
<b>Early Steps</b>	A comprehensive, multidisciplinary, community based, family-focused system that provides a coordinated system of early intervention services for infants and toddlers with a developmental delay or an established condition which may result in a delay. This umbrella program has three components: The Developmental, Evaluation and Intervention (DEI) Program, the IDEA, Part C Program, and services provided

EI Application Terms	Definition
<b>Early Steps Data System (ESDS)</b>	The software designed to satisfy the Division of Children’s Medical Services, Bureau of Early Steps and Newborn Screening’s core business and operational processes.
<b>Early Steps State Office (ESSO)</b>	A bureau under Children’s Medical Services within the Florida Department of Health that oversees a statewide, coordinated system of early intervention services for infants and toddlers with developmental delays or established conditions.
<b>Eligibility Determination</b>	Status of whether or not a child meets the eligibility criteria required to receive Early Steps services.
<b>Enhancements and Modifications</b>	Modifications or improvements made to the ESDS software which improve performance or capacity of the software or which provide additional functions to the software. This includes changes or features that were not initially included during the discovery phase.
<b>Entity</b>	A person, organization, object type, or concept about which information is stored. Each entity maps directly to a database table and is basically a collection of fields that can be related to other entities in various ways.
<b>Early Steps Data System (ESDS) Development and Configuration</b>	A stage in the software development life cycle where the software development team turns product specifications and business requirements into code that creates the product.
<b>Evaluation</b>	The multidisciplinary procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for Early Steps, consistent with the definition of “infants and toddlers with disabilities”, including determining the status of the child in each of the developmental areas. An initial evaluation refers to the child’s evaluation to determine his or her initial eligibility.
<b>Event</b>	A scheduled visit with the family.
<b>Field</b>	An area on the screen where you can enter or view information.
<b>First Contacts</b>	This is the phase of the Early Steps process that occurs between referral and the initial evaluation/assessment, i.e., the first 44 days of a family’s involvement with Early Steps. The purpose of the First Contacts process is to gather information about the child and family in preparation for the evaluation and assessment and provide the family with information about Early Steps.
<b>IFSP Review</b>	A periodic review of the IFSP must be held at least every six months to determine the degree to which progress toward achieving the outcomes is being made; and whether modification or revision of the results, outcomes or early intervention services is necessary.
<b>Initial Contact</b>	The initial contact (most often a telephone call) is to occur within 5 working days of the referral. This is the first time an LES representative makes contact with the family to inform them that a referral has been received and advise them of next steps in the process.
<b>Initial Individualized Family Service Plan (IFSP)</b>	A written plan developed by a team to record the family’s outcomes for themselves and their child. It lists the early intervention services that will best help reach those outcomes and describes when, where, and how those services will be delivered. The initial IFSP meeting must occur within 45 days of receiving the referral.

EI Application Terms	Definition
<b>Interim IFSP</b>	A plan used in unique situations to serve as the vehicle for authorizing the initiation of early intervention services prior to the completion of evaluations, determination of eligibility and the development of the initial Individualized Family Support Plan.
<b>IV&amp;V</b>	Independent Verification and Validation (IV&V) is Verification and Validation activities performed by an agency that is not under the control of the organization that is developing the software.
<b>LEA/school district</b>	The Local Educational Agency is the local school district in which the child resides, which is responsible for the provision of Part B specially designed instruction and related services and has the option of serving infants and toddlers with an established condition or developmental delay, birth to age three, as an ES provider. In Florida, counties are equivalent with the school districts.
<b>Local Early Steps (LES) Office</b>	The local organization that contracts with Department of Health, Children's Medical Services to ensure provision of early intervention services in a designated geographic area and is responsible to fulfill federal, state and local policies in the implementation of services.
<b>MMA</b>	Managed Medical Assistance
<b>Organization</b>	An entity that serves as an overarching structure to which individuals can be associated. It is used in security to define and control access to records, determining what data users within the organization can access.
<b>Outcomes</b>	A statement of change that a family wants to see for their child or family as a result of their involvement in Early Steps.
<b>Print Template</b>	Similar to a mail merge, it is a document that can be generated via a child's enrollment record that is pre-populated with data from within the child's record
<b>Progress Note</b>	Clinical component of the contact note. Includes narrative details documented by the service provider.
<b>Project Initiation and Discovery</b>	The initial stage in the software development life cycle for research and planning during which all stakeholders in the development process determine the main goals of the project, the scope of work, deadlines, user experience expectations, and identify risks. It includes requirements gathering for all possible business and user needs, specifications and requirements.
<b>Referral</b>	Provision of information regarding a child who is potentially eligible for early intervention services through Early Steps due to possible developmental delay or established condition. A referral initiates a case in the EI Application.
<b>Role</b>	A user role represents a specific set of tasks or responsibilities assigned to a group of users within an application.
<b>Service Log</b>	The billing component of a contact note. Includes fields required for generating claims.

EI Application Terms	Definition
<b>SEA (State Agency)</b>	The State Educational Agency is the state-level organization responsible for overseeing educational policies, procedures, and the provision of services within the state. In the realm of early intervention, this often includes responsibilities related to programs or services for infants and young children (typically aged birth to three years) who have developmental delays or disabilities.
<b>System Design</b>	A stage in the software development life cycle where software developers define the technical details of the product.
<b>System Implementation</b>	A stage in the software development life cycle that is initiated after the system has been tested and accepted by the user. In this phase, the system is installed in the production environment to support the intended business functions and is brought into operation.
<b>System Stabilization (Post Implementation)</b>	A period of time after deploying a new system or major release to production where previously unknown issues are identified and rectified. Additionally, in this stage end users spend a period of time becoming proficient in the new release and eventually become comfortable as both the technology matures and their knowledge and comfort levels stabilize. The project team can provide support for user needs, assist with additional training, and rectify any defects that are discovered.
<b>Task</b>	Activity that can be assigned to a user.
<b>Training</b>	A stage in the software development life cycle where user trainings are provided.
<b>User</b>	User of <i>Casetivity</i> who logs into the system at particular organizations.
<b>User Acceptance Testing (UAT)</b>	Also called application testing or end-user testing, this is a phase of the software development life cycle in which the software is tested in the real world by its intended audience. UAT is often the last phase of the software testing process and is performed before the tested software is released to its intended market. The goal of UAT is to ensure software can handle real-world tasks and perform up to development specifications.
<b>Value Set</b>	Collection of lookup values (e.g. Drop-down list)

## 3 References

### Change HealthCare Guides

The following CHC RPA Companion Guides are included in the Functional Specifications > Reference Materials > [RPA Companion Guides](#) folder:

- Real-Time Transactions 5010 Companion Guide
- Automated Claims Testing Companion Guide
- Real Time System Interface Companion Guide
- File Transfer Protocols Companion Guide
- Electronic Remittance Advice Companion Guide
- Claim 837 Companion Guide
- 5010 Claims 837 Companion Guide Setup

### API Reference Materials

- [Get Started With API](#)
- [Open API](#)
- [Check Eligibility](#)

### HIPAA and IDEA Part C Materials

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>
- <https://crsreports.congress.gov/product/pdf/R/R43631>

## 4 Contact Information

### Change HealthCare:

- RPA Support, [EDI@changehealthcare.com](mailto:EDI@changehealthcare.com); 800-792-5256
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