



Glossary of Terms

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 health care costs, guarantee more health care choices, and enhance the quality of health care 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> <p>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 health care plans</p> <p>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.</p>
American Institute of CPAs (AICPA)	<p>The AICPA sets ethical standards for the profession and U.S. auditing standards for private companies, nonprofit organizations, federal, state and local governments. It develops and grades the Uniform CPA Examination, and offers specialty credentials for CPAs who concentrate on personal financial planning; forensic accounting; business valuation; and information management and technology assurance.</p> <p>http://www.aicpa.org/About/Pages/About.aspx</p>
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>

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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>
Annual	<p>When this term is used within the EHNAC criteria, it refers to a period that is no longer than 365 calendar days (366 calendar days in leap years).</p>
Applicability Statement for Secure Health Transport	<p>A document describing usage of SMTP, S/MIME, and X.509 certificates to securely transport health information over the Internet.</p>
Application Service Provider (ASP)	<p>A business that provides services to customers over the internet. Services may range from access to a single application or access to a number of software services. ASPs generally internally house and support the hardware; many operate and support the software application as well.</p>
Applicant	<p>An Organization who has started the EHNAC Accreditation process, but has not yet fulfilled the application requirements. Once the Applicant has completed the requirements as outlined in the Accreditation Guidelines (see page 3) the Applicant becomes a Candidate.</p>
ASC X12	<p>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.</p>
Association for Electronic Health Care Transactions (AFEHCT)	<p>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.</p>

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ASTM	<p>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.</p> <p>http://www1.astm.org/ABOUT/overview.html#</p>
Audit trail	<p>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.</p> <p>http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityrulepdf.pdf</p>
Authentication	<p>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.</p> <p>Also the act of verifying the identity of a user of a computer or network system.</p>
Authorized Testing & Certification Bodies (ATCB)	<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>
Authorized User	<p>Users who are permitted to access specific services or data based on their approved credentials.</p>
Automated Clearing House (ACH)	<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>
Availability	<p>The on-demand accessibility of data or information by an authorized person or system.</p>

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Backup Media Storage Facilities	Backup media storage facilities refers to a facility that is used for storing copies and instances of backup data. Backup media storage facilities enables the maintenance, management, retrieval and restoration of backup data for any individual, application, computer, server or any computing device. The backup media storage facility, as defined by EHNAC, is solely used for the encrypted storage of backup media and not when included as services rendered by a disaster recovery facility .
Bandwidth	The amount of data that can be passed along a communications channel in a given period of time.
Batch Transactions	<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>
Biometrics	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.

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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 health care 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 health care 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 that disclose PHI to providers for treatment purposes – for example, information exchanges between a hospital and physicians with admitting privileges at the hospital. <p>http://hipaa.dhhs.state.nc.us/hipaa2002/privacy/doc/online/privacyreviewtables/PrivacyRuleTable-Part160v5.pdf</p>

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Business Associate Agreement (BAA) (Contract)	<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>
Business Continuity Planning (BCP)	<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>
Business Day	<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>
Business Hours	<p>Published hours in which business is commonly conducted by the organization including standard customer support hours.</p>
Candidate	<p>An organization that meets the preliminary requirements for accreditation and which has submitted their application, their initial fees, and all required documentation.</p>
CAP (Corrective Action Plan)	<p>A document that identifies tasks needing to be accomplished. It details resources required to accomplish the elements of the plan, any milestones in meeting the tasks, and scheduled completion dates for the milestones. Source: https://hitrustalliance.net/content/uploads/2014/05/HITRUST-RMF-Whitepaper2.pdf</p>
Capacity	<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>
Capacity Plan	<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>

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CEAP	EHNAC's Cloud -Enabled accreditation program (CEAP) provides a higher level of stakeholder confidence for organizations under competitive pressures to demonstrate the rigor and structure of cloud-enabled platforms and applications. Developed by industry-peers, CEAP is offered exclusively for the users of FedRAMP-certified Cloud Service Providers (CSPs) – regardless of the healthcare data exchange model the CSP supports.
Centers for Medicare & Medicaid Services (CMS)	The Centers for Medicare & Medicaid Services (CMS) is a branch of the U.S. Department of Health and Human Services. CMS is the federal
Certificate Authority (CA)	A trusted entity that issues electronic documents, called digital certificates that verify a digital entity's identity on the Internet.
Certificate Practices Statement (CPS)	Formal, published policies and procedures regarding the issuance and use of digital certificates.
Certification	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.
Certified EHR	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.
Check 21 Act	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. http://www.gpo.gov/fdsys/pkg/PLAW-108publ100/content-detail.html



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Claim	A common term used for a Medical Bill .
Clearinghouse	See Electronic Healthcare Network (EHN).
Cloud Computing	A model for enabling on-demand network access to a shared pool of configurable IT capabilities/ resources (e.g., networks, servers, storage, applications, and services) that can be rapidly provisioned and released with minimal management effort or service provider interaction. It allows users to access technology-based services from the network cloud without knowledge of, expertise with, or control over the technology infrastructure that supports them. This cloud model is composed of five essential characteristics (on-demand self-service, ubiquitous network access, location independent resource pooling, rapid elasticity, and measured service); three service delivery models (Cloud Software as a Service [SaaS], Cloud Platform as a Service [PaaS], and Cloud Infrastructure as a Service [IaaS]); and four models for enterprise access (Private cloud, Community cloud, Public cloud, and Hybrid cloud). http://nvlpubs.nist.gov/nistpubs/ir/2013/NIST.IR.7298r2.pdf
Cloud Services Provider (CSP)	A vendor that provides Cloud Computing services.
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 Exchange (CORE)	The Committee on Operating Rules for Exchange (CORE), supported by the Council for Affordable Quality Healthcare (CAQH) , develops operating rules that direct implementation and use of primarily financial and business administrative data across all stakeholders including providers , clearinghouses , and payers .
Consumer	User of healthcare services.

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Consumer Engagement	In consumer engagement, consumers take an active role in their own health care, from understanding their own conditions and available treatments, to seeking out and making decisions based on information about the performance of health care providers .
Continuity of Care Document (CCD)	<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>
Continuity of Care Record (CCR)	<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>
Corporate/Main Operations	The primary physical location of the Candidate organization pertaining to the accreditation being sought.
Council for Affordable Quality Healthcare (CAQH)	<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>

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Covered Entity	Covered Entities (CEs) include all health care providers (doctors, dentists, therapists, psychologists, pharmacists, etc.), health care clearinghouses , and health plans (i.e., health insurance companies) that electronically store, process or transmit electronic protected health information (EPHI).
Criteria	Measurable requirements which must be met to achieve EHNAC accreditation .
CSF	HITRUST's criteria framework (formerly "Common Security Framework")
Customer Service/Help Desk Operations	The department within a Candidate organization that is responsible for responding to issues reported by internal or external customers. Internal customers may be workforce members or contractors working for the candidate. External customers would be end users of the candidate's services. A Customer Service/Help Desk Operation may be an in-house function managed by the Candidate organization or an outsourced function managed by a third party.
Data Center Hosting Facilities	A data center is a facility that centralizes a Candidate organization's IT operations and equipment where it stores, manages, and disseminates its data. Data centers house a network's most critical systems and are vital to the continuity of daily operations. A data center facility may be an in-house function managed by the Candidate organization or an outsourced function managed by a third party.
Data Element	The smallest named unit of information in a transaction .
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 eHealth Exchange Participants agree and that all eHealth Exchange Participants sign as a condition of joining the community.</p> <p>All eHealth Exchange Participants must sign the DURSA to exchange health information with each other via the eHealth Exchange.</p> <p>http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_9_09240_0_0_18/DURSAVersionforProductionPilotsFinal.pdf</p>



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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.
Direct Entity [DE]	The entity assigned uniquely to a certificate used for Directed exchange (e.g. individual, organization).
DirectTrust	DirectTrust is an independent non-profit trade association created by and for participants in the Direct community, its common goal being to establish and maintain a national Security and Trust Framework in support of Direct exchange.
DirectTrust Subscriber	Entity approved to conduct Directed exchange and is the subject named or identified in a digital certificate.
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 Facilities	A disaster recovery (DR) facility is a facility a Candidate organization may use to recover and restore its technology infrastructure and operations when its primary data center becomes unavailable.
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.
Distinguished Name [DN]:	A unique identifier assigned to the entity (e.g. Direct Entity), or subject of the X.509 certificate.
Downtime	The period of time when a system is unavailable.
Drug Enforcement Administration (DEA)	The Drug Enforcement Administration (DEA) enforces the controlled substances laws and regulations of the United States http://www.justice.gov/dea/agency/mission.htm
DTAAP-CA	The EHNAC/DirectTrust Direct Trusted Agent Accreditation Program for Certificate Authorities.
DTAAP-HISP	The EHNAC/DirectTrust Direct Trusted Agent Accreditation Program for Health Information Service Providers.
DTAAP-RA	The EHNAC/DirectTrust Direct Trusted Agent Accreditation Program for Registration Authorities.

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<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>Editing capabilities</p>	<p>The ability to determine that input meets certain criteria, such as date, field or syntax requirements.</p>
<p>Electronic Data Interchange (EDI)</p>	<p>The computer-to-computer exchange of information in a standard electronic format.</p>
<p>Electronic Health Record (EHR)</p>	<p>An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by one or more providers over time, and may include all of the key administrative and clinical data relevant to that person's care under each provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.</p> <p>The terms EHR and EMR are frequently used interchangeably.</p> <p>https://www.cms.gov/ehealthrecords/</p>
<p>Electronic Healthcare Network (EHN)</p>	<p>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.</p>

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<p>Electronic Healthcare Network Accreditation Commission (EHNAC)</p>	<p>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.</p>
<p>Electronic Media</p>	<p>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.</p>
<p>Electronic Medical Record (EMR)</p>	<p>An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within <u>one</u> healthcare organization.</p> <p>The terms EHR and EMR are frequently used interchangeably.</p> <p><i>Code of Federal Regulations, Title 45 – Public Welfare. US 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>



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<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#BOOKMARK1</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>

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Eligible Transaction	<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 health care 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. Health care 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>
eHealth Exchange	<p>The eHealth Exchange, formerly the Nationwide Health Information Network Exchange, is a rapidly growing community of exchange partners, who share information under a common trust framework and a common set of rules. Participants include federal agencies, states, beacon communities and Health Information Organizations (HIOs) and health systems, which represent hundreds of hospitals, thousands of providers and millions of patients. The eHealth Exchange helps to improve the health and welfare of all Americans through health information exchange that is trusted, scalable and enhances quality of care and health outcomes by supporting comprehensive longitudinal health records. http://www.healthit.gov/providers-professionals/faqs/what-ehealth-exchange</p>
Encryption	<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>
ePAP-EHN	<p>The EHNAC e-Prescribing Electronic Healthcare Network Accreditation Program.</p>
EPCSCP-Pharmacy	<p>The EHNAC Electronic Prescriptions for Controlled Substances Certification Program for Pharmacy Vendors.</p>
EPCSCP-Prescribing	<p>The EHNAC Electronic Prescriptions for Controlled Substances Certification Program for Prescribing Vendors.</p>
Escalation procedures	<p>A series of steps to elevate the handling of a problem based on the severity or the age of the incident.</p>

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Facilitated Assessment	A facilitated assessment is when a Candidate employs a third party to assist in their Readiness Work. On facilitated assessments, the vendor providing assistance must use some of the client's MyCSF account(s).
Facility Expansion Plan	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.
Facility Security Plan	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.
Fast Batch	<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. (2) After receiving a batch of transactions, process each transaction within that batch in a real-time manner through the remainder of the processes.
Federal Information Processing Standard (FIPS)	<p>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.</p> <p>http://www.itl.nist.gov/fipspubs/geninfo.htm</p>
FedRAMP	The Federal Risk and Authorization Management Program, or FedRAMP , is a government-wide program that provides a standardized approach to security assessment, authorization, and continuous monitoring for cloud products and services.
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.

Glossary of Terms

Term	Definition
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 EHNAC Financial Services Accreditation Program for Electronic Healthcare Networks. This program is 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 EHNAC Financial Services Accreditation Program for Lockbox operations. This program is 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 .
Group Certificates	A digital certificate assigned to an organization for use by its members.



Glossary of Terms

Term	Definition
Health Information Exchange (HIE)	<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>
Health Information Exchange (HIE) Vendor	<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.
Health Information Exchange Accreditation Program (HIEAP)	<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>
Health Information Organization (HIO)	<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. US Government Printing Office; 2009</i></p>

Glossary of Terms

Term	Definition
Health Information Services Provider (HISP)	A Direct HISP represents the mechanism used to provision users with a universal, Direct email address following the Direct Project standards.
Health Information Standards Committee	<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>
Health Information Technology Standards Panel (HITSP)	<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>
Health IT Policy Committee	<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>
HHS – The U.S. Department of Health & Human Services	The U. S. Department of Health & Human Services.

Glossary of Terms

Term	Definition
HIE Vendor	An entity that provides the technology (software or applications) to enable clinical health information exchange . The technology includes: <ul style="list-style-type: none"> - The capability to securely electronically move clinical information among disparate health care 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.
HIEAP	The EHNAC Health Information Exchange Accreditation Program. This program is for health information organizations that utilizes HIE technology to bring together health care 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.
HIPAA	The Health Insurance Portability and Accountability Act of 1996.
HITECH	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.
HITRUST	The Health Information Trust Alliance. See: www.hitrustalliance.net
HL7	Health Level 7 – An ANSI standards development organization (SDO) that focuses on clinical and administrative transactions .
HNAP-EHN	The EHNAC Healthcare Network Accreditation Program for Electronic Healthcare Networks .
HNAP-Medical Biller	The EHNAC Healthcare Network Accreditation Program for Medical Billers. This program is 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 Healthcare Network Accreditation Program for Third Party Administrators .

Glossary of Terms

Term	Definition
<p>Hybrid</p>	<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>
<p>In-Scope Organization Site</p>	<p>Organization Sites deemed "in scope" are any and all physical locations at which the Organization provides services related to the EHNAC Program for which they are seeking accreditation, and any and all sites that create, receive, maintain, or transmit PHI or DTAAP PII or cryptographic information related to those services. Services considered in scope include but are not limited to the sites delineated in EHNAC's Site Visit Policy (see https://www.ehnac.org/site-visits/).</p>
<p>In-Scope Outsourced Site</p>	<p>Outsourced Sites deemed "in scope" are any and all Outsourced Sites related to the EHNAC Program for which an Organization is seeking accreditation, and any sites where their PHI or DTAAP PII or cryptographic information is created, received, maintained, or transmitted. Such sites may include but are not limited to the sites delineated in EHNAC's Site Visit Policy (see https://www.ehnac.org/site-visits/).</p>
<p>In-Scope Site</p>	<p>Refers to In-Scope Organization Sites and In-Scope Outsourced Sites.</p>
<p>Individual Certificates</p>	<p>A digital certificate assigned to an individual for use by that individual only to identify themselves electronically to an organizations that accepts digital certificates.</p>

Glossary of Terms

Term	Definition
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.
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.
Interim Assessment (also called Interim Review)	An Interim Assessment is conducted one year after an organization achieves HITRUST Certification by receiving a Validated Report with Certification.
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.
International Disclosure	The disclosure by EHNAC that an accredited entity has some international In-Scope Sites . This disclosure is provided when EHNAC does not conduct physical site reviews to those International locations and can therefore not provide an opinion on the physical security employed by such sites. See also International Entity .

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Term	Definition
International Entity	An In-Scope 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 "International" areas].
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.
Management Service Organization (MSO)	<p>Organizations that, for a fee, provides physician groups with such management services as group purchasing, billing and other financial activities, and assistance with insurance and staffing issues.</p> <p>Management Service Organizations (MSOs) are considered a viable alternative to the traditional EHR client-server model where the technology is maintained at the provider site. These organizations are capable of supporting multiple EHR products at reduced costs through economies of scale and bulk purchasing. Technical support usually extends beyond the standard business hours and in some instances is available on a 24/7 basis. Data is safeguarded through a network operating center that, by design, ensures high quality and uninterrupted service. MSOs enable physicians to access a patient's record wherever access to the Internet exists.</p> <p>http://mhcc.maryland.gov/electronichealth/MSOPRINT_083109.pdf</p>

Glossary of Terms

Term	Definition
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 health care 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 health care system.
Maturity	HITRUST leverages the NIST PRISMA methodology, which incorporates the concept of capability maturity to determine likelihood of a control failure but expresses the levels in a way that, while roughly equivalent with their Capability Maturity Model-Integrated (CMMI) counterparts, is much more intuitive for the evaluation of information security as opposed to the traditional language used around process maturity. Source: https://hitrustalliance.net/content/uploads/2014/05/HITRUST-RMF-Whitepaper2.pdf
Meaningful Use	Meaningful use describes the use of health information technology (HIT) that leads to improvements in healthcare and furthers the goals of information exchange among health care 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. 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
Meaningful Use Incentives	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. http://www.cms.gov/ehrincentiveprograms/

Glossary of Terms

Term	Definition
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 Ethernet LAN, 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 .
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.
MSOAP	The EHNAC Healthcare Management Service Organization Accreditation Program.
Multiple Program	Organizations can pursue more than one accreditation program. The additional " secondary programs " are referred to as Multiple Programs.
MyCSF	A GRC tool provided by HITRUST which collects scoping information and then provides relevant requirements from the HITRUST CSF for self-evaluation and third party assessment.
National Institute of Standards and Technology (NIST)	<p>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.</p> <p>http://healthcare.nist.gov/testing_infrastructure/index.html</p>

Glossary of Terms

Term	Definition
National Provider Identifier (NPI)	<p>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.</p>
National Uniform Billing Committee (NUBC)	<p>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 health care claims.</p> <p>http://www.nubc.org/history.html</p>
National Uniform Claim Committee (NUCC)	<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 health care 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 health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors.</p> <p>http://www.nucc.org/</p>
Nationwide Health Information Network (NHIN or NwHIN)	<p>See eHealth Exchange.</p>
NCPDP	<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>
Network and System Administrators	<p>Network and systems administrators install, maintain, and support an organization's information technology systems. They test system components to ensure that computers, software, and network equipment function seamlessly together. Administrators are also in charge of the organization's LAN, WAN, intranet or Internet systems.</p>

Glossary of Terms

Term	Definition
<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>
<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>Off-site storage</p>	<p>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.</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>

Glossary of Terms

Term	Definition
Office of Foreign Assets Control (OFAC)	<p>The Office of Foreign Assets Control (OFAC) of the US Department of the Treasury administers and enforces economic and trade sanctions based on US 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>
Office of the National Coordinator for Health Information Technology (ONC)	<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>
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.
Online storage	Data storage such as a disk or a SAN that is directly accessible by a computer system, in contrast to " offline storage ".
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.
Organization	EHNAC refers to entities that apply for accreditation and/or receive accreditation as "Organizations". This term is intentionally broad to encompass for-profit and non-profit companies, government agencies, healthcare provider, institutions, etc.



Glossary of Terms

Term	Definition
OSAP	The EHNAC Healthcare Network Outsourced Services Accreditation Program. This program provides accreditation for entities providing outsourcing services such as Network Administration, Data Center Operations, Call Center Operations, Disaster Recovery Services, Media Storage, Printing Services, Scanning Services, Product Development, and HIE services. HIE outsourcers provide comprehensive HIE technology services 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).
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 health care 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)	The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients , and their personal physicians, and when appropriate, the patient's family. http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home
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.
Permitted Purposes	Permitted purposes are reasons for transacting/transferring information that are consistent with an entity's participation agreement and/or data use agreements with the party/parties to whom the information is being given or sought.

Glossary of Terms

Term	Definition
Personally Identifiable Information (PII)	<p>Personally Identifiable Information (PII) refers to information that can be used to distinguish or trace an individual’s identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. In performing this assessment, it is important for an agency to recognize that non-PII can become PII whenever additional information is made publicly available — in any medium and from any source — that, when combined with other available information, could be used to identify an individual.</p> <p>Source: https://www.gsa.gov/reference/gsa-privacy-program/rules-and-policies-protecting-pii-privacy-act</p>
Pharmacy Benefit Manager (PBM)	<p>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.</p>
Physical Safeguards	<p>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.</p>
Practice Management System/Software (PMS)	<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>
Preferred Provider Organization (PPO)	<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 health care providers who have a covenant with an insurer or a third-party administrator to provide health care at reduced rates to the insurer's or administrator's clients</p> <p>http://healthharbor.com/health-insurance-101/plan-types</p>
Primary Domain Controller (PDC)	<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>

Glossary of Terms

Term	Definition
Printing Operations	Facilities that are responsible for the printing of PHI and is related to the accreditation. The facility may be owned and operated by the Candidate organization or by an outsourced third party.
Privacy Officer or Official	<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>
Privacy Rule	Standards for Privacy of Individually Identifiable Health Information , as specified in 45 CFR Parts 160 and 164.
Primary Program	The first Program an Organization applies for (or the "primary").
Product Development Operations	Product development operations is the department responsible for the development of the services offered to customers related to the accreditation. Product development could be a department within the Candidate organization or outsourced to a third party.
Protected Health Information (PHI)	<p>PHI is individually identifiable health information:</p> <p>(1) Except as provided in paragraph two (2) of this definition, that is:</p> <ul style="list-style-type: none"> (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium. <p>(2) Protected health information excludes individually identifiable health information in:</p> <ul style="list-style-type: none"> (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer.
Provider	A supplier of healthcare services, supplies, or equipment.
Provisional Accreditation	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.

Glossary of Terms

Term	Definition
Public Key Infrastructure (PKI)	<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>
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.
Readiness Work	Readiness Work is the work using the MyCSF tool to conduct Scoping, and then with respect to each Requirement Statement gathering relevant information and documentation, assessing compliance at each Maturity Level, conducting appropriate testing and documenting the results to validate the level of maturity stated.
Real-time	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.
Record Locator Service (RLS)	<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. RLS usually works in concert with an MPI. <p>http://www.ahrq.gov/about/annualmtg07/0927slides/connelly/Connell_y-13.html</p>

Glossary of Terms

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)	The HITECH Act authorized the Health Information Technology Extension Program The RECs support and serve health care 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. http://healthit.hhs.gov/portal/server.pt/community/hit_extension_program/1495/home/17174
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) .
Registration Authority (RA)	An entity that verifies a certificate requestor's identity and authorization either directly or through a Trusted Agent .
Requirement Statement	The lowest level criterion an organization must address within MyCSF.
Retiree Drug Subsidy Program (RDS)	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. https://www.cms.gov/EmployerRetireeDrugSubsid/

Glossary of Terms

Term	Definition
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.
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
Scanning Operations	Facilities that are responsible for the scanning of PHI and related to the accreditation. The facility may be owned and operated by the Candidate organization or by an outsourced third party.
Scoping (within MyCSF)	The act of applying specific technology-related, infrastructure-related, public access-related, scalability-related, common security control-related, and risk-related considerations on the applicability and implementation of individual security and privacy controls in the control baseline. Source: https://hitrustalliance.net/content/uploads/2014/05/HITRUST-RMF-Whitepaper2.pdf

Glossary of Terms

Term	Definition
Screening	Screening refers to an organization’s processes for investigating the backgrounds of potential workforce members. It is commonly used to verify the accuracy of an applicant's claims as well as to discover any possible criminal history, workers compensation claims, or employer sanctions. As defined in NIST in SP 800-53r4, control PS-3: “The organization: Screens individuals prior to authorizing access to the information system; and Re-screens individuals according to [Assignment: organization-defined conditions requiring re-screening and, where re-screening is so indicated, the frequency of such re-screening].”
Secondary Program	Any additional program that an Organization applies for. (Note that The Cloud-Enabled Accreditation Program (CEAP) MUST always be a secondary program.)
Security and Trust Agent (STA)	The security and trust agent is responsible for implementing the policies of the Applicability Statement . It contains interfaces and implementations for resolving private and public certificates, message signing and validating message signatures, message encryption, and enforcing trust policies.
Security Officer or Official	<p>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.</p> <p>The Security Officer role and the Privacy Officer role maybe performed by the same person in the organization.</p> <p>http://www.hipaa.com/2009/03/what-should-you-expect-from-your-hipaa-security-official/</p>
Sequoia Project, The	<p>From Sequoia Project:</p> <p>In 2012, The Sequoia Project, previously Healthway, was chartered as a non-profit 501(c)(3) to advance the implementation of secure, interoperable nationwide health information exchange. The Office of the National Coordinator for Health Information Technology, part of the US Department of Health and Human Services, transitioned management of its eHealth Exchange to The Sequoia Project for maintenance. Since 2012, the Exchange has grown to become the largest health information exchange network in the country. In 2014, we began to support additional interoperability initiatives beginning with Carequality.</p> <p>http://sequoiaproject.org/about-us/</p>
Service agreement	See Service Level Agreement (SLA) .



Glossary of Terms

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.
Site Reviewer	The individual who conducts a Peer Review at the site of a candidate for EHNAC certification .

Glossary of Terms

Term	Definition
<p>Service Organizational Control (SOC) Reports</p>	<p>Service Organization Control Reports are internal control reports on the services provided by a service organization providing valuable information that users need to assess and address the risks associated with an outsourced service.</p> <p>http://www.aicpa.org/InterestAreas/FRC/AssuranceAdvisoryServices/Pages/SORHome.aspx</p>
<p>SOC 1 Report</p>	<p>From the AICPA:</p> <p>Report on Controls at a Service Organization Relevant to User Entities' Internal Control over Financial Reporting</p> <p>These reports, prepared in accordance with Statement on Standards for Attestation Engagements (SSAE) No. 16, Reporting on Controls at a Service Organization, are specifically intended to meet the needs of the managements of user entities and the user entities' auditors, as they evaluate the effect of the controls at the service organization on the user entities' financial statement assertions. These reports are important components of user entities' evaluation of their internal controls over financial reporting for purposes of comply with laws and regulations such as the Sarbanes-Oxley Act and the user entities' auditors as they plan and perform audits of the user entities' financial statements. There are two types of reports for these engagements:</p> <ul style="list-style-type: none"> • Type 2 - report on the fairness of the presentation of management's description of the service organization's system and the suitability of the design and operating effectiveness of the controls to achieve the related control objectives included in the description throughout a specified period. • Type 1 – report on the fairness of the presentation of management's description of the service organization's system and the suitability of the design of the controls to achieve the related control objectives included in the description as of a specified date. <p>http://www.aicpa.org/InterestAreas/FRC/AssuranceAdvisoryServices/Pages/AICPASOC1Report.aspx</p>

Glossary of Terms

Term	Definition
<p>SOC 2 Report</p>	<p>From the AICPA:</p> <p>Report on Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality or Privacy</p> <p>These reports are intended to meet the needs of a broad range of users that need to understand internal control at a service organization as it relates to security, availability, processing integrity, confidentiality and privacy. These reports are performed using the AICPA Guide: Reporting on Controls at a Service Organizations Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy and are intended for use by stakeholders (e.g., customers, regulators, business partners, suppliers, directors) of the service organization that have a thorough understanding of the service organization and its internal controls. These reports can form an important part of stakeholders:</p> <ul style="list-style-type: none"> • Oversight of the organization • Vendor management program • Internal corporate governance and risk management processes • Regulatory oversight <p>Similar to SOC 1 engagement there are two types of report: Type 2, report on management’s description of a service organization’s system and the suitability of the design and operating effectiveness of controls; and Type 1, report on management’s description of a service organization’s system and the suitability of the design of controls. These reports may be restricted in use.</p> <p>http://www.aicpa.org/InterestAreas/FRC/AssuranceAdvisoryServices/Pages/AICPASOC2Report.aspx</p>
<p>SOC 3 Report</p>	<p>From the AICPA:</p> <p>Trust Services Report for Service Organizations</p> <p>SOC 3 reports are designed to meet the needs of uses who want assurance on the controls at a service organization related to security, availability, processing integrity, confidentiality, or privacy but do not have the need for or the knowledge necessary to make effective use of a SOC 2 report. These reports are prepared using the AICPA/ CPA Canada (formerly Canadian Institute of Chartered Accountants) Trust Services Principles and Criteria for Security, Availability, Processing Integrity, Confidentiality, and Privacy. Because SOC 3 reports are general use reports, they can be freely distributed.</p> <p>http://www.aicpa.org/InterestAreas/FRC/AssuranceAdvisoryServices/Pages/AICPASOC3Report.aspx</p>

Glossary of Terms

Term	Definition
<p>Software as a Service (SaaS)</p>	<p>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 (often in the cloud) and are typically accessed by users using a web browser over the Internet.</p>
<p>Specially Designated Nationals List (SDN List)</p>	<p>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.</p> <p>http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx</p>
<p>Standard Transaction</p>	<p>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.</p> <p>HIPAA adopted certain standard transactions for Electronic Data Interchange (EDI) of health care 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.</p> <p>https://www.cms.gov/TransactionCodeSetsStands/</p>
<p>Standards Development Organization (SDO)</p>	<p>Standards development organizations develop technical standards that are intended to address the needs of some relatively wide base of affected adopters.</p> <p>http://www.justice.gov/atr/public/press_releases/2004/204345.htm</p>

Glossary of Terms

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 health care system. The SDEs are tasked with establishing HIE capacity among health care 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 was effective for service organization reports with periods ending on or after June 15, 2011.
Statistician	An expert in the preparation and analysis of statistics.
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.
Strong protection	Use of proper controls around authorization/access to both the physical space where the certificate infrastructure resides, as well as network access to the technology. Also, encryption is utilized on any certificate information at rest.
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.

Glossary of Terms

Term	Definition
Telehealth	<p>“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.”</p> <p>Source: Mosby’s Medical Dictionary, 8th edition, © 2009, Elsevier</p>
Third Party Administrator (TPA)	<p>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.</p>
Threat	<p>The potential for a person or thing to exercise (accidentally trigger or intentionally exploit) a specific vulnerability. Examples of common threats include:</p> <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	<p>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.</p>
Trading Partners	<p>Two or more parties involved in a business relationship.</p>
Transaction	<p>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.</p>
Transaction Audit Information	<p>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)</p>
Transaction Error	<p>An incomplete or inaccurate transaction.</p>
Transmission	<p>Electronic transfer of data.</p>
Trusted Agent	<p>An agent authorized by the Registration Authority and bound by the RA’s policies to act as proxy for verifying a certificate requestor’s identity and authorization. A member of the Notary Public may also be considered a trusted agent.</p>



Glossary of Terms

Term	Definition
Utilization	The percentage of available computing or network resources expended for a given period of time.
Validated Assessment	A HITRUST Validated Assessment is achieved through an organization using the HITRUST MyCSF Tool, selecting "Validated Assessment" as the Assessment Type, completing their full self-assessment using the MyCSF tool, then turning their self-assessment over to their HITRUST-certified Assessor for assessment. A Validated Assessment will result in either a Validated Report or a Validated Report with Certification, depending on how that organization scores against each of the HITRUST CSF Domains. Within each of the 19 Domains, an Organization must score at least a 3 with a CAP, or a 3+ to achieve HITRUST Certification.
Validated Report	A Validated Report is issued by HITRUST at the completion of the process. A Validated Report (without Certification) will be issued when the scoring required for Certification is not achieved (see "Validated Assessment").
Validated Report with Certification	A Validated Report with Certification is issued by HITRUST at the completion of the process when all minimum scoring requirements have been achieved (see "Validated Assessment"). The Validated Report with Certification is good for 2 years. An interim assessment is performed at the 1 year mark for a Validated Report with Certification
Value-Added Networks (VAN)	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. (From EHNAC HNAP-EHN criteria version 10.2)
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.