

Term	Definition
Acceptance rate	The percentage of claim transactions that are accepted into a payer's system.
Accountable Care Organization (ACO)	<p>An Accountable Care Organization (ACO) is a recognized legal entity under State law and is comprised of a group of participants (providers of services and suppliers) that have established a mechanism for shared governance and work together to coordinate care for Medicare fee-for-service beneficiaries. ACOs enter into a 3-year agreement with the Centers for Medicare and Medicaid Services (CMS) to be accountable for the quality, cost, and overall care of traditional fee-for-service Medicare beneficiaries who may be assigned to it.</p> <p>Eligible providers, hospitals and suppliers may participate in the Shared Savings Program by creating or joining an Accountable Care Organization, also called an ACO.</p> <p>https://www.cms.gov/sharedsavingsprogram/</p>
Accreditation	Awarded to a candidate organization based on their demonstration of satisfactory documentation, performance measurements, assessments, plans, etc. Accreditation typically includes a self-assessment and a physical site review of each of the facilities where production services are provided or where PHI is viewed or handled, including in-person interviews with representatives of the organization.
Affordable Care Act	<p>In March 2010, Congress passed and the President signed into law the Patient Protection and Affordable Care Act – commonly referred to as the Affordable Care Act – which puts in place comprehensive health insurance reforms that will hold insurance companies more accountable, lower healthcare costs, guarantee more healthcare choices, and enhance the quality of healthcare for all Americans.</p> <p>http://www.healthcare.gov/law/about/index.html</p>
Affordable Insurance Exchange	<p>Starting in 2014, Affordable Insurance Exchanges will be one-stop state-based competitive marketplaces where individuals and small businesses will be able to purchase affordable private health insurance and have the same insurance choices as Members of Congress.</p> <p>http://www.hhs.gov/news/press/2011pres/08/20110812a.html</p>



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Aggregator	<p>Aggregator refers to a web site or computer software that aggregates a specific type of information from multiple online sources.</p> <p>In e-prescribing an aggregator is one role that an intermediary can play.</p> <p>Examples include:</p> <ul style="list-style-type: none"> - Formulary aggregator – a service which provides an integration of formulary information from managed care organizations, health maintenance organizations, PBMs, preferred provider organizations (PPO), self-insured employers and other healthcare plans. - e-Prescribing Solution Aggregator - companies that combine/connect many ePrescribing users (prescribers) through their systems to the SureScripts network. For example the VA may be considered an "aggregator" since they may combine many prescribers and have one connection to SureScripts through which all prescribers and/or users under their control connect to SureScripts.
American Medical Association (AMA)	<p>The AMA is a nationwide non-profit organization of physicians whose goals are to promote the art and science of medicine and the betterment of public health.</p> <p>http://www.ama-assn.org/ama/pub/about-ama.page?</p>
American National Standards Institute (ANSI)	<p>The Institute oversees the creation, promulgation and use of thousands of norms and guidelines that directly impact businesses in nearly every sector. ANSI is also actively engaged in accrediting programs that assess conformance to standards – including globally-recognized cross-sector programs such as the ISO 9000 (quality) and ISO 14000 (environmental) management systems.</p> <p>http://www.ansi.org/about_ansi/overview/overview.aspx?menuid=1</p>
American Recovery and Reinvestment Act of 2009 (ARRA)	<p>The American Recovery and Reinvestment Act of 2009, abbreviated ARRA and commonly referred to as the Stimulus or The Recovery Act, is an economic stimulus package enacted by the 111th United States Congress in February 2009 and signed into law on February 17, 2009 by President Barack Obama. This act made supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization. As part of ARRA, Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH) addresses the privacy and security concerns associated with the electronic transmission of health information.</p> <p>http://www.gpo.gov/fdsys/pkg/PLAW-111publ5/content-detail.html</p>



Term	Definition
Application Service Provider (ASP)	An Application Service Provider (ASP) is a business that provides services to customers over the internet. Services may range from access to a single application to access to a growing number of software services. ASPs generally house and support the hardware; many run and support the software application as well.
ASC X12	Accredited Standards Committee X12, chartered by the American National Standards Institute (ANSI), which develops and maintains uniform industry standards for the electronic exchange of business documents. ASC X12N is the Insurance Subcommittee and Task Group 2 specifically addresses healthcare EDI and HIPAA transactions .
Association for Electronic Health Care Transactions (AFEHCT)	The Association for Electronic Health Care Transactions (AFEHCT) is a healthcare IT, vendor-oriented industry advocacy group with a focus on federal and state public policy related to the application of EDI, e-commerce, the Internet and healthcare IT software associated with the delivery, financing and administration of healthcare in both the public and private sectors. In 2006 AFEHCT and the Health Information Management Systems Society (HIMSS) merged.
ASTM	ASTM International, formerly known as the American Society for Testing and Materials (ASTM), is a globally recognized leader in the development and delivery of international voluntary consensus standards. http://www1.astm.org/ABOUT/overview.html#
Audit trail	A tracking mechanism that enables one to trace a transaction from its origin to its final destination including all significant state changes with timestamps. For HIPAA purposes, an audit trail must also include a record showing who has accessed a computer system and what operations he or she has performed during a given period of time. It may also include records of system activity (for example, logins, file accesses, and security incidents) maintained by an entity. http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityrulepdf.pdf
Authentication	Confirmation, typically with message authentication code , allowing the receiver to verify the integrity of the message , thus preventing unauthorized access to data transmitted over a communications network. Also the act of verifying the identity of a user of a computer or network system.



Term	Definition
<p>Authorized Testing & Certification Bodies(ATCB)</p>	<p>Authorized Testing and Certifications Bodies are organizations that have been authorized, by ONC, to perform Complete EHR and/or EHR Module testing and certification. These ONC-ATCBs are required to test and certify EHRs to the applicable certification criteria adopted by the Secretary under subpart C of Part 170 Part II and Part III as stipulated in the Standards and Certification Criteria Final Rule.</p> <p>Certification by an ATCB will signify to eligible professionals, hospitals, and critical access hospitals that the EHR technology has the capabilities necessary to support their efforts to meet the goals and objectives of meaningful use.</p> <p>http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120</p>
<p>Authorized User</p>	<p>Users who are permitted to access specific services or data based on their approved credentials.</p>
<p>Automated Clearing House (ACH)</p>	<p>The ACH system is the primary electronic funds transfer (EFT) system used by agencies to make payments.</p> <p>http://www.fms.treas.gov/ach/index.html</p>
<p>Availability</p>	<p>The on-demand accessibility of data or information by an authorized user, person or system.</p>
<p>Bandwidth</p>	<p>The amount of data that can be passed along a communications channel in a given period of time.</p>
<p>Batch Transactions</p>	<p>One or more transactions that are received, and gathered, possibly during different sessions, and processed in one batch.</p> <p>Batch jobs are set up to be run to completion without manual intervention, so all input data is preselected through scripts or command-line parameters. A program takes a set of data files as input, processes the data, and produces a set of output data files. This operating environment is termed as "batch processing" because the input data are collected into batches of files and are processed in batches by the program.</p> <p>See also Fast Batch.</p>
<p>Biometrics</p>	<p>Identification system that measures human physical features or repeatable actions of an individual. Examples of this include hand geometry, retinal scan, iris scan, fingerprint patterns, facial characteristics, DNA sequence characteristics, voiceprints, and handwritten signature.</p>



Term	Definition
Breach	<p>A breach is, generally, an impermissible use or disclosure under the HIPAA Privacy Rule that compromises the security or privacy of the protected health information (PHI) such that the use or disclosure poses a significant risk of financial, reputational, or other harm to the affected individual.</p> <p>There are three exceptions to the definition of “breach”:</p> <ul style="list-style-type: none"> - The first exception applies to the unintentional acquisition, access, or use of protected health information by a workforce member acting under the authority of a covered entity or business associate. - The second exception applies to the inadvertent disclosure of protected health information from a person authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information (PHI) at the covered entity or business associate. - In both (of these first two) cases, the information cannot be further used or disclosed in a manner not permitted by the Privacy Rule. - The final exception to breach applies if the covered entity or business associate has a good faith belief that the unauthorized individual, to whom the impermissible disclosure was made, would not have been able to retain the information.
Business Associate (BA)	<p>The HITECH Act explicitly places the same comprehensive Security Rule requirements on Business Associates (BAs) as is required of covered entities.</p> <ul style="list-style-type: none"> - A business associate is a person or entity who provides certain functions, activities, or services for or to a covered entity, involving the use and/or disclosure of PHI. - A business associate is not a member of the healthcare provider, health plan, or other covered entity's workforce. Examples include billing services, transcription services, practice management, data centers, customer service organizations, and utilization review services. - A healthcare provider, health plan, or other covered entity can also be a business associate to another covered entity. - The rule includes exceptions. The business associate requirements do not apply to covered entities who disclose PHI to providers for treatment purposes – for example, information exchanges between a hospital and physicians with admitting privileges at the hospital. <p>http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/businessassociates.html</p>



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<p>Business Associate Agreement (BAA) (Contract)</p>	<p>The Business Associate Agreement is a contract between the covered entity and its business associate and must contain the elements specified at 45 CFR 164.504(e). For example, the contract must: Describe the permitted and required uses of protected health information by the business associate; Provide that the business associate will not use or further disclose the protected health information other than as permitted or required by the contract or as required by law; and Require the business associate to use appropriate safeguards to prevent a use or disclosure of the protected health information other than as provided for by the contract. All unresolved breaches or violations of the Business Associate Agreement must be reported to the Department of Health and Human Services (HHS) Office for Civil Rights (OCR).</p> <p>http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/businessassociates.html</p>
<p>Business Continuity Planning (BCP)</p>	<p>The formal process of conducting a Risk Analysis/Assessment (RA), a Business Impact Analysis (BIA), contingency planning, and the creation of business continuity plans.</p>
<p>Business Day</p>	<p>The period of time from the opening to the closing of business on a given day. Also refers to any day of the week on which business is typically conducted, namely Monday through Friday with the exception of federal or company holidays.</p>
<p>Business Hours</p>	<p>Published hours in which business is commonly conducted by the organization including standard customer support hours.</p>
<p>Candidate</p>	<p>An organization which meets the preliminary requirements for accreditation and which has submitted their application, their initial fees, and all required documentation.</p>
<p>Capacity</p>	<p>The capability of a specific system to store data, accept transactions, process data and generate reports. In technology, references may also relate to the ability to perform at expected levels.</p>
<p>Capacity Plan</p>	<p>A plan that documents the capacity requirements of all critical production systems and hardware, analyzes current utilization of those systems, and provides plans based on the expected utilization of those systems.</p>
<p>Centers for Medicare & Medicaid Services (CMS)</p>	<p>The Centers for Medicare & Medicaid Services (CMS) is a branch of the U.S. Department of Health and Human Services (HHS). CMS is the federal agency that administers the Medicare program and monitors the Medicaid programs offered by each state.</p> <p>https://questions.cms.hhs.gov/app/answers/detail/a_id/1</p>
<p>Certification</p>	<p>Provided for specific products, processes, systems or persons, based on the demonstration that certain detailed specifications are met. Certification typically includes more in-depth analysis in a specific area than accreditation, can mainly be reported and reviewed through the use of reports, and does not usually require a physical site review.</p>



Term	Definition
Certified EHR	<p>Certified EHRs possess the required capabilities, related standards and implementation specifications that are required to, at a minimum, support the achievement of meaningful use Stage 1 by eligible professionals and eligible hospitals under the Medicare and Medicaid EHR incentive programs. These criteria can be found in 62686 Federal Register / Vol. 75, No. 197 / Wednesday, October 13, 2010 / Rules and Regulations.</p> <p>http://edocket.access.gpo.gov/2010/pdf/2010-25683.pdf</p>
Check 21 Act	<p>The Check Clearing for the 21st Century Act (or Check 21 Act) is a United States federal law, Pub.L. 108-100 that was enacted on October 28, 2003 by the 108th Congress. The law allows the recipient of the original paper check to create a digital version of the original check (called a "substitute check"), thereby eliminating the need for further handling of the physical document.</p> <p>http://www.gpo.gov/fdsys/pkg/PLAW-108publ100/content-detail.html</p>
Claim	A common term used for a Medical Bill .
Clearinghouse	See Electronic Healthcare Network (EHN).
Code Set	Any set of codes together with the descriptors of the codes that is used to encode data elements , tables of terms, medical concepts, diagnostic codes, or medical procedures. Examples include ICD-9-CM, CDT, CPT, and HCPCS.
Commission (EHNAC)	The Electronic Healthcare Network Accreditation Commission (EHNAC). EHNAC is comprised of an executive director and no less than nine (9) stakeholders and consumer representatives from private and public sector organizations. These industry sectors may include electronic health networks, payers , healthcare security organizations, providers , hospitals, physicians, consumer organizations, financial services and vendors.
Committee on Operating Rules for Information Exchange (CORE)	<p>The Committee on Operating Rules for Information Exchange (CORE), supported by the Council for Affordable Quality Healthcare (CAQH), is a national industry initiative that works to streamline electronic healthcare administrative data exchange and improve health plan-provider interoperability by developing a set of voluntary business rules that build on existing standards, such as HIPAA, to make electronic data transactions more predictable and consistent, regardless of the technology.</p> <p>http://www.caqh.org/pdf/COREfacts.pdf</p>
Consumer	A user of healthcare services.
Consumer Engagement	In consumer engagement, consumers take an active role in their own healthcare, from understanding their own conditions and available treatments, to seeking out and making decisions based on information about the performance of healthcare providers .



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<p>Continuity of Care Document (CCD)</p>	<p>The Continuity of Care Document (CCD) is the result of a collaborative effort between the Health Level Seven (HL7) and ASTM organizations to “harmonize” the data format between ASTM’s Continuity of Care Record (CCR) and HL7’s Clinical Document Architecture (CDA) specifications. The CDA specifies that the content of the document consists of a mandatory textual part (which enables human interpretation of the document), and it includes optional structured parts (for system software processing).</p> <p>The patient summary contains a core data set of the most relevant administrative, demographic, and clinical information about a patient’s healthcare, covering one or more healthcare encounters.</p> <p>The CCD enables greater interoperability or healthcare integration of clinical data and “allows physicians to send electronic medical information to other providers without loss of meaning.”</p>
<p>Continuity of Care Record (CCR)</p>	<p>The Continuity of Care Record (CCR) is a snapshot in time of a patient’s healthcare, a core data set that shows the most relevant facts about a patient’s health status and the physician’s treatment of that patient. Like a doctor’s handwritten notes, the CCR is prepared by the practitioner at the conclusion of the healthcare encounter. While still in use in a wide variety of settings today, the trend for the industry is moving toward the CCD standard.</p> <p>http://www.astm.org/Standards/E2369.htm</p>
<p>Council for Affordable Quality Healthcare (CAQH)</p>	<p>CAQH is a nonprofit alliance of health plans and trade associations that collaborate on initiatives that simplify healthcare administration. The collaborative solutions promote quality interactions between plans, providers and other stakeholders; reduce costs by eliminating unnecessary interaction with healthcare administration; facilitate administrative healthcare information exchange and encourage administrative and clinical data integration.</p> <p>http://www.caqh.org/</p>
<p>Covered Entity</p>	<p>Covered Entities (CEs) include all healthcare providers (doctors, dentists, therapists, psychologists, pharmacists, etc.), healthcare clearinghouses, and health plans (i.e., health insurance companies) that electronically store, process or transmit electronic protected health information (E PHI).</p>
<p>Criteria</p>	<p>Measurable requirements which must be met to achieve EHNAC accreditation.</p>
<p>Data Element</p>	<p>The smallest named unit of information in a transaction.</p>



Term	Definition
Data Use Agreement	An agreement between a Covered Entity and a recipient of a limited data set (as described 45 CFR § 164.514(e)(1)) that provides that the limited data set recipient will only use or disclose the limited data set for specified purposes and further provides assurances: (i) prohibiting other uses or disclosures and requiring reports of unauthorized uses or disclosures ; (ii) requiring the use of appropriate safeguards; (iii) requiring agents and subcontractors to abide by the same restrictions as the recipient; and, (iv) prohibiting identifying the limited data sets or contacting persons identified by the limited data set.
Data Use and Reciprocal Services Agreements (DURSA)	<p>The DURSA is a single multi-party agreement that establishes the rules of engagement and obligations for sharing PHI to which all NwHIN Participants agree and that all NwHIN Participants sign as a condition of joining the community.</p> <p>All NwHIN Participants must sign the DURSA to exchange health information with each other via the NwHIN.</p> <p>http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_909240_0_0_18/DURSAVersionforProducti onPilotsFinal.pdf</p>
Declaration Time	The amount of time to determine if an incident is going to disrupt a business or a business process and to disseminate the decision to declare or not declare a disaster .
Digital Signature	An electronic signature based upon cryptographic methods of originator authentication , computed by using a set of rules and parameters such that the identity of the signer and the integrity of the data can be verified.
Disaster Declaration	The point in time at which a disaster is formally declared and the affected entity's Disaster Recovery Plan begins to be fully executed.
Disaster Recovery Plan (DRP)	The plans created to recover IT assets (servers, applications, and data) to a predetermined operational state following the declaration of a disaster situation.
Disclosure	The release, transfer, provision of, access to, or divulging in any other manner, of information outside the entity with the responsibility for holding the information.
Disclosure Log	A log of disclosures that may include timestamp, the identity of the user, an index referencing the data disclosed, and purpose.
Downtime	The period of time when a system is unavailable.
Drug Enforcement Administration (DEA)	<p>The Drug Enforcement Administration (DEA) enforces the controlled substances laws and regulations of the United States</p> <p>http://www.justice.gov/dea/agency/mission.htm</p>
Editing capabilities	The ability to determine that input meets certain criteria , such as date, field or syntax requirements.



Term	Definition
Electronic Data Interchange (EDI)	The computer-to-computer exchange of information in a standard electronic format.
Electronic Healthcare Network (EHN)	An entity, either independent or a division of a parent corporation , that processes or facilitates processing of electronic transactions , in standard or nonstandard formats, between two or more trading partners in the healthcare community.
Electronic Healthcare Network Accreditation Commission (EHNAC)	The commission which represents a wide range of stakeholders in its peer-driven effort to advance healthcare through electronic transaction standards including compliance with applicable HIPAA , ARRA/HITECH provisions such as privacy, security and confidentiality. EHNAC's accreditation services help electronic health networks, payer networks, financial services firms and other solution providers improve business processes and expand market opportunities. See also Commission .
Electronic Health Record (EHR)	<p>The aggregate electronic record of health-related information on an individual that is created and gathered cumulatively across more than one healthcare organization and is managed and consulted by licensed clinicians and staff involved in the individual's health and care.</p> <p>EHRs focus on the total health of the patient—going beyond standard clinical data collected in the provider's office and inclusive of a broader view on a patient's care. EHRs are designed to reach out <i>beyond</i> the health organization that originally collects and compiles the information. They are built to share information with other healthcare providers, such as laboratories and specialists, so they contain information from <i>all the clinicians involved in the patient's care</i>.</p> <p>The terms EHR and EMR are frequently used interchangeably.</p> <p>http://www.healthit.gov/buzz-blog/electronic-health-and-medical-records/emr-vs-ehr-difference/</p>
Electronic Media	Electronic storage and transmission media. Electronic storage media include computer hard drives, magnetic tape or disk, optical disk. Electronic transmission media include the Internet, extranet, leased lines, and dial-up lines. Facsimile and voice transmission are not considered electronic media under HIPAA .



Term	Definition
<p>Electronic Medical Record (EMR)</p>	<p>Electronic medical records (EMRs) are a digital version of the paper charts in the clinician’s office. An EMR contains the medical and treatment history of the patients in one practice. EMRs have advantages over paper records. For example, EMRs allow clinicians to:</p> <ul style="list-style-type: none"> - Track data over time. - Easily identify which patients are due for preventive screenings or checkups. - Check how their patients are doing on certain parameters—such as blood pressure readings or vaccinations. - Monitor and improve overall quality of care within the practice. <p>But the information in EMRs doesn’t travel easily <i>out</i> of the practice, because the patient’s record may have to be printed in order to deliver it to specialists and other members of the care team.</p> <p>The terms EHR and EMR are frequently used interchangeably.</p> <p><i>Code of Federal Regulations, Title 45 – Public Welfare. U.S. Government Printing Office; 2009</i></p>
<p>Electronic Prescribing of Controlled Substances (EPCS)</p>	<p>The Drug Enforcement Administration (DEA) has revised its regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically. The regulations permit pharmacies to receive, dispense, and archive these electronic prescriptions. These regulations are in addition to, not a replacement of, the existing rules.</p> <p>http://www.deadiversion.usdoj.gov/fed_regs/rules/2010/fr0331.htm</p>
<p>Eligible Transaction</p>	<p>A transaction which parties have agreed to exchange electronically.</p> <p>As required by HIPAA, the Secretary of Health and Human Services is adopting standards for the following administrative and financial healthcare transactions:</p> <ol style="list-style-type: none"> 1. Health claims and equivalent encounter information. 2. Enrollment and disenrollment in a health plan. 3. Eligibility for a health plan. 4. Healthcare payment and remittance advice. 5. Health plan premium payments. 6. Health claim status. 7. Referral certification and authorization. 8. Coordination of benefits <p>http://aspe.hhs.gov/admsimp/faqtx.htm#whattx</p>



Term	Definition
<p>Eligible Professional</p>	<p>Eligible professionals under the Medicare EHR Incentive Program include:</p> <ul style="list-style-type: none"> - Doctor of medicine or osteopathy - Doctor of dental surgery or dental medicine - Doctor of podiatry - Doctor of optometry - Chiropractor <p>Eligible professionals under the Medicaid EHR Incentive Program include:</p> <ul style="list-style-type: none"> - Physicians (primarily doctors of medicine and doctors of osteopathy) - Nurse practitioner - Certified nurse-midwife - Dentist - Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant. <p>To qualify for an incentive payment under the Medicaid EHR Incentive Program, an eligible professional must meet one of the following criteria:</p> <ul style="list-style-type: none"> - Have a minimum 30% Medicaid patient volume* - Have a minimum 20% Medicaid patient volume, and is a pediatrician* - Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals <p>* Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.</p> <p>https://www.cms.gov/ehrincentiveprograms/15_Eligibility.asp#BOOKM ARK1</p> <p>Under HITECH, eligible healthcare professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.</p>
<p>Encryption</p>	<p>The transformation of plain text into cipher text making it unintelligible to anyone except those possessing special knowledge, usually referred to as a key. Encryption provides protection of data during storage and/or transmission.</p>
<p>ePAP</p>	<p>The EHNAC e-Prescribing Accreditation Program.</p>



Term	Definition
<p>e-Prescribing</p>	<p>E-prescribing is the electronic submission of a provider's prescription to a pharmacy. It is a method for prescribers, payers and pharmacists to communicate electronically. E-prescribing occurs when a prescriber uses a computer or other electronic device to:</p> <ol style="list-style-type: none"> 1. Electronically access a patient's prescription benefit plan. 2. With a patient's consent, electronically access that patient's prescription history. 3. Electronically create and route the prescription to the patient's choice of pharmacy. 4. Request and approve prescription refills. When the patient is in need of prescription refills, the pharmacist can also electronically send a prescription renewal request to the physician's office for approval. <p>The final e-prescribing rule was placed on display at the Federal Register on April 2, 2008.</p> <p>http://www.cms.hhs.gov/eprescribing/</p>
<p>Escalation procedures</p>	<p>A series of steps to elevate the handling of a problem based on the severity or the age of the incident.</p>
<p>Essential Function</p>	<p>Essential Functions refers to those functions that are necessary to the business of the candidate for accreditation. For further information refer to the EHNAC Essential Function Policy.</p>
<p>Facility Expansion Plan</p>	<p>A written plan related to physical resource requirements based on current needs and anticipated growth. Such plan should address personnel floor space, computer and network floor space, environmental requirements, etc. These plans must be reviewed at least annually.</p>
<p>Facility Security Plan</p>	<p>A plan to safeguard the interior and exterior premises and building(s) from unauthorized physical access, and to safeguard equipment within from unauthorized physical access, tampering, and theft.</p>
<p>Fast Batch</p>	<p>A method of processing transactions that is distinct from traditional batch methods. With traditional batch methods, processing events are typically scheduled times of day (e.g., collect transactions until a particular time of day and then process all received to that point at a particular time). Fast batch, on the other hand, can mean:</p> <ol style="list-style-type: none"> 1. As soon as a batch of transactions is received, forward that batch through the various processes without waiting, regardless of the batch being as small as even a single transactions; or 2. After receiving a batch of transactions, process each transaction within that batch in a real-time manner through the remainder of the processes.



Term	Definition
Federal Information Processing Standard (FIPS)	Under the Information Technology Management Reform Act (Public Law 104-106), the Secretary of Commerce approves standards and guidelines that are developed by the National Institute of Standards and Technology (NIST) for Federal computer systems. These standards and guidelines are issued by NIST as Federal Information Processing Standards (FIPS) for use government-wide. NIST develops FIPS when there are compelling Federal government requirements such as for security and interoperability and there are no acceptable industry standards or solutions. http://www.itl.nist.gov/fipspubs/geninfo.htm
Firewall	A security protection system that is used to enforce security policies on traffic between different network segments, such as between subnets within a hybrid organization or between a company’s network and the Internet.
Formal Relationship	A business relationship between two parties that includes documentation signed by both parties.
Formulary	List of prescription drugs covered by a particular drug benefit plan. Formularies are based on evaluations of efficacy, safety, and cost-effectiveness of drugs. Patients pay varying co-pays for drugs that are on formulary. For drugs that are not on formulary, patients must pay the entire cost of the drug. Formularies vary between drug plans and differ in the breadth of drugs covered and costs of co-pay and premiums. Most formularies cover at least one drug in each drug class, and encourage generic substitution. Also known as a preferred drug list.
FSAP	The EHNAC Financial Services Accreditation Programs.
FSAP-EHN	The accreditation program for a financial entity's healthcare-related EHN services and infrastructure including HIPAA security and privacy. This program also incorporates a majority of the HNAP-EHN criteria .
FSAP-Lockbox	The accreditation program for those financial entities, outsourcer organizations and other service-related companies having lockbox operations that handle healthcare data. This program includes policies, procedures, HIPAA security and privacy and other lockbox -specific criteria .
FTP	File Transfer Protocol (FTP) is a commonly used protocol for exchanging files over any network that supports the TCP/IP protocol (such as the Internet or an intranet).
Full Accreditation	Awarded to organizations based on their demonstration of having met the sufficient percentage of EHNAC requirements for a given program and that they have met ALL mandatory criteria . Accreditation typically includes a physical site review of the facilities where production services are provided and in-person interviews with representatives of the organization.



Term	Definition
<p>Health Information Exchange (HIE)</p>	<p>Used as a Noun: An organization that enables the exchange of health information, typically clinical information, across diverse stakeholders, that governs the exchange of health information for the purpose of bringing greater efficiencies to the exchange of clinical data and improving the quality of healthcare in that community. This organization might also be referred to as a Health Information Organization (HIO).</p> <ul style="list-style-type: none"> - HIE participants include hospitals, providers, labs, imaging centers, RHIOs, HIEs, nursing facilities, payers, state public health entities, etc. - Data shared may include lab results, discharge summaries, medication histories, e-prescriptions, allergies, immunizations, advanced directives, etc. - HIE services typically include results delivery, record locator services, consent management, and e-prescribing. <p>Used as a verb: Health information exchange (HIE) is defined as the mobilization of healthcare information electronically across organizations.</p>
<p>Health Information Exchange (HIE) Vendor</p>	<p>An entity that provides the technology (software or applications) to enable clinical health information exchange. The technology includes:</p> <ul style="list-style-type: none"> - The capability to securely electronically move clinical information among disparate healthcare information systems while maintaining the validity and integrity of the information being exchanged; - Technical services provided include: e-prescribing transactions, lab results delivery, clinical summary document exchange (for supporting meaningful use), consent management, usage auditing, system security and performance auditing, and record locator services.
<p>Health Information Exchange Accreditation Program (HIEAP)</p>	<p>The EHNAC accreditation program for health information organizations that utilizes HIE technology to bring together healthcare stakeholders within a defined geographic area and that govern the exchange of health information among them for the purpose of improving health and care in that community.</p>
<p>Health Information Organization (HIO)</p>	<p>An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.</p> <p>May also be referred to as HIE or RHIO.</p> <p><i>Code of Federal Regulations, Title 45 – Public Welfare. U.S. Government Printing Office; 2009</i></p>



Term	Definition
<p>Health Information Standards Committee</p>	<p>The Health IT Standards Committee is charged with making recommendations to the Office of National Coordinator for Health IT (ONC) on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. In April 2010, the Health Information Standards Committee replaced HITSP.</p> <p>http://healthit.hhs.gov/portal/server.pt?open=512&objID=1271&parentname=CommunityPage&parentid=6&mode=2</p>
<p>Health Information Technology Standards Panel (HITSP)</p>	<p>HITSP was a multidisciplinary coordinating body charged with identifying the technical standards necessary to enable electronic healthcare data interoperability. HITSP was charged to develop, prototype, and evaluate a harmonization process for achieving a widely accepted and useful set of health IT standards that would support interoperability among healthcare software applications, particularly electronic health records (EHRs). This group was instrumental in identifying and harmonizing standards for health IT. Without the development of these standards, the effective sharing of health information would have remained a nearly insurmountable task. In April 2010, the contract for HITSP has sunset and HITSP was replaced by the Health Information Standards Committee.</p> <p>http://www.hitsp.org/</p>
<p>Health IT Policy Committee</p>	<p>The Health IT Policy Committee makes recommendations to the Office of the National Coordinator for Health IT (ONC) on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information.</p> <p>http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=5&mode=2</p>
<p>HHS – The U.S. Department of Health & Human Services</p>	<p>The U. S. Department of Health & Human Services.</p>
<p>HIPAA</p>	<p>The Health Insurance Portability and Accountability Act of 1996.</p>
<p>HITECH</p>	<p>The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.</p>
<p>HL7</p>	<p>Health Level 7 – An ANSI standards development organization (SDO) that focuses on clinical and administrative transactions.</p>



Term	Definition
HNAP-EHN	The EHNAC accreditation program for Electronic Healthcare Networks .
HNAP-Medical Biller	The EHNAC accreditation program for entities that perform Medical Billing on behalf of healthcare providers .
HNAP-Payer	The EHNAC accreditation program for payer -owned EHNs .
HNAP-TPA	The EHNAC accreditation program for Third Party Administrators .
Hybrid	<p>HIPAA defines a hybrid entity as one that uses or discloses Protected Health Information for only a part of its business operations. By contrast, if all of an entity's activities are covered functions (see the list in the definition of a Covered Entity) then it is not a hybrid entity. Examples of hybrid entities include:</p> <ul style="list-style-type: none"> - Corporations that are not in the healthcare industry but that operate on-site health clinics that process HIPAA standard transactions electronically; or - Insurance carriers that have multiple lines of business that include both health insurance and other insurance lines, such as general liability or property and casualty insurance. <p>Hybrid entities are required to create adequate firewalls between their healthcare component(s) and other components. Transfer of PHI held by the healthcare component to other components of the hybrid entity is a disclosure subject to the HIPAA privacy rule and is allowed only under the same circumstances that would make it permissible with a separate entity. If an organization is part of a larger organization the hybrid determination should be made by the parent organization. There should not be an inconsistency between an organization's designation and that of its parent -- both the organization and its parent must have the same designation.</p> <p>Defined in the Privacy Rule 45 CFR §164.504.</p>
Individually Identifiable Health Information (IIHI)	Defined in the Privacy Rule in 45 CFR §160.103 and includes the related definition of "health information" also defined in 45 CFR §160.103.
Integrity Controls	Security mechanisms that ensure the validity of the information being electronically transmitted or stored.
Intelligent Optical Character Recognition (IOCR)	In computer science, intelligent character recognition (ICR) is an advanced optical character recognition (OCR) or — rather more specific — handwriting recognition system that allows fonts and different styles of handwriting to be learned by a computer during processing to improve accuracy and recognition levels.

Term	Definition
Interim Accreditation	The EHNAC accreditation designation awarded an organization when the organization acquires new subsidiaries that are not accredited. This action triggers a sentinel event. This designation covers the period of time from when an entity is acquired to the time they are accredited. If accreditation is not obtained by the date granted by the Commission , the organization must commence the entire accreditation process again.
Intermediary	<p>An intermediary is: "a third party who facilitates a deal between two other parties". Widely used in financial services, a financial intermediary is: "a financial institution that connects surplus and deficit agents".</p> <p>As used in an e-prescribing context, an intermediary means any technology system that receives and transmits an electronic prescription between the practitioner and the pharmacy</p> <p>http://www.deadiversion.usdoj.gov/ecomm/e_rx/faq/eapplications.htm</p>
Internal Audit	In-house review of records system activity and security incidents. Such records might include system logs, file access information, security incident reports, etc.
Interoperability	<p>Interoperability is the ability to communicate and exchange data accurately, effectively, securely, and consistently with different information technology systems, software applications, and networks across various settings, such that clinical or operational purpose and meaning of the data are preserved and unaltered.</p> <p>Adopted from the U.S. Federal Register, Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs, Section 2 (c), August 28, 2006</p>
Key	Special information that transforms data using an encryption algorithm.
Lockbox	A service offered by banks to companies in which the company receives payments by mail to a post office box from which the bank picks up payments and deposits them into the company's account. Images of the original documents are typically provided to the customers as part of this service. Other services may also be provided such as the submission to the lockbox of images of documents received elsewhere.
Maintenance Records	Documentation of repairs and modifications to the physical components of a facility including walls, doors, locks, etc. Special emphasis is on the recording of changes to the perimeter walls or to locks for any secured areas, including internal separately-secured areas.



Term	Definition
Management Service Organization (MSO)	Organizations that, for a fee, provide physician groups with such management services as group purchasing, billing and other financial activities, and assistance with insurance and staffing issues.
Mandatory Criteria	Criteria whose requirements must be fully met by an organization in order for that organization to be granted Full Accreditation .
Master Patient Index (MPI)	Master Patient Index (MPI) is a database that maintains a unique index (or identifier) for every patient registered at a healthcare organization or other entity tracking patient information such as a health information exchange . The MPI is used to ensure a patient is logically represented only once with the same set of registration data. It can also be used as an enterprise tool to assure that vital clinical and demographic information can be cross-referenced between different facilities in a healthcare system.
Meaningful Use	<p>Meaningful use describes the use of health information technology (HIT) that leads to improvements in healthcare and furthers the goals of information exchange among healthcare professionals. The meaningful use rule is part of a coordinated set of regulations to help create a private and secure 21st-century electronic health information system. To become "Meaningful Users", providers need to demonstrate that they use certified EHR technology in ways that can be measured significantly in quantity and in quality.</p> <p>https://www.cms.gov/apps/media/press/factsheet.asp?Counter=3794&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date</p>
Meaningful Use Incentives	<p>The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible providers, professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.</p> <p>http://www.cms.gov/ehrincentiveprograms/</p>
Media Access Controls	<p>In a local area network (LAN) or other network, the MAC (Media Access Control) address is a computer's unique hardware number. (On an EthernetLAN, it's the same as the Ethernet address.) When a computer is connected to the Internet, a correspondence table relates the computer's IP address to the computer's physical (MAC) address on the LAN.</p> <p>The MAC address is used by the Media Access Control sublayer of the Data-Link Layer (DLC) of telecommunication protocols.</p>
Medical Bill	A statement of charges for medical services. A medical bill is also called a claim .



Term	Definition
Medical Biller	The person or entity responsible for the process of collecting fees for medical services.
Message	In Electronic Data Interchange (EDI) , a message contains a string of data elements , each of which represents a singular fact, such as a price, product model number, and so forth, separated by delimiter. The entire string is called a data segment. One or more data segments framed by a header and trailer form a transaction set, which is the EDI unit of transmission (equivalent to a message).
Message Authentication Code	A short piece of cryptographic information used within the context of a transaction to ensure its authenticity.
National Institute of Standards and Technology (NIST)	NIST is the federal technology agency that works with industry to develop and apply technology, measurements, and standards. NIST is also the organization responsible for leading the development of the core health IT testing infrastructure that will provide a scalable, multi-partner, automated, remote capability for current and future testing needs. http://healthcare.nist.gov/testing_infrastructure/index.html
National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a 10-digit number used to identify all healthcare providers including individuals (e.g., physicians, nurses, dentists, chiropractors, physical therapists, and pharmacists) or organizations (e.g., hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, HMOs, suppliers of durable medical equipment, and pharmacies). The NPI is used to identify all healthcare providers in HIPAA standard transactions and in patient health records.
National Uniform Billing Committee (NUBC)	The National Uniform Billing Committee (NUBC) was brought together by the American Hospital Association (AHA) in 1975 and includes the participation of all the major national provider and payer organizations. The NUBC was formed to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling healthcare claims. http://www.nubc.org/history.html



Term	Definition
<p>National Uniform Claim Committee (NUCC)</p>	<p>The National Uniform Claim Committee (NUCC) is a voluntary organization that replaced the Uniform Claim Form Task Force in 1995. The committee was created to develop a standardized data set for use by the non-institutional healthcare community to transmit claim and encounter information to and from all third-party payers. It is chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner. The committee is a diverse group of healthcare industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors.</p> <p>http://www.nucc.org/</p>
<p>Nationwide Health Information Network (NwHIN or NHIN)</p>	<p>The Nationwide Health Information Network (NHIN), now referred to as NwHIN, a program under the Office of the National Coordinator for Health Information Technology (ONC), was established in 2004 to improve the quality and efficiency of healthcare by establishing a mechanism for nationwide health information exchange. The NwHIN is a set of conventions that provide the foundation for the secure exchange of health information that supports meaningful use. The foundation includes technical, policy, data use and service level agreements and other requirements that enable data exchange, whether between two different organizations across the street or across the country.</p> <p>Participants in the NwHIN agree to support a common set of web services and data content (NwHIN Core Services) that enables private, secure and interoperable communication of health information among NwHIN participants across the public Internet.</p> <p>http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_877368_0_0_18/WhatIsTheNHIN.pdf</p>
<p>NCPDP</p>	<p>The National Council for Prescription Drug Programs is a standards development organization (SDO) which creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry.</p>
<p>New Jersey Department of Banking & Insurance (DOBI)</p>	<p>The New Jersey Department of Banking and Insurance regulates the banking, insurance and real estate industries. The Division of Insurance issues licenses to insurance companies, producers and other risk-assuming entities, reviews insurance products and rates for compliance with existing regulations, and monitors the financial solvency of licensees to ensure product availability in the marketplace.</p> <p>The Division also responds to consumer concerns and inquiries and endeavors to educate consumers regarding insurance products and issues.</p> <p>http://www.state.nj.us/dobi/division_insurance/index.htm</p>



Term	Definition
<p>NHIN Direct The Direct Project</p>	<p>The Direct Project is the set of standards, policies and services that enable simple, secure transport of health information between authorized care providers. The Direct Project enables standards-based health information exchange in support of core Stage 1 Meaningful Use measures, including communication of summary care records, referrals, discharge summaries and other clinical documents in support of continuity of care and medication reconciliation, and communication of laboratory results to providers.</p>
<p>Non-repudiation</p>	<p>Strong and substantial evidence of the identity of the signer of a message, sufficient to prevent a party from successfully denying the origin, submission or delivery of the message.</p>
<p>Notice of Privacy Practices</p>	<p>A detailed statement of policies, practices or procedures by a Covered Entity that explains how a health plan or healthcare provider uses or discloses Protected Health Information and assures the privacy rights of subject individuals.</p>
<p>Office for Civil Rights (OCR)</p>	<p>The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.</p> <p>http://www.hhs.gov/ocr/office/index.html</p>
<p>Office of Foreign Assets Control (OFAC)</p>	<p>The Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury administers and enforces economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States.</p> <p>http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx</p>
<p>Office of the National Coordinator for Health Information Technology (ONC)</p>	<p>The Office of the National Coordinator for Health Information Technology (ONC) is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).</p> <p>http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__onc/1200</p>



Term	Definition
Offline storage	Data storage that is not directly accessible by a computer system. Examples of such storage include removable disk and tape cartridges that require human intervention to be accessed by the system.
Offshore Disclosure	The disclosure by EHNAC that an accredited entity has some essential functions performed offshore. This disclosure is provided because EHNAC does not conduct physical site reviews to offshore locations and can therefore not provide an opinion on the physical security employed by such sites. See also Offshore Entity .
Offshore Entity	An essential function site that is in a location other than a State of the United States or the District of Columbia. [Insular areas such as Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, and Northern Mariana Islands are deemed to be "offshore" areas].
Off-site Storage	The location separate from the data center where data and system back-ups are physically stored. Off-site storage is critical to recovering from a catastrophic disaster since systems and data must be able to be recovered from a site distinct from the affected site.
Online Storage	Data storage such as a disk or a SAN that is directly accessible by a computer system, in contrast to " offline storage ".
Operating Rules	<p>"Operating rules build on existing standards to make electronic transactions more predictable and consistent, regardless of the technology. Rights and responsibilities of all parties, security, transmission standards and formats, response time standards, liabilities, exception processing, error resolution and more must be clearly defined in order to facilitate successful interoperability. Beyond reducing cost and administrative hassles, operating rules foster trust among all participants.</p> <p>All CORE rules build on applicable HIPAA requirements and other related standards."</p> <p>Source: CORE (Committee on Operating Rules for Information Exchange), a CAQH initiative http://www.caqh.org/CORE_operat_rules.php</p>
Operational Critical	Services provided to customers that are critical to the successful ongoing business of the customer.
Operational Critical Trading Partner Inquiries	Trading partner support inquiries received regarding operational critical services.
OSAP-HIE	The EHNAC accreditation program for comprehensive HIE technology service providers (see HIE Vendor) that enable health information exchanges/organizations (HIOs or HIEs) to deliver effective solutions within a defined community. For example, these entities can provide data storage, hardware, software, MPI , RLS , results delivery, backup and other services as needed to support the HIE infrastructure.



Term	Definition
Parent Company	A company that controls other companies by owning an influential amount of voting stock. Companies can become parent companies by many different means. The two most common ways are through (1) acquisitions of smaller companies and (2) the spin-off or creation of subsidiaries.
Password	A confidential string of characters used to gain access to a computer system or application.
Patient	A person who obtains healthcare services from a doctor, hospital or other healthcare provider ; a user of healthcare services.
Patient Authorization	A document signed by the patient or their legal representative authorizing the release of specific Protected Health Information .
Patient Centered Medical Home (PCMH)	<p>The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a healthcare setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.</p> <p>http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home</p>
Payer	An organization responsible for payment to providers .
Peak load	A point in time during which a system or a system resource encounters its heaviest usage.
Peer Review	A system of evaluation where persons use established standards of business practices to assess the performance of their colleagues.
Personal Health Record (PHR)	<p>A Personal Health Record (PHR), usually available through the internet, helps people track their healthcare services and better communicate with their providers. The Personal Health Record (PHR) is controlled by the individual, and can be shared with others, including caregivers, family members and providers. This is different from a provider's electronic health record (EHR), which is controlled by the provider just as paper medical records are today. Ideally, a Personal Health Record has a fairly complete summary of an individual's health and medical history based on data from many sources, including information entered by the individual (allergies, over the counter medications, family history, etc.).</p> <p>https://www.cms.gov/perhealthrecords/</p>
Pharmacy Benefit Manager (PBM)	A company under contract with managed care organizations, self-insured companies, or government programs to manage that organization's drug benefit program. Services may include pharmacy network management, drug utilization review, outcomes management, and disease management.
Physical Safeguards	Controls which protect physical resources such as buildings, computer systems, network systems, and related equipment from physical harm due to human, natural, and environmental hazards.



Term	Definition
<p>Practice Management System/Software (PMS)</p>	<p>Practice management software (PMS) is a category of software that supports the day-to-day operations of a medical practice. Such software frequently allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports. PMS is often connected to an electronic medical records (EMR) system. While some information in a PMS and an EMR overlaps — for example, patient and provider data — in general the EMR system is used for the assisting the practice with clinical matters, while PMS is used for administrative and financial matters.</p>
<p>Preferred Provider Organization (PPO)</p>	<p>A preferred provider organization (or "PPO", sometimes referred to as a participating provider organization or preferred provider option) is a managed care organization of medical doctors, hospitals, and other healthcare providers who have a covenant with an insurer or a third-party administrator to provide healthcare at reduced rates to the insurer's or administrator's clients.</p> <p>http://healthharbor.com/health-insurance-101/plan-types</p>
<p>Primary Domain Controller (PDC)</p>	<p>Primary Domain Controller (PDC) is a server computer in a Windows domain. The PDC has an administration account which has overall total control of the domain resources.</p>
<p>Privacy Officer or Official</p>	<p>The Privacy Officer or Official is responsible for developing and implementing the privacy policies and procedures for a covered entity. They are also a contact responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices.</p> <p>The Security Officer role and the Privacy Officer role maybe performed by the same person in the organization.</p> <p>http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html</p>
<p>Privacy Rule</p>	<p>Standards for Privacy of Individually Identifiable Health Information, as specified in 45 CFR Parts 160 and 164.</p>
<p>Protected Health Information (PHI)</p>	<p>PHI is individually identifiable health information:</p> <ol style="list-style-type: none"> Except as provided in paragraph two (2.) of this definition, that is: <ul style="list-style-type: none"> - Transmitted by electronic media; - Maintained in electronic media; or - Transmitted or maintained in any other form or medium. Protected health information excludes individually identifiable health information in: <ul style="list-style-type: none"> - Education records covered by the Family Educational Rights 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.
<p>Provider</p>	<p>A supplier of healthcare services, supplies, or equipment.</p>



Term	Definition
<p>Provisional Accreditation</p>	<p>The EHNAC accreditation designation awarded an organization when it does not satisfy the requirements of Full Accreditation but is granted a specified period of time to fulfill the requirements.</p>
<p>Public Key Infrastructure (PKI)</p>	<p>The hardware, software, people, processes, and policies that, together, using the technology of asymmetric cryptography, facilitate the creation of a verifiable association between a public key (the public component of an asymmetric key pair) and a private key (the private component of that pair), for uses such as authenticating the identity of a specific entity, ensuring the integrity of information, establishing an encrypted communications session, and with the proper authentication policies, providing support for non-repudiation.</p> <p>A PKI (public key infrastructure) enables users of a basically unsecure public network such as the Internet to securely and privately exchange data and money through the use of a public and a private cryptographic key pair that is obtained and shared through a trusted authority. The public key infrastructure provides for a digital certificate that can identify an individual or an organization and directory services that can store and, when necessary, revoke the certificates.</p>
<p>Real-time</p>	<p>A Real-time system responds to events within the same communication session as quickly as possible. The response time must be within the maximum allowed. For real-time transactions, data entry screens must adhere to the data content standards but do not have to adhere to the format standards, as long as the data is translated into the X12 format before it is transmitted. Typically real-time is associated with eligibility, claim status and prescription/drug information.</p>
<p>Record Locator Service (RLS)</p>	<p>An electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers.</p> <ul style="list-style-type: none"> - Providers may construct an RLS without patient consent - Providers must obtain patient consent to access a patient's health record. <p>RLS usually works in concert with an MPI.</p> <p>http://www.ahrq.gov/about/annualmtg07/0927slides/connelly/Connelly-13.html</p>
<p>Recovery Point Objective (RPO)</p>	<p>The predetermined point in time that information or data necessary for a process (manual or automated) is considered recovered after a declared disaster. The RPO is usually determined during the business continuity planning process. It is specified as an amount of time measured backward from the point of service disruption. For example, an RPO of eight hours indicates that all data/information must be current to the point at which it originally existed eight hours prior to the incident.</p>



Term	Definition
Recovery Time Objective (RTO)	The predetermined point in time by which the business operations must be available after a service disruption. This time is the maximum amount of time measured from the incident. The RTO is achieved when the data and processes are recovered and re-established to the agreed-upon RPO. The RTO is composed of both the Declaration Time and the Service Continuity Objective . For example, an RTO of 36 hours indicates that all critical systems must be fully operational within 36 hours following a service disruption.
Regenerate	The act of recreating a transaction such that it can be successfully reprocessed.
Regional Extension Center (REC)	<p>The HITECH Act authorized the Health Information Technology Extension Program</p> <p>The RECs support and serve healthcare providers to help them quickly become adept and meaningful users of electronic health records (EHRs). RECs are designed to make sure that eligible professionals receive the assistance they need to use EHRs. This assistance includes training, support services, information, guidance and technical assistance.</p> <p>http://healthit.hhs.gov/portal/server.pt/community/hit_extension_program/1495/home/17174</p>
Regional Health Information Organization (RHIO)	Organized cross-organizational healthcare data-sharing organizations are referred to as RHIOs. These organizations are also referred to as health information exchanges (HIEs) .
Re-marketing	Selling the services of an Electronic Healthcare Network or VAN to another network, vendor, or other third party that re-sells those services to a customer. Sometimes the services are renamed under a private label agreement.
Retiree Drug Subsidy Program (RDS)	<p>The retiree drug subsidy (RDS) is one of several options available under Medicare that enables employers and unions to continue assisting their Medicare eligible retirees in obtaining more generous drug coverage. It is generally considered the easiest and most straightforward of the available options, and can often be implemented with little or no benefit design changes to current coverage.</p> <p>https://www.cms.gov/EmployerRetireeDrugSubsid/</p>
Risk	Risk is a function of the likelihood of a given threat triggering or exploiting a particular vulnerability, and the resulting impact on the organization. This means that risk is not a single factor or event, but rather it is a combination of factors or events (threats and vulnerabilities) that, if they occur, may have an adverse impact on the organization.



Term	Definition
Risk Assessment	A formal process wherein business risk is typically measured using a combination of impact potential and occurrence probability. The risk assessment determines the potential risks and vulnerabilities to the confidentiality, availability and integrity of all PHI that an organization creates, receives, maintains, or transmits. The risk assessment should be reviewed at least annually or when major changes occur in the entity's organization or architecture.
Sarbanes Oxley (SOX)	The Sarbanes-Oxley Act, commonly called Sarbanes–Oxley, Sarbox or SOX, is a United States federal law enacted in July 2002 that introduced major changes to the regulation of corporate governance and financial practice http://www.soxlaw.com/introduction.htm
SAS 70 Audit Statement on Auditing Standards No. 70 Audit	Statement on Auditing Standards (SAS) No. 70, Service Organizations, is a widely recognized auditing standard developed by the American Institute of Certified Public Accountants (AICPA). A service auditor's examination performed in accordance with SAS No. 70 (also commonly referred to as a "SAS 70 Audit") is widely recognized, because it represents that a service organization has been through an in-depth audit of their control objectives and control activities, which often include controls over information technology and related processes. In addition, the requirements of Section 404 of the Sarbanes-Oxley Act of 2002 make SAS 70 audit reports even more important to the process of reporting on the effectiveness of internal control over financial reporting. This standard was replaced by SSAE 16 for all reports after June 2011. http://sas70.com/sas70_overview.html
Security Officer or Official	The Security Officer, required by HIPAA's Security Rule, is responsible for the development and implementation of policies and procedures that safeguard electronic protected health information. The Security Officer role and the Privacy Officer role maybe performed by the same person in the organization. http://www.hipaa.com/2009/03/what-should-you-expect-from-your-hipaa-security-official/
Service Agreement	See Service Level Agreement (SLA) .
Service Continuity Objective (SCO)	The amount of time, in hours, necessary for IT to recover a server, application, network, or other IT service. This time is independent of the declaration time .
Service Level Agreement (SLA)	A formal written agreement made between two parties: the service provider and the service recipient. The SLA defines the basis of understanding between the two parties for delivery of a service.
Sign-in Sheets	Formal documentation whereby a visitor (or patient) signature is required upon their arrival.



Term	Definition
Site Reviewer	The individual who conducts a Peer Review at the site of a candidate for EHNAC certification .
Software as a Service (SaaS)	Software as a service (SaaS), sometimes referred to as "on-demand software," is a software delivery model in which software and its associated data are hosted centrally (typically in the (Internet) cloud) and are typically accessed by users using a web browser over the Internet.
Specially Designated Nationals List (SDN List)	As part of its enforcement efforts, Office of Foreign Assets Control publishes a list of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. It also lists individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs that are not country-specific. Collectively, such individuals and companies are called "Specially Designated Nationals" or "SDNs." Their assets are blocked and U.S. persons are generally prohibited from dealing with them. http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx
Standard Transaction	A healthcare transaction that meets HIPAA standards and implementation specifications. HIPAA standard transactions are defined for Healthcare Claims or Encounters, Referral Certification and Authorization, Claims Payment and Remittance Advice, Health Claim Status, Coordination of Benefits, Health Plan Eligibility, Enrollment/Disenrollment in a Health Plan, and Health Plan Premium Payments. HIPAA adopted certain standard transactions for Electronic Data Interchange (EDI) of healthcare data. These transactions are: claims and encounter information, payment and remittance advice, claims status, eligibility, enrollment and disenrollment, referrals and authorizations, and premium payment. Under HIPAA , if a covered entity conducts one of the adopted transactions electronically, they must use the adopted standard. https://www.cms.gov/TransactionCodeSetsStands/
Standards Development Organization (SDO)	Standards development organizations develop technical standards that are intended to address the needs of some relatively wide base of affected adopters. http://www.justice.gov/atr/public/press_releases/2004/204345.htm



Term	Definition
State Designated Entity (SDE)	Under the HITECH Act, State Designated Entities (SDEs) were established to develop and advance mechanisms for information sharing across the healthcare system. The SDEs are tasked with establishing HIE capacity among healthcare providers and hospitals in their State. http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_hitech_programs/1487
State Designated Health Information Exchange	HIE recognized by the State as the official Health Information Exchange in the state. The SDE may operate a statewide HIE .
Stated mission	A brief statement of the purpose of an organization.
Statement on Standards for Attestation Engagements (SSAE) No. 16	Statement on Standards for Attestation Engagements (SSAE) No. 16 replaced Statement on Auditing Standards No. 70 (SAS70) for professional guidance for performing a service auditor's examination. This is effective for service organization reports with periods ending on or after June 15, 2011.
Storage Area Network (SAN)	A type of local area network (LAN) designed to handle large data transfers. These typically support data storage, retrieval and replication on business networks using high-end servers, multiple disk arrays and high-speed interconnect technology.
Survey	The evaluation performed by an EHNAC site reviewer during the accreditation process.
Survey report	The written evaluation of an EHNAC candidate's performance.
System availability	The actual time that a business process or IT service is available to provide an advertised service or to process data.
Systems Development Life Cycle (SDLC)	The process, involving multiple stages (from feasibility study to post implementation review), used to convert a problem or need into an application system.
Technical Safeguards	Technology and processes that are put in place to protect electronic Protected Health Information and to control access to it.
Telehealth	"The use of telecommunication technologies to provide healthcare services and access to medical and surgical information for training and educating healthcare professionals and consumers, to increase awareness and educate the public about health-related issues, and to facilitate medical research across distances." Source: Mosby's Medical Dictionary, 8 th edition, © 2009, Elsevier



Term	Definition
Telemedicine	Telemedicine is the delivery of any healthcare service or transmission of wellness information exchanged from one site to another via electronic communications. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth. Telemedicine is a subset of the closely associated " telehealth ." http://www.americantelemed.org/i4a/pages/index.cfm?pageid=3333
Third Party Administrator (TPA)	An organization that processes healthcare claims without carrying insurance risk . Third party administrators have the expertise and capability to administer all or a portion of the claims process. They are normally contracted by a health insurer or self-insuring organization to administer services including claims administration, enrollment, and other administrative activities. A hospital or provider organization desiring to set up its own health plan will often outsource certain responsibilities to a TPA.
Threat	The potential for a person or thing to exercise (accidentally trigger or intentionally exploit) a specific vulnerability. Examples of common threats include: <ul style="list-style-type: none"> - Human threats that are intentional (e.g., network and computer based attacks, malicious software upload, and unauthorized access to e-PHI) or unintentional (e.g., inadvertent data entry or deletion and inaccurate data entry). - Environmental threats such as power failures, pollution, chemicals, and liquid leakage.
Trading Partner Tracking System	A system used to manage relationships with trading partners , often referred to as a Customer Relationship Management system, or CRM. This system is used to enter, store, prioritize, track, and escalate trading partner service requests.
Trading Partners	Two or more parties involved in a business relationship.
Transaction	The electronic transmission of information between two parties (trading partners) to carry out financial, administrative, or clinical activities. Also refers to the message communicated between the parties.
Transaction Audit Information	The detailed record or log of a transaction including timestamp of initial receipt, and timestamp of any processes performed on the transaction , and timestamp of transmission to another entity. (See Audit trail)
Transaction Error	An incomplete or inaccurate transaction .
Transmission	Electronic transfer of data.
Utilization	The percentage of available computing or network resources expended for a given period of time.



Glossary of Terms

Term	Definition
Value-Added Networks (VAN)	<p>An entity that receives EDI transmissions from a source and electronically reroutes them to the appropriate receiver without accessing more than the address of a transmission. A VAN is a private network provider (sometimes called a turnkey communications line) that is hired by a company to facilitate EDI communications or to provide other network services.</p> <p>Taken from EHNAC HNAP-EHN criteria version 10.2</p>
Virus Protection	Software capable of detecting and removing computer viruses or other malicious code.
Wellness	Wellness is an active process through which people become aware of, and make choices toward, a more successful existence.
Window of opportunity	The period during which transmissions will be accepted by some systems.

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