FRONT MATTER
Appendix A – QUICK REFERENCE GUIDE

Introduction

The Medicaid IT Architecture (MITA) team presents the Quick Reference Guide as a tool to locate topics of interest in the MITA Framework.

Table A-1. Topics of Interest Quick Reference Guide

Quick Reference Guide		
Topic of Interest	***Location***	***What is it?***
AA Design Patterns	Part III, Chapter 5	Application Architecture (AA) with repeatable configurations of elements. In an enterprise application system, a complex combination of architecture elements that provide a repeatable design.
AA Design Principles	Part III, Chapter 5	AA Design Principles include Data Normalization/Factoring, Automatic Propagation, Minimize Functionality, and Construction Layers.
Access and Delivery TSA	Front Matter, Chapter 6 Part III, Chapters 4, 7 SS-A Companion Guide	A Technical Service Area (TSA) that identifies the capabilities that provide information to stakeholders with the authorization to access the data. Contains five (5) technical service classifications for the Technical Architecture Capability Matrix: • Client Support • Business Intelligence • Forms and Reporting • Performance Measurement • Security and Privacy
Accounts Payable Management	Part I, Chapter 4 Part I, Appendices C-E	One of the three (3) Business Categories under Financial Management Business Area in the Business Architecture Framework. It includes the following business processes: • Manage Contractor Payment • Manage Member Financial Participation • Manage Capitation Payment • Manage Incentive Payment

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Topic of Interest	***Location***	***What is it?***
		• Manage Accounts Payable Information • Manage Accounts Payable Disbursement • Manage 1099
Accounts Receivable Management	Part I, Chapter 4 Part I, Appendices C-E	One of the three (3) Business Categories under Financial Management Business Area in the Business Architecture Framework. It includes the following business processes: • Manage Provider Recoupment • Manage TPL Recovery • Manage Estate Recovery • Manage Drug Rebate • Manage Cost Settlement • Manage Accounts Receivable Information • Manage Accounts Receivable Funds • Prepare Member Premium Invoice
Accuracy of Process Results	Part I, Chapter 3 Part I, Appendices B, D SS-A Companion Guide	Demonstrable benefits from using the business process. One of the six (6) measurable qualities of the MITA Maturity Model (MMM).
ACF	SS-A Companion Guide	The Administration for Children & Families is one of the federal reviewers of the funding application process.
Acronyms and Terms	Front Matter, Chapter 4	Reference for textual description of Acronyms in the MITA Framework.

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Topic of Interest	***Location***	***What is it?***
		Reference for definition of terms in the MITA Framework.
ADA	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	American Dental Association is one of the Designated Standards Maintenance Organizations (DSMO) under the IA current and emerging health data standards.
Affordable Care Act of 2010	Front Matter, Chapters 2-6 Part I, Preface Part I, Chapters 1-3 Part I, Appendices A-C Part II, Preface Part II, Chapter 1 Part III, Preface Part III, Chapters 4, 6 SS-A Companion Guide	The Patient Protection and Affordable Care Act of 2010 is a federal initiative to improve the quality of care and streamline administration of health services.
Affordable Insurance Exchanges	See Health Insurance Exchange	The Affordable Insurance Exchanges (a.k.a. Health Insurance Exchange) provide competitive marketplaces for individuals and small employers to directly compare available private health insurance options on the basis of price, quality, and other factors.
Alert	Part I, Chapter 2 Part I, Appendices A, C Part II, Chapter 5	A signal created to indicate a condition exists within a system. Can be a variety of solutions such as flag marked, state change, report executed, or message sent.

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Topic of Interest	***Location***	***What is it?***
ANSI	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapters 1, 3, 4, 6	The American National Standards Institute (ANSI) has chartered several organizations, including the Accredited Standards Committee (ASC) X12N Subcommittee and the National Council for Prescription Drug Programs (NCPDP), to specify electronic standards for the health care industry. ANSI is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards.
ANSI HISB	Part II, Chapter 5	ANSI Healthcare Informatics Standards Board is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards.
APC	Part I, Appendix C	Ambulatory Payment Classification is a payment method for facility outpatient services that uses the Outpatient Prospective Payment System (OPPS) for hospital outpatient services. Appendix C under the Process Claim and Process Encounter business processes.
APD	Front Matter, Chapters 3-6 Part III, Chapters 5 SS-A Companion Guide	Advance Planning Document. SS-A Companion Guide discusses the submission of SS-A during the APD process.
API	Front Matter, Chapters 4, 6 Part I, Chapters 1-3 Part I, Appendices A, B Part II, Chapter 1 Part III, Chapters 1, 5-7	Application Programming Interface is at the software infrastructure level. It is necessary to engage the service of a cloud provider, and requires provisioning of the resources, configuring and controlling them, and releasing them when complete.

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Topic of Interest	***Location***	***What is it?***
	SS-A Companion Guide	
Application Architecture (AA)	Front Matter, Chapters 3-6 Part III, Preface Part III, Chapters 3-5	AA discusses the Design Principles and Patterns and explains interactions between Services and Infrastructure. The four (4) layers are: • Access Layer • Service Management Layer • Service Application Layer • Platform Layer It discusses the following key components: • Enterprise Service Bus (ESB) and Access Channels • Service Management Engine • Service Gateways and Mediators • Externally Distributed Computing and Data Access • MITA Framework Documents • Interoperable Services • Security and Privacy (S&P)
Arden Syntax	Part II, Chapter 5	The Arden Syntax is one of the information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the Information Architecture (IA) current and emerging health data standards.
ARRA	Front Matter, Chapters 3-6 Part I, Preface	American Recovery and Reinvestment Act of 2009.

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Topic of Interest	***Location***	***What is it?***
	Part I, Chapters 2, 3 Part I, Appendices A, B Part II, Preface Part III, Preface Part III, Chapters 6, 7 SS-A Companion Guide	
ASC X12 0050X212	Part I, Appendices C, D Part II, Chapter 1	The Washington Publishing Group ASC X12 website defines the purpose for the 276/277 as follows: "The Health Care Claim Status Request and Response Implementation Guide describes the use of the ANSI ASC X12.316 Health Care Claim Status Request (276) transaction set and the ANSI ASC X12.317 Health Care Claim Status Notification (277) transaction set for the following business usage: • Request the status of health care claim(s) and respond with information regarding the specified claim(s)." Appendix C discusses the 276 in the Inquire Payment Status business process. Appendix C discusses the 277 in the Inquire Payment Status business process.
ASC X12 00510X217	Part I, Appendices A, C, D	The Washington Publishing Group ASC X12 website defines the purpose for the 278 as follows: "The Health Care Services Review Request and Response Implementation Guide describes the use of the ANSI ASC X12 Health Care Services Review Information (278) Version/Release 005010 transaction set for the

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Topic of Interest	***Location***	***What is it?***
		following business usages: • Health care admission certificate requests and responses • Referral requests and responses • Health care services certification requests and responses • Extend certification requests and responses • Certification appeal requests and responses” Appendix C discusses the 278 in the Manage Case Information, Authorize Referral, Authorize Service, and Authorize Treatment Plan business processes.
ASC X12 00510X218	Part I, Appendix C	The Washington Publishing Group ASC X12 website defines the purpose for the 820 as follows: “The Payroll Deducted and Other Group Premium Payment for Insurance Products Implementation Guide describes the use of the ANSI ASC X12 Payment Order/Remittance Advice (820) transaction set, version 5010 for the following business usage: • Transmit payroll-deducted premiums for a wide variety of insurance products, to include life, health, property and casualty, and disability. This guide was also designed for health care premium payments between federal and state governments, government agencies, and private industry.” Appendix C discusses the 820 in Manage Accounts Payable Disbursement business process.
ASC X12 00510X220A1	Part I, Appendices A, D	The Washington Publishing Group ASC X12 website defines the purpose for the 834 as follows:

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		"The Health Care Benefits Enrollment and Maintenance Implementation Guide describes the use of the ANSI ASC X12 Benefit Enrollment Maintenance (834) transaction set for the following business usage: • Transfers enrollment information from the sponsor of insurance coverage, benefits, or policy to a payer."
ASC X12 00510X221A1	Part I, Appendix C	The Washington Publishing Group ASC X12 website defines the purpose for the 835 as follows: "The Health Care Claim Payment/Advice Implementation Guide describes the use of the ANSI ASC X12 Health Care Claim Payment/Advice (835) transaction set for the following business usages: Make payment on a health care claim Send an Explanation of Benefits (EOB) remittance advice Make payment and send an EOB in the same transaction" Appendix C discusses the 835 in the Manage Accounts Payable Disbursement, Generate Remittance Advice, and Apply Mass Adjustment business processes.
ASC X12 00510X222A1	Part I, Appendices C, D	The Washington Publishing Group ASC X12 website defines the purpose for the 837-D as follows: "The Health Care Claim: Dental Implementation Guide describes the use of the ANSI ASC X12 Health Care Claim (837) transaction set for the following business usage: • Submit and transfer dental claims and encounters from health care providers to health care payers." Appendices discuss the 837 in the Process Claim, Process Encounter, and Submit Electronic Attachment business processes.

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ASC X12 00510X223A2	Part I, Appendices C, D	The Washington Publishing Group ASC X12 website defines the purpose for the 837-I as follows: "The Health Care Claim: Institutional Implementation Guide describes the use of the ANSI ASC X12 Health Care Claim (837) transaction set for the following business usage: • Submit and transfer institutional claims and encounters from health care providers to health care payers and between payers." Appendices discuss the 837 in the Process Claim, Process Encounter, and Submit Electronic Attachment business processes.
ASC X12 00510X224A2	Part I, Appendices C, D	The Washington Publishing Group ASC X12 website defines the purpose for the 837-P as follows: "The Health Care Claim: Professional Implementation Guide describes the use of the ANSI ASC X12 Health Care Claim (837) transaction set for the following business usage: • Submit and transfer professional claims and encounters from health care providers to health care payers and between payers. Appendices discuss the 837 in the following business processes: • Process Claim • Process Encounter • Submit Electronic Attachment
ASC X12 00510X279A1	Part I, Appendices C, D	The Washington Publishing Group ASC X12 website defines the purpose for the 837-I as follows: "The Health Care Eligibility/Benefit Inquiry and Information Response Implementation Guide describes the use of the Eligibility, Coverage or Benefit

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		Inquiry (270) Version/Release 005010 transaction set and the Eligibility, Coverage, or Benefit Information (271) Version/Release 005010 transaction set for the following business usages: • Determine if an Information Source organization, such as an Insurance company, has a particular subscriber or dependent on file • Determine the details of health care eligibility and/or benefit information."
ASC X12 50010X231	Part I, Appendix C	The Washington Publishing Group ASC X12 website defines the purpose for the 999 as follows: "The purpose of the Implementation Acknowledgment for Health Care Insurance implementation guide is to provide standardized data content and structure to users of the ASC X12 999 transaction set." Appendix C discusses the 999 under the Authorize Referral, Authorize Service, Authorize Treatment Plan, Generate Remittance Advice, Inquire Payment Status, Process Claim, Process Encounter business processes.
ASC X12 5010X186	Part I, Appendix C	The Washington Publishing Group ASC X12 website defines the purpose for the 837-I as follows: "The Application Reporting Implementation Guide describes the use of the ASC X12 Application Advice (824) transaction set for the following business usages: • To report errors that are outside of the scope of the ASC X12 997 or 999 error reporting • To report the results of an application system's data content edits of transaction sets." Appendix C discusses the 824 under the Authorize Referral, Authorize Service, Authorize Treatment Plan, Generate Remittance Advice, Inquire Payment

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		Status, Process Claim, Process Encounter business processes.
ASC X12 997	Part I, Appendix C	The ASC X12 implementation guides describe the 997 Functional Acknowledgments as "the first response to receiving an 837 The 997 informs the 837 submitter that the transmission arrived. In addition, the 997 can be constructed to send information about the syntactical quality of the 837 transmission." Appendix C discusses the 997 under the Authorize Referral, Authorize Service, Authorize Treatment Plan, Generate Remittance Advice, Inquire Payment Status, Process Claim, Process Encounter business processes.
ASC X12 Insurance Subcommittee	Part II, Chapter 5	Accredited Standards Committee X12 Insurance Subcommittee is one of the DSMO under the IA current and emerging health data standards.
ASC X12 TA1	Part I, Appendix C Part II, Chapter 1	The ASC X12 implementation guides describe the TA1 as follows: "The Interchange Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the group header or trailer (GS/GE) envelope structures. A TA1 can be included in an interchange with other functional groups and transactions." Appendix C discusses the 999 TA1 under the Authorize Referral, Authorize Service, Authorize Treatment Plan, Generate Remittance Advice, Inquire Payment Status, Process Claim, Process Encounter business processes.
ASC X12N	Front Matter, Chapters 4, 6 Appendices A, C, D	Accredited Standards Committee X12 chartered under ANSI responsible for the HIPAA ASC X12N and NCPDP standard formats. The ASC X12 Insurance Committee is one of the information structures used by business processes for

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	Part II, Chapters 1, 5 Part III, Chapters 2, 3, 4, 6	communication. Part II lists it under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. Part III lists it under the Technical Architecture (TA) Architecture, Analysis, and Design Standards. Appendix C under the following business processes: • Manage Accounts Payable Disbursement • Generate Remittance Advice • Inquire Payment Status • Process Claim • Process Encounter • Submit Electronic Attachment • Apply Mass Adjustment
ASC X23 00510X214	Part I, Appendices C, D Part II, Chapter 1	The Washington Publishing Group ASC X12 website defines the purpose for the 277 as follows: "The Health Care Claim Acknowledgment Implementation Guide describes the use of the ANSI ASC X12 Health Care Information Status Notification (277) transaction set for the following business usage: Provide claim status information from the payer without health care provider solicitation. For example, acknowledgment of a health care claims transmission." Appendix C discusses the 277 in the Process Claim, Process Encounter, and Submit Electronic Attachment business processes.
As-Is Operations	Front Matter, Chapter 2-6	Description of current Medicaid business operations.

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	Part I, Preface Part I, Chapters 1-3, 5 Part I, Appendices A, B, D Part II, Chapters 1, 6 Part III, Chapter 1, 2, 5 SS-A Companion Guide	
ASN.1	Part II, Chapter 5	The International Organization for Standardization Abstract Syntax Notation One is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Asset	Part III, Chapters 4, 5	Key concept of S&P. Resource of value, e.g., data in a database or a system resource.
ASTM E-1762-95	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	American Society for Testing and Materials (ASTM) Standard Guide for Electronic Authentication of Health Care Information is one of the information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
ASTM E31	Part II, Chapter 5	The ASTM Committee E31 on Healthcare Informatics is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.

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ATCB	Part I, Appendix C	Office of the National Coordinator for Health IT (ONC) Authorized Testing and Certification Body. Appendix C under the Determine Provider Eligibility business process.
Attack	Part III, Chapter 5	Key concept of S&P. An action taken to harm an asset.
Audit Trail	Part I, Chapter 3 Part I, Appendix D Part III, Chapters 5, 6	Level 3 of the Business Capability Matrix for some business processes includes the introduction of an audit trail for the logging of transactional processing. This business capability is present in business processes that collect information for primary data stores such as contractor, member, provider, claim, or financial. Auditing is a required basic system function highlighted in specific business processes to determine maturity.
Auditing	Part I, Chapters 3, 4 Part I, Appendices B-D Part III, Chapters 5-7 SS-A Companion Guide	Key concept of S&P. Key to nonrepudiation.
Authorization	Front Matter, Chapter 4 Part I, Chapters 1, 2, 4, 5 Part I, Appendices A-D Part II, Chapter 5 Part III, Chapters 5-7	Key concept of S&P. Governs resources and operations an authenticated person can access.
Authorization Determination	Part I, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Care Management Business Area in the Business Architecture Framework. It includes the following business processes:

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		• Authorize Referral • Authorize Service • Authorize Treatment
Availability	Part I, Chapters 1-3 Part I, Appendices A-D Part II, Chapters 1, 5 Part III, Chapters 1, 2, 5, 6 SS-A Companion Guide	Key concept of S&P. System remains available to legitimate users.
AVR(S)	Front Matter, Chapter 4 Part I, Chapter 1 Part I, Appendices A, C, D	Automated Voice Response (System) is available to beneficiaries and providers 24 hours a day, 7 days a week. Appendix C AVR under Inquire Provider Information and Inquire Payment Status business processes. Appendix D includes it AVR as a communication delivery for Manage Provider Communication and Inquire Contractor Information.
BCM	Front Matter, Chapters 2-4, 6 Part I, Preface Part I, Chapters 1-5 Part I, Appendix B-D Part II, Chapters 2, 4, 6 Part III, Preface Part III, Chapters 1, 3, 7	One of the four (4) components of Business Architecture. The Business Capability Matrix Includes definitions of performance measures at certain levels of maturity for five (5) levels for six (6) business capabilities.

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	SS-A Companion Guide	
BENDEX	Front Matter, Chapter 4 Part I, Appendix C Part II, Chapter 5	Beneficiary Data Exchange is a computer-to-computer exchange of member data with the Social Security Administration (SSA) using an established industry standard. Appendix C under the Manage Member Financial Participation business process.
Beneficiaries	Front Matter, Chapters 4-6 Part I, Preface Part I, Chapters 1-4 Part I, Appendices A-C Part II, Chapters 1, 2 Part III, Chapters 1, 4 SS-A Companion Guide	Applicants for state Medicaid program benefits.
Benefit Plans	Part I, Chapter 2 Part I, Appendices A, C	Enable administration of program design rules to create beneficiary-specific benefit packages based on eligibility for multiple plans, thereby optimizing services and Federal Financial Participation (FFP).
BHP	Front Matter, Chapter 4 Part I, Chapters 1-3 Part I, Appendices A-C	Basic Health Program is an insurance affordability program.
BioSense	Part I, Appendix A	One of the national initiatives from Centers for Disease Control and Prevention (CDC) to improve the nation's preparedness for identifying and handling a bioterrorism event. It improves early detection through near real time reporting

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		of health data, enhanced connections between clinical care and public health, and advancement in early detection analytics.
BMM	Part III, Chapter 6	Business Motivation Model provides a scheme for developing, communicating, and managing business plans. BMM appears in the TA Business Enabling Technologies.
BPDM	Front Matter, Chapter 4 Part III, Chapter 6	Business Process Definition Model provides the ability to model business processes with standard language and metadata. BPDM appears under the TA Architecture, Analysis, and Design Standards.
BPEL	Front Matter, Chapter 4 Part III, Chapters 3-7	Service management/orchestration uses Business Process Execution Language.
BPM	Front Matter, Chapters 2-4, 6 Part I, Preface Part I, Chapters 1, 3-5 Part I, Appendices A, C-E Part II, Chapters 1, 5 Part III, Preface Part III, Chapters 1-6 SS-A Companion Guide	Business Process Model.
BPMN	Front Matter, Chapter 4 Part II, Chapter 5	Object Management Group (OMG) Business Process Model and Notation (BPMN). BPMN appears under the Other Standards Maintenance Organizations under

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	Part III, Chapters 3, 4, 6 SS-A Companion Guide	the IA current and emerging health data standards. It also appears in the TA Business Enabling Technologies. MITA uses it for modeling activity diagrams for both the Business and Technical Architectures process flows. Service management/orchestration uses executable BPMN.
BPSS	Front Matter, Chapter 4 Part II, Chapter 5	The Organization for the Advancement of Structured Information (OASIS) ebXML Business Process Specification Schema is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
BPT	Front Matter, Chapter 4 Part I, Chapters 1, 4, 5 Part I, Appendices C, D Part II, Chapter 4 Part II, Chapters 3, 4, 7	Business Process Template. Part I, Chapter 4 defines the BPT, and Part I, Appendix C describes the details within the template for each business process.
BSDP	Front Matter, Chapter 4 Part III, Chapters 3, 4	Business Service Definition Package (BSDP) is a defined set of metadata describing the Business Service. Its components are: • Service Name Development • Configuration Data • Service Contract Development • Formal Interface Definition
Business Architecture (BA)	Front Matter, Chapters 3, 4, 6	BA provides the framework of business processes and maturity model for improvements in the State Medicaid Agency (SMA) operations resulting in

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	Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-E Part II, Preface Part II, Chapters 1, 4, 6 Part III, Preface Part III, Chapters 1, 3 SS-A Companion Guide	better outcomes for all stakeholders. Includes Summary, Introduction and Chapters for Business Architecture, Concept of Operations, Maturity Model, Business Process Model and Business Capability Matrix. Appendices A-E discusses BA in the Concept of Operations Details, Maturity Model Details, Business Process Model Details, and Crosswalk Details.
Business Area	Front Matter, Chapters 3, 4, 6 Part I, Chapters 1, 3-5 Part I, Appendices A, C-E Part II, Chapters 1, 3, 6 Part III, Preface Part III, Chapter 5 SS-A Companion Guide	Hierarchical division of the MITA Business Model.
Business Capability	Front Matter, Chapters 2-4, 6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices B-D Part II, Chapters 1, 2, 4, 6	Defines the characteristics of the State Medicaid Enterprise at a specific level of maturity. Part I, Chapter 5 defines the BCM. Part I, Appendix D provides the details for each business process. Part II, Chapter 6 defines the ICM Part III, Chapter 7 defines the TCM

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	Part III, Preface Part III, Chapters 1, 3, 7 SS-A Companion Guide SS-A, Appendix A	SS-A, Appendix A defines the Seven Standards and Conditions Capability Matrix
Business Category	Front Matter, Chapter 4, 6 Part I, Chapter 4 Part I, Appendix C-E	Hierarchical division of the MITA Business Model.
Business Logic	Front Matter, Chapter 4 Part III, Chapters 3-5	Business logic describes what is occurring within the Business Service that transforms into defined business rules.
Business Process	Front Matter, Chapters 2-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-E Part II, Preface Part II, Chapters 1-6 Part III, Preface Part III, Chapters 1, 3-7 SS-A Companion Guide	Hierarchical division of the MITA Business Model.
Business Process Hierarchy	Part I, Chapter 4 Part I, Appendix E	Hierarchical division of the MITA Business Model in to three (3) tiers: • Business Area

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Topic of Interest	***Location***	***What is it?***
		• Business Category • Business Process
Business Process Steps	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendix C	A sequence of steps that execute the successful completion of the business process.
Business Qualities	Front Matter, Chapter 4 Part I, Chapters 3, 5 Part I, Appendices B, D	The Business Capability Matrix defines six (6) business qualities for each business process for each level of maturity.
Business Relationship Management (BR)	Front Matter, Chapter 4 Part I, Chapters 3, 4 Part I, Appendices B-E Part III, Chapter 7 SS-A Companion Guide	One of the ten (10) MITA Framework Business Architecture Business Areas. This Business Area is a collection of business processes that facilitate the coordination of standards of interoperability.
Business Results Condition	Front Matter, Chapters 4-6 Part I, Chapters 1, 3 Part I, Appendices A, B Part II, Chapter 1 Part III, Chapters 1, 4, 5, 7 SS-A Companion Guide	One of the Seven Standards and Conditions. Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.

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Business Rules	Front Matter, Chapter 4-6 Part I, Chapter 4 Part I, Appendix A, C SS-A Companion Guide	Business rules describe the operations, definitions, and constraints that apply to an organization.
Business Rules Engine	Front Matter, Chapter 4, 5 Part III, Chapter 4 SS-A Companion Guide	One of the key features of TA. A business rules engine is a software system that executes one or more standardized business rules definitions in a runtime production environment.
Business Service(s)	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1-3, 5 Part I, Appendices B, D Part II, Preface Part II, Chapter 5 Part III, Preface Part III, Chapters 1, 3-5, 7	Summary discussion of Business Services. Part III includes Business Service details, parts, development, and solutions sets.
CAP	Front Matter, Chapter 4 Part I, Appendix C	Corrective Action Plan. Appendix C discusses CAP under the Manage Fund and Terminate Provider business processes.
CAPHS	Part I, Appendix C	Consumer Assessment of Healthcare Providers and Systems establishes performance measures used for quality review.

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		Appendix C under the following business processes: • Perform Contractor Outreach • Identify Utilization Anomalies • Determine Adverse Action Incident • Develop Agency Goals and Objectives • Maintain Program Policy • Manage Health Plan • Manage Performance Measures • Manage Health Benefit Information • Manage Rate Setting
CAQH	Front Matter, Chapter 4 Part I, Chapter 3 Part I, Appendix B Part II, Chapters 1-3 Part III, Chapter 1	The Council for Affordable Quality Healthcare is the authors and collaborators of Committee on Operating Rules for Information Exchange (CORE) and Universal Provider Datasource (UPD).
Care Management (CM)	Front Matter, Chapter 4 Part I, Chapters 3, 4 Part I, Appendices B-E Part III, Chapter 7 SS-A Companion Guide	One of the ten (10) MITA Framework Business Architecture Business Areas. Care Management collects information about the needs of the individual member, plan of treatment, targeted outcomes, and the individual's health status. Care Management includes: • Disease Management • Catastrophic Case Management

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		• Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) • Population Management • Patient Self-Directed Care Management • National Health Registries • Waiver Program Case Management The Care Management business area is responsible for the case management, authorizations, referrals, and treatment plans data stores.
Case Management	Part I, Chapter 4 Part I, Appendices A, C-E	One of the two (2) Business Categories under Care Management Business Area in the Business Architecture Framework. It includes the following business processes: • Establish Case • Manage Case Information • Manage Population Health Outreach • Manage Registry • Perform Screening and Assessment • Manage Treatment Plan and Outcomes
CCIIO	Front Matter, Chapter 4 SS-A Companion Guide	Center for Consumer Information and Insurance Oversight (CCIIO).
CCOW	Front Matter, Chapter 4 Part I, Appendix A Part II, Chapter 5	Health Level Seven International (HL7) Clinical Context Object Workgroup, Management Specification is one of the information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the IA

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		current and emerging health data standards.
CCR	Front Matter, Chapter 4 Part III, Chapter 6	Continuity of Care Record is a core data set of relevant administrative, demographic, and clinical information about a patient's health care. It appears in the TA Security and Privacy Standards.
CDA	Front Matter, Chapter 4 Part II, Chapter 5	Part II in the standards for computer-to-computer exchange. The Clinical Document Architecture is an HL7 Version 3 standard specifies the encoding, structure and semantics of clinical documents for exchange. The CDA is also one of the information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
CDC	Front Matter, Chapters 4, 5 Part I, Appendix A Part II, Chapter 5 Part III, Chapter 5	Centers for Disease Control and Prevention.
CDM	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1, 3, 4 Part I, Appendices B, C Part II, Preface Part II, Chapters 1, 3, 4, 6	Conceptual Data Model.

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	Part III, Chapters 1, 3, 4 SS-A Companion Guide	
CDT	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	Current Dental Terminology is a code set with descriptive terms developed and updated by the ADA for reporting dental services and procedures to dental benefits plans. Code on Dental Procedures & Nomenclature supports CDTs as one of the standards under Other Standards Maintenance Organizations under the IA current and emerging health data standards.
CHI	Part III, Chapter 6	Consumer Health Informatics is a Kaiser Foundation Model initiative minimizing the gap between patients and health resources. The goal of CHI is to improve community health outcomes of defined geographic populations significantly and measurably using an approach that emphasizes public health interventions including changes in policy and the community conditions that influence health. It appears in the TA Security and Privacy Standards.
CHIP	Front Matter, Chapters 3-5 Part I, Preface Part I, Chapters 1-3 Part I, Appendices A-D Part II, Preface Part III, Preface Part III, Chapter 6 SS-A Companion Guide	Children's Health Insurance Program. Appendix C under the following business processes: • Determine Provider Eligibility • Enroll Provider • Manage Provider Information • Prepare Member Premium Invoice • Manage Accounts Payable Disbursement • Manage Fund • Generate Financial Report

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Topic of Interest	***Location***	***What is it?***
		• Manage Data
CHIPRA	Front Matter, Chapters 3-5 Part I, Preface Part I, Chapter 2 Part I, Appendix A Part II, Preface Part III, Preface SS-A Companion Guide	Children's Health Insurance Program Reauthorization Act of 2009.
CIM	Front Matter, Chapter 4 Part III, Chapter 6	Common Information Model is an object-oriented model describing the conceptual framework for management data descriptions. It appears under the TA Service Interoperability Service Standards.
Claims Adjudication	Part I, Chapter 4 Part I, Appendices C-E Part III, Chapters 2, 5	One of the two (2) Business Categories under Operations Management Business Area in the Business Architecture Framework. It includes the following business processes: • Process Claims • Process Encounters • Calculate Spend-Down Amount • Submit Electronic Attachment • Apply Mass Adjustment
Clinger-Cohen Act (CCA)	Front Matter, Chapter 4	Formerly the Information Technology Management Reform Act of 1996 (ITMRA). Mandates States to publish Enterprise Architecture (EA), appoint a

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Topic of Interest	***Location***	***What is it?***
	Part III, Chapter 2	Chief Information Officer (CIO), and produce business cases for major investments. Office of Management and Budget (OMB) oversees this activity.
Clinical Information/Data	Front Matter, Chapters 4-6 Part I, Chapters 1-5 Part I, Appendices A-D Part II, Chapters 5, 6 Part III, Chapters 6, 7	Immediate access to clinical data improves health outcomes by reducing administrative burdens for providers, payers, and patients allowing providers to focus on treatment and patients to participate in the process. Clinical data is available at MMM Level 4.
Cloud Computing	Front Matter, Chapters 3-6 Part I, Chapter 2 Part I, Appendix A Part II, Chapters 1, 2 Part III, Chapters 1, 3, 5-7 SS-A Companion Guide	Lightweight, distributed internet protocol-based system. Existing models are Public, Private, Hybrid, and Community Clouds. Characteristics include broad network access, rapid elasticity, measured service, on-demand self-service, and resource pooling.
CMCS	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendix A SS-A Companion Guide	Center for Medicaid and CHIP Services.
CMIA	Front Matter, Chapter 4 Part I, Appendix C	The SMA supports frequency of payments under the federal Cash Management Improvement Act, including real-time payments where appropriate (e.g., Pharmacy Point-of-Sale). Appendix C under the following business processes:

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Topic of Interest	***Location***	***What is it?***
		• Manage Accounts Receivable Information • Manage Accounts Receivable Funds • Manage Accounts Payable Disbursement • Manage Fund • Manage Performance Measures (Where the SMA must accurately and efficiently draw and reports funds)
CMS	Front Matter, Chapters 2-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-E Part II, Preface Part II, Chapters 1-6 Part III, Preface Part III, Chapters 1-7 SS-A Companion Guide	Centers for Medicare & Medicaid Services Appendix C under the Establish Business Relationship business process. The business processes that discuss CMS are: • Determine Provider Eligibility • Manage Estate Recovery • Manage Drug Rebate • Manage Cost Settlement • Manage Member Financial Participation • Manage Incentive Payment • Formulate Budget • Manage Fund • Generate Financial Report • Process Claim • Process Encounter • Manage Data

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Topic of Interest	***Location***	***What is it?***
		• Establish Compliance Incident • Manage Compliance Incident Information • Determine Adverse Action Incident • Manage Health Benefit Information • Terminate Provider
CMS-21	Part I, Appendix C	CMS Quarterly CHIP Statement of Expenditures. Appendix C under the Manage Fund and Generate Financial Reports business processes.
CMS-21B	Part I, Appendix C	CMS CHIP Program Budget Report. Appendix C under the Manage Fund and Generate Financial Reports business processes.
CMS-37	Part I, Appendix C	CMS Medicaid Program Budget Report. Appendix C under the Manage Fund and Generate Financial Reports business processes.
CMS-64	Part I, Appendix C	CMS Quarterly Expense Report. Appendix C under the Manage Fund and Generate Financial Reports business processes.
COB	Front Matter, Chapter 4 Part I, Chapters 2, 4 Part I, Appendices A, C, D	Coordination of Benefits. Appendix C under the Process Claim and Process Encounter business processes. Appendix D under Manage TPL Recovery business process.

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Topic of Interest	***Location***	***What is it?***
COI	Front Matter, Chapters 4, 5 Part I, Chapter 3 Part I, Appendix B Part II, Chapter 5 Part III, Chapters 5, 7	Communities of Interest.
Collaboration	Front Matter, Chapters 2-6 Part I, Chapters 2-5 Part I, Appendix A-D Part II, Chapters 1-3, 5 Part III, Chapters 4-6 SS-A Companion Guide	Collaboration improves Public Health outcomes, promotes public safety, and increases efficiency of operations. The To-Be goals are for formal collaboration of Medicaid, Public Health, and other agencies to collaborate in reporting infectious disease, bio-terrorism, immunizations, and other health care events. Harmonization of data standards involves several groups including, but not limited to, the following: • CAQH • Federal Health Information Model (FHIM) • HL7 • National Information Exchange Model (NIEM) • National Medicaid EDI Healthcare (NMEH) • Private Sector Technical Group Technical Architecture Committee (PSTG-TAC) • Veterans Health Administration Information Model (VHIM)
Compliance Management	Front Matter, Chapter 4 Part I, Chapter 4	The Business Category under Performance Management Business Area in the Business Architecture Framework. It includes the following business processes:

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	Part I, Appendices A, C-E	• Identify Utilization Anomalies • Establish Compliance Incident • Manage Compliance Incident Information • Determine Adverse Action Incident • Prepare REOMB
Confidentiality	Part I, Appendix A Part II, Chapter 5 Part III, Chapters 5, 6	Key component of S&P. Ensures data remains private and confidential, and unauthorized users cannot view it.
Connection Between Architectures	Front Matter, Chapter 6 Part I, Chapter 1 Part II, Chapter 1 Part III, Chapter 1	Displays and discusses how Business, Information, and Technical Architectures interrelate.
Constraints	Part I, Chapter 4 Part I, Appendices A, C, D Part II, Chapters 1, 4, 5 Part III, Chapters 2-5	Conditions that must be met for this generalized process to execute (e.g., enrolling institutional providers requires different information from enrolling pharmacies).
Context Diagram	Front Matter, Chapter 4 Part I, Appendix A	Presents a conceptual view of the external entities with which the SMA interacts. It associates exchange of information with external entities to one or more processes within the BPM. There is one As-Is Concept Diagram and one To-Be Concept Diagram.

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Topic of Interest	***Location***	***What is it?***
Contract Management	Part 1, Chapter 4 Part I, Appendices A, C-E	One of the three Business Categories under Contractor Management Business Area in the Business Architecture Framework. It includes the following business processes: • Produce Solicitation • Award Contract • Manage Contract • Close Out Contract
Contractor Information Management	Part 1, Chapter 4 Part I, Appendices C-E	One of the three (3) Business Categories under Contractor Management Business Area in the Business Architecture Framework. It includes the Manage Contractor Information and Inquire Contractor business processes.
Contractor Management (CO)	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices C-E	One of the ten (10) MITA Framework Business Architecture Business Areas. It accommodates States that have managed care contracts or a variety of outsourced contracts. The Contractor Management business area has a common focus (e.g., managed care, at-risk mental health or dental care, primary care physician), is responsible for contractor data store, and uses business processes that have a common purpose (e.g., fiscal agent, enrollment broker, Fraud Enforcement Agency, and third-party recovery).
Contractor Support	Part 1, Chapter 4 Part I, Appendices C-E	One of the three (3) Business Categories under Contractor Management Business Area in the Business Architecture Framework. It includes the following business processes: • Manage Contractor Communication • Perform Contractor Outreach • Manage Contractor Grievance and Appeal

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Topic of Interest	***Location***	***What is it?***
COO	Front Matter, Chapters 3, 4, 6 Part I, Preface Part I, Chapters 1-3 Part I, Appendix A Part II, Chapter 2 SS-A Companion Guide	One of the four (4) components of Business Architecture. Concept of Operations accommodates recent Health Reform mandates and final rules within the required time lines. It is an approach from industry best practices to describe the As-Is operations and To-Be environment providing a structure for defining a vision and establishing common goals for improvements.
CORE	Front Matter, Chapters 4 Part I, Preface Part I, Chapters 1-4 Part I, Appendices A, B, D Part II, Chapters 1, 5 Part III, Chapters 1, 2, 4-7	Committee on Operating Rules for Information Exchange Phase I and II Rules – CAQH launched CORE with the vision of giving providers access to eligibility and benefits information before or at the time of service using the electronic system of their choice for any patient or health plan. The CMS Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions [CMS–0032–IFC] mandates CORE.
Core Components	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	The ebXML Core Component Overview is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Cost Effectiveness Ratio	Part I, Chapters 3, 5 Part I, Appendices B, D SS-A Companion Guide	Cost-effectiveness analysis is a form of economic analysis that compares the relative costs and outcomes (effects) of two or more courses of action. The field of health services often uses cost-effectiveness analysis in the field of health services, where it may be inappropriate to monetize health effect.
COTS	Front Matter, Chapters 4-6	Commercial Off-the-Shelf software.

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	Part I, Chapter 2 Part I, Appendices A, C, D Part II, Chapter 2 Part III, Preface Part III, Chapters 1-6	Appendix C under Manage Accounts Receivable Information and Manage Accounts Payable Information business processes. Appendix D under Formulate Budget and Manage Fund business processes.
Countermeasure	Part III, Chapter 5	Key concept of S&P. Safeguard that addresses a threat or mitigates a risk.
CPP/CPPA	Front Matter, Chapter 4 Part II, Chapter 5	ebXML Collaboration Protocol Profile and Agreement Specification is one of the infrastructure and protocols that enable information exchange. Collaboration Protocol Agreements document the comment elements in a Collaboration Protocol Profile and Agreement (CPPA) of trading partners, also known as a Trading Partner Agreement (TPA). It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
CPT/CPT-4	Front Matter, Chapter 4 Part I, Appendix C Part II, Chapter 5 Part III, Chapter 6	American Medical Association (AMA) Current Procedural Terminology – Fourth Edition is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. Appendix C under the Manage Reference Information and the Apply Mass Adjustment business processes.
CRM	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendices A, C Part III, Chapters 2, 4, 6	Customer Relationship Management uses technology to organize, automate, and synchronize business processes. It focuses on member and provider access and individual access to health insurance alternatives. TA includes CRM in the TA Business Enabling Technologies. Appendix C under the Manage Provider Communication business process.

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Topic of Interest	***Location***	***What is it?***
DARPA DAML-S	Front Matter, Chapter 4 Part III, Chapter 6	Defense Advanced Research Projects Agency Agent Markup Language. It appears under the TA Service Interoperability Service Standards.
Data Access and Accuracy	Part I, Chapter 3 Part I, Appendices B, D SS-A Companion Guide	Ease of access to data that the business process requires and the timeliness and accuracy of data used by the business process. One of the six (6) measurable qualities of the MMM.
Data At Rest	Part I, Chapter 4 Part I, Appendix C Part II, Chapter 2 Part III, Chapter 2	Shared data is data at rest, i.e., data stores accessed to complete a step in the business process. Data at rest may become data in motion to fulfill a business need. Part II, Chapter 2 states that the MITA Data Management Strategy (DMS) addresses data in motion, data at rest, and data in process. Part III, Chapter 2 states that the MITA Technical Management Strategy (TMS) supports data in motion, data at rest, and data in process.
Data In Motion	Part I, Chapter 4 Part I, Appendix C Part II, Chapter 2 Part III, Chapter 2-5	Discusses data in motion data matches. The business process results define the data in motion that is the immediate output from the business process, not the ultimate, downstream result. Part II, Chapter 2 states that the MITA DMS addresses data in motion, data at rest, and data in process. Part III, Chapter 2 states that the MITA TMS supports data in motion, data at rest, and data in process. The technology standards, exchange standards, and data standards are important for data in motion.
Data In Process	Part II, Chapter 2 Part III, Chapter 2	Becomes of interest only when it involves shared data with stakeholders. Part II, Chapter 2 states that the MITA DMS addresses data in motion, data at rest, and data in process.

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		Part III, Chapter 2 states that the MITA TMS supports data in motion, data at rest, and data in process.
Data Standards	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1-3 Part I, Appendices A, B, D Part II, Preface Part II, Chapters 1-6 Part III, Chapters 1, 2-7 SS-A Companion Guide	Data standards are a collection of standards applicable to the administration and operation of the Medicaid Enterprise. The Framework includes discussion of types of data standards, benefits of using data standards, the development of them, business scenarios for their usage, model-based standards, and Standards Development Organizations (SDOs).
DDE	Front Matter, Chapter 5 Part I, Chapter 3 Part I, Appendices A, B, D	Direct Data Entry. A person keys data directly via keyboard that transmits directly to a computer. Level 1 of the Business Capability Matrix includes the direct data entry or manual activity.
DDI	Front Matter, Chapters 4, 5 Part III, Chapter 1 SS-A Companion Guide	Design, Development, and Implementation. CMS is applying FFP funds to the States to use the MITA Framework as a guide for future State Medicaid Enterprise DDI.
DEA	Front Matter, Chapter 4 Part I, Appendix C	Drug Enforcement Administration. Appendix C under provider enrollment variation of Pharmacy under Determine Provider Eligibility and Enroll Provider.
DeCC	Front Matter, Chapter 4	Dental Content Committee of the American Dental Association (ADA) is one of

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	Part II, Chapter 5	the DSMO under the IA current and emerging health data standards.
DICOM	Front Matter, Chapter 4 Part I, Appendix A Part II, Chapter 5 Part III, Chapter 6	Digital Imaging and Communications in Medicine is one of the information structures used by business processes for retrieving and transferring images and associated diagnostic information. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. It is also in the TA Security and Privacy Standards.
DISA	Front Matter, Chapter 4 Part II, Chapter 5	Data Interchange Standards Association is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards.
Disease Management	Front Matter, Chapters 3, 4 Part I, Chapters 3, 4 Part I, Appendices A-D Part II, Chapter 5	A system whereby persons with long-term conditions share knowledge, responsibility, and care plans with healthcare practitioners and/or peers. This reduces healthcare costs and/or improves the quality of life for individuals by preventing or minimizing the effects of a chronic condition. Appendix C under the Care Management Establish Case and Manage Case business processes. Appendix D under the Care Management Establish Case and Perform Screening and Assessment business process BCMs.
DME	Front Matter, Chapter 4 Part I, Appendices A, C	Suppliers are a provider enrollment variation. They supply or manufacture Durable Medical Equipment. Appendix C under the following business processes: • Authorize Treatment Plan • Determine Provider Eligibility • Enroll Provider

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DMS	Front Matter, Chapters 3-6 Part I, Chapters 1, 3 Part I, Appendix B Part II, Preface Part II, Chapters 1, 2, 6 SS-A Companion Guide	Includes Data Management Strategy definition, key elements, benefits, components, and usage.
DMTF	Front Matter, Chapter 4 Part III, Chapter 6	Distributed Management Task Force, Inc. has developed a series of standards in the system management industry. It appears under the TA Service Interoperability Service Standards.
DRG	Front Matter, Chapter 4 Part I, Appendices B-C Part II, Chapter 5	Diagnosis Related Group is a system that classifies hospital cases into groups based on International Classification of Diseases (ICD) diagnosis, procedures, age, sex, discharge status, and comorbidity. Part II lists it as one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. Appendix C under the Process Claim and Process Encounter business processes.
DSMO	Front Matter, Chapters 4-6 Part I, Chapter 2 Part I, Appendix A Part II, Chapter 5 Part III, Chapter 2	Designated Standards Maintenance Organizations discussion and table of organizations, i.e., ADA, ASC, DeCC, HL7, NCPDP, NCVHS, NIST, NUBC, and NUCC.

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DUR	Front Matter, Chapter 4 Part I, Appendix C	Drug Utilization Review is the process by which health insurance companies evaluate or review the use of prescription drugs for appropriateness in the treatment of a patient. Appendix C under provider enrollment variation of Pharmacy under Determine Provider Eligibility and Enroll Provider.
E&E APD Checklist	Front Matter, Chapter 4 SS-A Companion Guide	Checklist for States to complete and submit to CMS for review and prior approval in order to receive enhanced federal funding for Medicaid Information Technology system projects related to E&E functions.
EA	Front Matter, Chapters 4, 5 Part I, Chapter 1 Part I, Appendix A Part III, Chapters 2, 5	Enterprise Architecture discusses the Clinger-Cohen Act that mandates the publication of an EA, the appointment a CIO, and the production of business cases for major investments and the EA oversight of the OMB. It discusses the three (3) spheres of influence.
ebMS	Front Matter, Chapter 4 Part II, Chapter 5	The Organization for the Advancement of Structured Information (OASIS) ebXML Message Service Specification is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
ebXML Registry	Part II, Chapter 5 Part III, Chapter 6	It provides interoperable registries and repositories that enable submission, query, and retrieval. It appears under the TA Service Interoperability Service Standard.
EDB	Part I, Appendix C	The SMA exchanges the Enrollment Data Base file with the SSA. Appendix C under Manage Member Financial Participation.

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EDI	Front Matter, Chapters 4, 6 Part I, Chapters 1-3, 5 Part I, Appendices A-D Part II, Chapters 2, 5 Part III, Chapters 2, 4-7	Electronic Data Interchange. Appendix C under the following business processes: • Establish Business Relationship • Manage Business Relationship Communication • Establish Case • Manage Case Information • Manage Contractor Information • Perform Contractor Outreach • Award Contract • Manage Estate Recovery • Prepare Member Premium Invoice • Manage Contractor Payment • Manage Member Financial Participation • Manage 1099 • Generate Remittance Advice • Prepare Provider Payment • Process Claim • Process Encounter • Identify Utilization Anomalies • Determine Adverse Action Incident

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Topic of Interest	***Location***	***What is it?***
		• Develop Agency Goals and Objective • Maintain Program Policy, • Manage Health Plan Information • Manage Performance Measures • Manage Health Benefit Information • Manage Rate Setting • Manage Provider Communication • Perform Provider Outreach
EDOC	Front Matter, Chapter 4 Part III, Chapter 6	Unified Modeling Language (UML) Enterprise Distributed Object Computing simplifies the development of a component-based system using a UML model framework. It appears under the TA Architecture, Analysis, and Design Standards.
Effort to Perform, Efficiency	Part I, Chapters 3, 6 Part I, Appendices B, D SS-A Companion Guide	Level of effort necessary to perform the business process given current resources. One of the six (6) measurable qualities of the MMM.
EFT	Front Matter, Chapter 4 Part I, Appendices A, C, D	Electronic Funds Transfer refers to the computer-based systems used to perform financial transactions electronically. Appendix C under the Enroll Provider and Manage Accounts Payable Disbursement business processes.
EHR	Front Matter, Chapters 4-6 Part I, Chapters 1, 2, 4, 5	Stakeholders use Electronic Health Records to communicate patient-centric information amongst various systems.

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Topic of Interest	***Location***	***What is it?***
	Part I, Appendices A-D Part II, Chapters 2-5 Part III, Chapters 2, 6 SS-A Companion Guide	It appears in the TA Security and Privacy Standards listing the ISO/IEC 17799:2000 standard for Information Technology Code of Practice for Information Security Management.
Electronic Health Record Incentive	Part I, Appendix C	Appendix C in the Determine Provider Eligibility and Manage Incentive Payment business processes.
Eligibility and Enrollment Management (EE)	Front Matter, Chapter 4 Part I, Chapters 3, 4 Part I, Appendices C-E	One of the ten (10) MITA Framework Business Architecture Business Areas. It is a collection of business processes involved in the activity for determination of eligibility and enrollment for new applicants. It does this via the single streamlined application submission process, redetermination of existing members, enrolling new providers, and revalidation of existing providers. The Eligibility and Enrollment Management business area is responsible for the eligibility and enrollment information of the member data store as well as the provider data store.
Eligibility Determination System	Part I, Appendices C-D Part III, Chapter 2	Appendix D in the Enroll Provider business process BCM.
EMPI	Part I, Chapter 1 Part I, Appendices A-C Part II, Chapter 1	Enterprise Master Patient Index contains a unique identifier for every patient in the enterprise. Correct matching of patient records from disparate systems and different organizations provides a complete view of a patient through an API to query the index to find patients and the pointers to their identifiers and records in the respective system. Appendix C under the Establish Case and Manage Case Information business processes Shared Data.
EMR	Front Matter, Chapter 4	Electronic Medical Record is a building block associated with the COO

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	Part I, Chapters 2, 4 Part I, Appendix A	infrastructure in supporting the use of patient-focused electronic health information.
EPAL	Part III, Chapters 5, 6	Enterprise Privacy Authorization Language from World Wide Web Consortium (W3C) lays out a standard to protect stakeholders' privacy information enterprise-wide. It appears in the TA Security and Privacy Standards.
EPSDT	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendix C	Early and Periodic Screening, Diagnosis, and Treatment. Appendix C under the Establish Case and Manage Case Information business processes.
ESB	Front Matter, Chapter 4 Part II, Chapter 6 Part III, Chapters 1, 2, 5-7	Discusses Enterprise Service Bus in developing the TA. It addresses Data and Access, Integration, and Security and Privacy Services. It provides message management, data management, and service coordination. Supports the Modularity Standard.
Failures	Part I, Chapter 4 Part I, Appendix C Part III, Chapters 2, 5	An identification of the exit points throughout the business process where the business rules specify that the process must terminate because of failure of one or more steps.
FEA	Front Matter, Chapters 4, 5 Part I, Chapters 1, 2, 5 Part II, Chapter 1 Part III, Chapters 1, 2, 5-7	Federal Enterprise Architecture describes the EA as establishing the agency-wide roadmap to achieve its mission through optimal performance of its core business processes with an efficient IT environment.
FEA Performance Reference	Part I, Chapter 5	Federal Enterprise Architecture (FEA) Performance Reference Model (PRM) is

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Model (PRM)	Part III, Chapters 2, 7	an example of business-drive performance monitoring methodology.
FEA SPP	Part III, Chapter 6	FEA Security and Privacy Profile are scalable and repeatable for addressing information S&P from a business-centric perspective. It appears under the TA Security and Privacy Standards.
FEAF	Front Matter, Chapters 4, 5 Part III, Chapters 1, 2	National Institute of Standards and Technology (NIST) developed the FEA Framework standards. Its foundation is the Spewak Enterprise Architecture Planning (EAP) that defines the current As-Is and the future To-Be IT infrastructure.
Federal Initiatives, Programs and Legislation	Front Matter, Chapters 2-5 Part I, Preface Part I, Chapters 1-3 Part I, Appendices A, B Part III, Chapter 2 SS-A Companion Guide	Gives examples of federal initiatives, programs, and legislation affecting the Medicaid Enterprise. Federal Financial Participation funding for state to design, development, and implementation activities for their State Medicaid Enterprise.
Federal Service Oriented Architecture (SOA) Framework	Part III, Chapter 4	The Architecture and Infrastructure Committee released the Practical Guide to Federal Service Oriented Architecture (PGFSOA) v1.1 in June 2008. Federal chief architects and CIOs use the PGFSOA to assist them in adopting SOA best practices to advance agencies' missions, meet demanding compliance requirements, introduce more agility into their architecture, and optimize IT architectures.
Federated Data Management Engine	Part III, Chapter 6	Metadata Repository Layer Standard that creates virtual models and maps between data sets that stakeholders own and share based on an access-control agreement.

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FFP	Front Matter, Chapters 2-6 Part I, Chapter 2 Part I, Appendices C, E SS-A Companion Guide	Federal Financial Participation funding for state to design, development, and implementation activities for their State Medicaid Enterprise. Appendix C under Manage Accounts Receivable Information and Manage Health Benefit Information business processes, and Manage Fund Manage FFP and Draw, and Report FFP business activities.
FHA	Front Matter, Chapters 4, 5 Part I, Chapters 1, 3 Part I, Appendix B Part II, Chapter 5 Part III, Chapter 5	Federal Health Architecture influences the exchange of information with the Medicaid Enterprise.
FHIM	Front Matter, Chapter 4 Part II, Chapters 1, 3, 5	The Federal Health Information Model is a federal healthcare project for establishing federal healthcare UML models. FHIM is harmonizing its models with the HL7, NIEM, VHIM, and MITA models. FHIM is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Financial Management (FM)	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices C-E	One of the ten (10) MITA Framework Business Architecture Business Areas. A collection of business processes that supports the payment of providers, managed care organizations, other agencies, insurers, Medicare premiums, and supports the receipt of payments from other insurers, providers, and member premiums. These processes share a common set of payment- and receivables-related data and a financial data store.
Fiscal Management	Part 1, Chapter 4 Part I, Appendices C-E	One of the three (3) Business Categories under Financial Management Business Area in the Business Architecture Framework. It includes the following business processes:

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		• Formulate Budget • Manage Budget Information • Manage Fund • Generate Financial Report
FMAP	Front Matter, Chapter 4 Part I, Appendix C	CMS reviews the Federal Medical Assistance Percentages periodically to increase or decrease the amount of federal matching for Medicaid, CHIP, and Recovery Audit Contractor expenditures for a specific fiscal year. Appendix C under the Manage Fund, Manage FMAP, and Manage FFP business activities.
Funding Requirements	Front Matter, Chapters 3, 5, 6 Part I, Preface Part I, Chapters 1, 2, 5 Part I, Appendices A, C, D Part II, Preface Part II, Chapter 1 Part III, Preface Part III, Chapters 1, 2, 4-6 SS-A Companion Guide	Discusses regulations affecting federal funding matches.
GAAP	Part I, Appendices C, D	U.S. Generally Accepted Accounting Principles. Appendix C under the following business processes: • Manage Accounts Receivable information

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		• Manage Accounts Receivable Funds • Manage Accounts Payable Information • Manage Budget Information
GAO	Front Matter, Chapter 4 Part I, Appendix C Part III, Chapter 2	General Accounting Office provides provider sanction information. Appendix C under Determine Provider Eligibility and Disenroll Provider business processes.
Gartner Hype Cycle	Front Matter, Chapter 5 Part III, Chapter 2	The Gartner Hype Cycle provides a graphic representation of the maturity and adoption of technologies and applications. It describes how they are potentially relevant to solving real business problems and exploiting new opportunities for Information Technology areas. One of the most popular frameworks.
GASB	Front Matter, Chapter 4 Part I, Appendix C	Governmental Accounting Standards Board governs the collection of money owed to the SMA. Appendix C discusses GASB in the following business processes: • Manage Accounts Receivable Information • Manage Accounts Receivable Funds • Manage Accounts Payable Information • Manage Budget Information
HANS	Part I, Appendix A	CDC's Health Alert Network System is a national program that provides vital health information and the infrastructure to support the dissemination of that information at the local, state, and national levels. Many state-based HANS programs have over 90% of their population covered under HANS; however, the State Medicaid Enterprise is not part of this network.

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HCBS	Front Matter, Chapter 4 Part I, Appendices A-C Part I, Chapter 2	Home and Community-Based Services programs help the elderly and disabled, mentally retarded, developmentally disabled, and certain other disabled adults. Appendix C under the following business processes: • Enroll Provider • Manage Member Financial Participation • Manage Accounts Payable Disbursement • Prepare Provider Payment
HCPCS	Front Matter, Chapter 4 Part I, Appendix C Part II, Chapter 5 SS-A Companion Guide	Healthcare Common Procedure Coding System is a set of health care procedure codes based on the AMA's CPT. It is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. Appendix C under Manage Reference Information and Apply Mass Adjustment.
Health Benefits Administration	Part 1, Chapter 4 Part I, Appendix C	One of the three (3) Business Categories under Plan Management Business Area in the Business Architecture Framework. It includes the following business processes: • Manage Health Benefit Information • Manage Reference Information • Manage Rate Setting
Health Information Exchange (HIE)	Front Matter, Chapters 4-6 Part I, Chapters 1-4	States use the Health Information Exchange primarily for the exchange of EHR and Personal Hearlth Record (PHR) information in the following Care

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	Part 1, Appendices A-D Part II, Chapters 5, 6 Part III, Chapters 2, 5, 6, 7 SS-A Companion Guide	Management business area business processes: • Establish Case • Manage Case • Perform Screening and Assessment • Manage Treatment Plan and Outcomes • Authorize Referral • Authorize Service • Authorize Treatment Plan
Health Insurance Exchange (HIX)	Front Matter, Chapters 4-6 Part I, Chapters 1-4 Part I, Appendices A-D Part II, Chapters 5, 6 Part III, Chapters 2, 5, 7 SS-A Companion Guide	The Health Insurance Exchanges uses shared eligibility services. Appears under the following business processes: • Manage Contractor Information • Enroll Provider • Disenroll Provider • Manage Provider Information • Terminate Provider • Manage TPL Recovery • Manage Estate Recovery • Manage Member Financial Participation • Manage Health Plan Information • Manage Health Benefit Information

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Health Plan Administration	Part 1, Chapter 4 Part I, Appendices C-E	One of the three (3) Business Categories under Plan Management Business Area in the Business Architecture Framework. It includes the Manage Health Plan Information and Manage Performance Measures business processes.
HEDIS	Front Matter, Chapter 4 Part I, Appendix C	Healthcare Effectiveness Data and Information Set establishes performance measures used for quality review. Appendix C under the following business processes: • Perform Contractor Outreach • Identify Utilization Anomalies • Determine Adverse Action Incident • Develop Agency Goals and Objectives • Maintain Program Policy • Manage Health Plan • Manage Performance Measures • Manage Health Benefit Information • Manage Rate Setting
HHS	Front Matter, Chapters 4-6 Part I, Chapters 1-3 Part I, Appendices A-C Part II, Chapters 1, 5 Part III, Chapters 1, 2, 5-7 SS-A Companion Guide	The Framework mentions the U.S. Department of Health & Human Services In many places. Appendix C under the Manage Member Financial Participation, and Manage Fund business processes.

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HIPAA	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1-3 Part I, Appendices A-D Part II, Chapters 1, 5, 6 Part III, Chapters 1, 4-6 SS-A Companion Guide	Health Insurance Portability and Accountability Act of 1996. HIPAA translators are Service Gateways. Part II, Chapter 5 discusses the HIPAA ASC X12 standards used for Person-to-Computer Exchange. Part III discusses HIPAA Security and Privacy Rules in the TA Security and Privacy Standards.
HIPDB	Front Matter, Chapter 4 Part I, Appendix C	Healthcare Integrity and Protection Data Bank contains program integrity information States access prospectively during the provider enrollment process. Appendix C under the Determine Provider Eligibility and Disenroll Provider business processes.
HIPP	Front Matter, Chapter 4 Part I, Appendices A, C	The Health Insurance Premium Payment. Appendix C under the Manage Member Financial Participation and Manage Accounts Payable Disbursement business processes.
HIT IAPD	SS-A Companion Guide	The Health Information Technology Implementation Advance Planning Document is for States to request FFP for expenditures relating to the administration and oversight of the Medicaid EHR Incentive Program.
HITECH	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 2, 3	Health Information Technology for Economic and Clinical Health's basis Kaiser's Foundation Community Consumer Health Informatics (CHI) Initiatives Model. ARRA and HITECH change the structure, use and sharing of both internal and external health information. The Framework includes HITECH in the Front Matter Prefaces and

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	Part I, Appendices A-C Part II, Preface Part III, Preface Part III, Chapter 6 SS-A Companion Guide	Introductions as well as under the Manage Incentive Payment business process. Part III in the TA Security and Privacy Standards.
HL7	Front Matter, Chapters 4, 6 Part I, Appendix A Part II, Chapters 1, 3, 5 Part III, Chapters 1, 3, 6	Health Level Seven International is one of the DSMO under the IA current and emerging health data standards.
HL7 V2	Part II, Chapter 5	HL7 Version 2x message is one of the information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
HL7 V3	Part II, Chapter 5	HL7 Version 3 artifact is one of the models of information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
HTTP/HTTPS	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendix A Part II, Chapter 5	Hypertext Transfer Protocol and Hypertext Transfer Protocol – Secure are standards for networking protocol for distributed, collaborative, hypermedia information systems. It appears under the TA Service Interoperability Service Standard.

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	Part III, Chapters 2, 6 SS-A Companion Guide	
IaaS	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendix A Part III, Chapter 2	Information as a Service is an API Interface and an environment for building a native application at the Software Infrastructure layer for Cloud Computing ontology. Allows more flexibility and less optimization.
IAPD	Front Matter, Chapter 4 SS-A Companion Guide	An Implementation Advance Planning Document is a plan of action States use to request FFP in the costs of designing, developing, and implementing a system. A state must submit either the IAPD or the Planning Advance Planning Document (PAPD) along with the State Self-Assessment (SS-A) to qualify for enhanced funding.
ICD-10 Vol. 1-3	Front Matter, Chapters 3, 4, 6 Part I, Preface Part I, Appendix C Part II, Preface Part II, Chapter 5 Part III, Preface Part III, Chapter 6 SS-A Companion Guide	The International Classification of Diseases, 10th Revision. It is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
ICD-9-CM Vol. 1 & 2 Diagnosis Codes	Part II, Chapter 5 SS-A Companion Guide	The International Classification of Diseases, 9th Edition, Clinical Modification, Volume 1 & 2, Diagnoses is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data

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		standards.
ICD-9-CM Vol. 3 Procedure Codes	Part II, Chapter 5 SS-A Companion Guide	The International Classification of Diseases, 9th Edition, Clinical Modification, Volume 3 Procedures is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
ICM	Front Matter, Chapters 2-4, 6 Part I, Chapters 1, 3, 5 Part I, Appendices B, D Part II, Preface Part II, Chapters 1, 6 Part III, Chapter 1 SS-A Companion Guide	Information Capability Matrix defines the information capabilities identified in the business process to enable technical capabilities. Part II Chapter 6 contains the ICM. It discusses the purpose, scope, components, capabilities and descriptions, evolution, and usage of the ICM.
ID-FF	Front Matter, Chapter 4 Part III, Chapter 6	Liberty Identity Federated Framework ensures appropriate parties use critical private information and offers an approach for implementation of a single sign-on and federated identities. It appears in the TA Security and Privacy Standards.
IEEE 1073	Part II, Chapter 5	Institute of Electrical and Electronics Engineers, 1073 Standard for Medical Device Communications is one of the information structures used by business processes for communication. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Immunization Registry	Part I, Chapter 2	CDC sponsors the Immunization Information Systems (IIS) and is in the COO

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	Part I, Appendix A	for the future Medicaid Enterprise.
Industry Standards Condition	Front Matter, Chapters 4-6 Part I, Chapters 1, 3 Part I, Appendices A, B Part II, Chapters 1, 2, 5 Part III, Chapters 1, 4, 6, 7 SS-A Companion Guide	One of the Seven Standards and Conditions. Ensures alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal Civil Rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.
Information Architecture (IA)	Front Matter, Chapters 3-6 Part I, Chapters 1, 4 Part I, Appendix A Part II, Preface Part II, Chapters 1-6 Part III, Preface Part III, Chapter 1 SS-A Companion Guide	IA contains the mappings of the information relating to business processes and capabilities to a CDM and a Logical Data Model (LDM). IA includes a Summary and Introduction to IA, and chapters for DMS, CDM, LDM, Data Standards and the ICM.
Information Capabilities	Front Matter, Chapters 3, 4, 6 Part I, Preface Part I, Chapters 3, 5 Part I, Appendices B, D Part II, Chapters 1, 6	The four (4) qualities for the MMM to help distinguish performance maturity levels are DMS, CDM, LDM, and Data Standards.

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	SS-A Companion Guide	
Information Exchange Standards	Part I, Appendix B Part II, Chapter 5	Discusses use of ASTM, ebXML, and Web Services standards to use the Web to register information about their electronic exchange capabilities.
Insurance Affordability Program	Front Matter, Chapter 4 Part I, Chapters 2, 4 Part I, Appendices A, C, D	Includes Medicaid, CHIP, advance payments of premium tax credits, and cost-sharing reductions through the Health Insurance Exchange (HIX), and any state-established BHP, if applicable.
Integrated Database Management System (IDMS)	Front Matter, Chapter 4 Part III, Chapter 1	Part III discusses it as a wrapper for integrating a legacy mainframe application into the SOA under the TCM.
Integration and Utility TSA	Front Matter, Chapter 6 Part III, Chapters 4, 7 SS-A Companion Guide	This TSA provides the core services that either have a specific Medicaid function outside of the business services and other general functions as part of the integration activities. Contains five (5) technical service classifications: • Configuration Management • Data Access and Management • Decision Management • Logging • Utility
Integrity	Part III, Chapter 5	Key component of S&P. Protects data is from accidental or deliberate modification.
Intermediary and Interface TSA	Front Matter, Chapter 6 Part III, Chapters 4, 7	This TSA combines the generally predetermined interface activities with the transactional functions performed by the intermediary services. Contains five

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	SS-A Companion Guide	(5) technical service classifications: • Business Process Management • Relationship Management • Data Connectivity • Service-Oriented Architecture (SOA) • System Extensibility
Interoperability Condition	Front Matter, Chapters 3-6 Part I, Chapters 1, 3 Part I, Appendices A, B Part II, Chapter 1 Part III, Chapters 1, 5, 7 SS-A Companion Guide	One of the Seven Standards and Conditions. Systems must ensure seamless coordination and integration with the Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.
Interoperability Model	Part III, Chapter 5	Service operability key concepts are: • standardized contract • loose coupling • abstraction • reusability • autonomy • statelessness • discoverability

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		• composability The Logical Interoperability Model for a hub architecture depicts four (4) types of hubs: • service • data-sharing coordination • strategic • tactical hubs
ISO	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	International Organization for Standardization is an organization that sets worldwide proprietary, industry, and commercial standards.
ISO 11179	Part II, Chapter 5	Information Technology – Metadata Repository Standard is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
ISO 23950	Part II, Chapter 5	Protocol for Information Search and Retrieval is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
IT Guidance	Front Matter, Chapters 6 Part I, Preface Part I, Chapter 1	Guidance for Exchange and Medicaid Information Technology (IT) Systems, Version 2.0. (IT Guidance)

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	Part I, Appendix A Part II, Preface Part II, Chapter 1 Part III, Preface Part III, Chapter 1 SS-A Companion Guide	
ITIL IT Service Management Abilities Level	Front Matter, Chapter 4 Part III, Chapter 6	IT Infrastructure Library IT Service Management Capabilities Level is an IT management standardization effort to improve effectiveness and efficiency of the used infrastructure. It appears under the TA Service Interoperability Service Standards.
J2EE	Part III, Preface Part III, Chapters 2-4	Oracle Java Platform, Enterprise Edition (formerly known as Java 2 Platform, Enterprise Edition) is the industry standard for enterprise Java computing.
Java	Part I, Appendix A Part III, Preface Part III, Chapters 1, 3-6	Oracle Java is the foundation for virtually every type of networked application and is the global standard for developing and delivering mobile applications, games, Web-based content, and enterprise software.
KPI	Front Matter, Chapters 4-6 Part I, Chapters 2, 3-5 Part I, Appendices A-D Part III, Chapters 2, 4, 7 SS-A Companion Guide	MITA Framework supports the expansion of performance standards, performance measures, and performance metrics, as they are defined by CMS in future guidance or as defined by an individual state. CMS intends to provide additional guidance concerning performance standards—both functional and non-functional, and with respect to Service Level Agreements (SLA) and Key Performance Indicators (KPI). We expect to consult with States and stakeholders as we develop and refine these measures and associated targets.

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		Appendix C under the following business processes: • Manage Business Relationship Communication • Management Business Relationship Information • Manage Performance Measures • Identify Utilization Anomalies • Determine Adverse Action Event Appendix D in the Manage Performance Measures business process BCM.
LDM	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1, 3, 4 Part I, Appendices B, D Part II, Preface Part II, Chapters 1, 3, 4, 6 Part III, Chapters 1, 3, 4 SS-A Companion Guide	Logical Data Model. Part II, Chapter 3 discusses the LDM. TA includes it as one of its Architecture Dependencies.
Leverage Condition	Front Matter, Chapters 4-6 Part I, Chapters 1, 3 Part I, Appendices A, B Part II, Chapters 1-4 Part III, Chapters 1, 2, 5, 7	One of the Seven Standards and Conditions. States solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.

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	SS-A Companion Guide	
Linguistically, Culturally, and Competency Appropriate	Part I, Appendices A, C, D	The Business Capability Matrix for some business processes have a business capability to determine if communications are functionally, linguistically, culturally, and competency appropriate for the audience. Appendix D discusses under the following business process matrices: • Manage Business Relationship Communication • Inquire Contractor Information • Perform Contractor Outreach • Prepare REOMB • Manage Provider Communication • Perform Provider Outreach
Logical Hub Architecture	Part III, Chapter 5	Has three (3) layers including Interface Management Layer, Data Management Layer, and Utility Services Layer.
Logical Interoperability Model	Part III, Chapter 5	Depicts four (4) types of hubs. Key concepts: • interoperability • connectors • hub and virtual model access • data model and integration • utility services • S&P service components and utilities

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		• interoperability conflicts • functionality
LOINC	Front Matter, Chapter 4 Part I, Appendix A Part II, Chapter 5 Part III, Chapter 6	The Logical Observation Identifiers, Names and Codes is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
MACBIS	Front Matter, Chapter 4 Part I, Appendices A, C	The Medicaid and CHIP Business Information and Solutions Council. Appendix C under the Manage Data and Manage Health Benefit Information business processes.
Managed Care System	Front Matter, Chapters 4, 5 Part I, Preface Part I, Chapters 3-5 Part I, Appendices A-D Part II, Chapter 1 Part III, Chapter 1	Integrates the financing and delivery of appropriate health care services to covered individuals. Providers furnish a comprehensive set of health care services to members. Arrangements contain explicit criteria for the selection of health care providers and significant financial incentives for members to use providers and procedures associated with the plan. Managed care plans are typically Health Maintenance Organizations (HMOs) (staff, group, IPA, and mixed models), Preferred Provider Organizations (PPOs), or Point of Service (POS) plans. Medicaid reimburses managed care services through a variety of methods including capitation, fee for service, and a combination of the two.
MCO	Front Matter, Chapter 4 Part I, Chapter 1 Part I, Appendices A, C, D	Managed Care Organizations are corporations who contract with the SMA to provide enrollees a defined set of services for a fixed per member per month payment. Eligibility information is exchanged via ASC X12 834 Benefit Enrollment and Maintenance transaction. Appendix C discusses Data exchange under the Establish Business Relationship business process.

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		Appendix C discusses MCO under the following business processes: • Determine Provider Eligibility • Enroll Provider • Manage Capitation Payment • Manage Accounts Payable Disbursement • Prepare Provider Payment • Apply Mass Adjustment Appendix D in the Manage Health Benefit Information business process BCM.
MDA	Part III, Chapter 6	Model-Driven Architecture is under the TA Architecture, Analysis, and Design Standards.
Medicaid Enterprise	Front Matter, Chapters 2--6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-E Part II, Preface Part II, Chapters 1-6 Part III, Preface Part III, Chapters 1-7 SS-A Companion Guide	The framework discusses the Medicaid Enterprise throughout it. It contains 10 business areas, 21 business categories, and 80 individual business processes.
Medicaid State Plan	Front Matter, Chapter 4	Medicaid State Plan is the plan submitted by the SMA to CMS to operate a

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	Part I, Chapter 4 Part I, Appendices A, C, D SS-A Companion Guide	Medicaid Program. Appendix C under the following business processes: • Manage Contractor Grievance and Appeal • Manage Fund • Manage Data • Develop Agency and Goals • Maintain Program Policy • Maintain State Plan • Manage Provider Grievance and Appeal
Medicare	Front Matter, Chapter 4-6 Part I, Chapters 2-4 Part I, Appendices A, C-D Part II, Chapters 5, 6 Part III, Chapter 1	An insurance affordability program. Medicare will share member and provider eligibility, enrollment, and provider credentialing data with Medicaid and the Health Insurance Exchange (HIX). Appendix C under the following business processes: • Establish Business Relationship • Determine Provider Eligibility • Enroll Provider • Disenroll Provider • Manage Estate Recovery • Manage Drug Rebate • Manage Cost Settlement • Manage Member Financial Participation

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		• Manage Incentive Payment • Manage Accounts Payable Disbursement • Formulate Budget • Manage Fund • Generate Financial Report • Process Claim • Process Encounter • Manage Data • Establish Compliance Incident • Manage Compliance Incident Information • Determine Adverse Action Incident • Manage Health Benefit Information • Manage Provider Information • Terminate Provider Appendix D in the following business process BCMs: • Determine Provider Eligibility • Enroll Provider • Manage Cost Settlement.
Medicare Crossover Claims	Part I, Appendix C	Claims submitted by Medicare to the SMA for dual eligible beneficiaries for: • Part A for inpatient care, skilled nursing facility, hospice, and home

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		health care claims • Part B for doctors' services, hospital outpatient care, home health care, and some preventative services • Part C Medicare Advantage (MA Plan) • Part D prescription drug claims Appendix C under the Process Claim and Process Encounter business processes.
Medicare Modernization Act (MMA)	Part II, Chapter 5	The Medicare Prescription Drug, Improvement, and Modernization Act (also called the Medicare Modernization Act or MMA) is a federal law of the United States, enacted in 2003. Defines computer-to-computer exchange of member data with CMS using an established industry standard.
Member Enrollment	Part I, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Eligibility and Enrollment Management Business Area in the Business Architecture Framework. It includes the following business processes: • Determine Member Eligibility • Enroll Member • Disenroll Member • Inquire Member
Member Information Management	Part I, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Member Management Business Area in the Business Architecture Framework. It includes the Manage Member Information business process.
Member Management (ME)	Front Matter, Chapter 4	One of the ten (10) MITA Framework Business Architecture Business Areas. A collection of business processes involving communications between the SMA

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	Part I, Chapter 4 Part I, Appendices A, C-E	and the prospective or enrolled member. It also contains actions that the SMA takes on behalf of the member. These processes share a common set of member-related data for determination of eligibility and enrollment into services. This business area is responsible for managing the member data store, coordinating communications, and focusing on outreach to current and potential members. This business area also provides member support for grievance and appeals.
Member Support	Part I, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Member Management Business Area in the Business Architecture Framework. It includes the following business processes: • Manage Applicant and Member Communication • Manage Member Grievance and Appeal • Perform Population and Member Outreach
MFCU	Front Matter, Chapter 4 Part I, Appendices C, D	Medicaid Fraud Control Unit receives Third-Party Liability (TPL) and compliance investigation information from various sources, locates recoverable claims, creates the COB file, creates post-payment recovery files, and sends notifications to appropriate sources. Appendix C under the following business processes: • Manage TPL Recovery • Establish Compliance Incident • Manage Compliance Incident • Determine Adverse Action Incident Appendix D in the Manage Provider Recoupment business process BCM.

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MIG	Part I, Appendix A Part II, Chapter 1	The Medicaid Integrity Group is a key participant in the MACBIS effort.
MITA At-a-Glance	Front Matter, Chapter 3	A brief discussion of the parts, chapters and appendices of the MITA Framework and an overview of the new and revised material since 2.0 and 2.01.
MITA Condition	Front Matter, Chapters 4-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-D Part II, Chapters 1, 2, 6 Part III, Chapters 1, 2, 7 SS-A Companion Guide	One of the Seven Standards and Conditions. States align to and advance increasingly in MITA maturity for business, architecture, and data.
MITA Framework	Front Matter, Chapters 2-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-E Part II, Preface Part II, Chapters 1-6 Part III, Preface Part III, Chapters 1-7	Consolidation of principles, business and technical models, and guidelines that creates a template for States to use in developing their individual State Medicaid Enterprises. Contains three (3) parts – Business Architecture, Information Architecture, and Technical Architecture.

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	SS-A Companion Guide SS-A, Appendix A	
MITA Initiative	Front Matter, Chapter 5	The MITA Initiative focuses on the Medicaid Enterprise. The Medicaid Enterprise is defined in the MITA context as three (3) spheres of influence: • The domain where federal matching funds apply. • The interfaces and bridges between the SMA and Medicaid stakeholders, including providers, beneficiaries, other state and local agencies, other payers, CMS, and other federal agencies. • The sphere of influence that touches MITA (e.g., national and federal initiatives, including the Office of the National Coordinator for Health IT (ONC), development standards maintenance organizations and other federal agencies such as the Internal Revenue Service (IRS)).
MITA Interoperability Model	Part III, Chapter 5	Uses hubs, VPN capabilities, and a common set of utility services to create the logical model to address interoperability at many levels. Addresses a minimal set of information sharing needs between business areas and processes, and with other agencies and partners in a standard way.
MITA Mission, Goals, Principles, and Objectives	Front Matter, Chapters 5, 6 Part I, Chapters 2, 3, 5 Part I, Appendices A, B, D Part III, Preface Part III, Chapters 1-3, 5-7	Lists and discusses MITA Mission, Goals, Principles, and Objectives.
MITA Technical Goals	Part III, Chapter 2	List of eight (8) MITA technical goals.

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MITA Technical Objectives	Part III, Chapter 2	List of 29 MITA technical objectives.
MITA Technical Principles	Part III, Chapter 2	List of the nine (9) MITA technical principles.
MMIS	Front Matter, Chapters 2-6 Part I, Chapters 1, 2 Part I, Appendices A, D Part II, Chapters 1, 5 Part III, Chapters 1, 2, 5 SS-A Companion Guide	Medicaid Management Information System. Appendix D under the Manage Accounts Receivable Information and Manage Accounts Payable Information business process BCMs.
MMM	Front Matter, Chapters 3, 4, 6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-D Part II, Preface Part II, Chapters 1, 5, 6 Part III, Chapters 1, 2, 6, 7 SS-A Companion Guide SS-A, Appendix A	MITA Maturity Model. One of the four (4) components of the Business Architecture. Part I, Chapter 3 defines the MITA Maturity Model.
Modularity Standard	Front Matter, Chapters 3-6 Part I, Chapters 1, 3	One of the Seven Standards and Conditions. Uses a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); the separation of business rules from core programming; and the availability of business rules in both

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	Part I, Appendices A, B Part II, Chapter 1 Part III, Preface Part III, Chapters 1, 2, 4, 5, 7 SS-A Companion Guide	human and machine-readable formats. The States commit to formal system development methodology and open, reusable system architecture.
MOF	Front Matter, Chapter 4 Part III, Chapter 6	Object Management Group MetaObject Facility is a standard that provides an environment where models can export from application, import into another, transport across a network, and store in a repository for stakeholders to retrieve. It appears under the TA Architecture, Analysis, and Design Standards.
MOU	Front Matter, Chapter 4 Part I, Appendices C, D SS-A Companion Guide	A Memorandum of Understanding is a document describing a bilateral or multilateral agreement between parties. Appendix C under the Establish Business Relationship business process. Appendix D in the Manage Fund and Manage Health Benefit Information business process BCMs.
MSIS	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendices A, C	Medicaid Statistical Information System.
MTOM	Part III, Chapter 6	SOA with attachment – W3C Message Transmission Optimization Mechanism is a protocol for the exchange of information. It appears under the TA Service Interoperability Standard.

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NAMD	Front Matter, Chapter 4 Part II, Chapter 5	National Association of Medicaid Directors is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards.
NASCIO	Front Matter, Chapter 4 Part III, Chapters 2, 5, 6 SS-A Companion Guide	National Association of State Chief Information Officers published the State Top Ten Policy and Technology Priorities for 2011. Its Toolkit defines an EA framework for state government.
NCCI	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices C, D	The National Correct Coding Initiative promotes providers using correct national correct coding methodologies of health care services and controls improper coding leading to inappropriate payment. NCCI (a.k.a. CCI) consists of automated prepayment edits that prevent improper payment when the SMA submits certain codes for Part B-covered services together for the same beneficiary on the same date of service. Appendix C discusses the CCI edits under the Process Claim and Process Encounter business processes.
NCPDP	Front Matter, Chapters 4, 6 Part I, Appendices C, D Part II, Chapter 5 Part III, Chapter 6	National Council for Prescription Drug Programs is one of the DSMO under the IA current and emerging health data standards. Part II under: the information structures used by business processes for communication, the Other Standards Maintenance Organizations under the IA current and emerging health data standards. Part III lists it as a standard applying to a Pharmacy in the TA Security and Privacy Standards. Appendix C under the Process Claim and Process Encounter business processes.
NCVHS	Front Matter, Chapter 4	National Committee on Vital and Health Statistics is one of the DSMO under

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	Part II, Chapter 5 Part III, Chapter 5	the IA current and emerging health data standards.
NDC	Front Matter, Chapter 4 Part I, Appendix C Part II, Chapter 5	The National Drug Codes is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. Appendix C under the Manage Reference Information business process.
NEDSS	Front Matter, Chapter 4 Part I, Appendix A	National Electronic Disease Surveillance System is a future business improvement in the Medicaid To-Be COO.
NHII	Front Matter, Chapter 4	National Health Information Infrastructures was a healthcare standardization initiative for the development of an interoperable health information technology system. The NHII has since evolved to become the Nationwide Health Information Network (NwHIN).
NHSIA	Front Matter, Chapter 4 Part III, Chapter 6	The National Human Services Interoperability Architecture (NHSIA) is being developed for the Administration for Children and Families (ACF) by Johns Hopkins University as a framework to support: common eligibility and information sharing across programs, agencies, and departments; improved efficiency and effectiveness in delivery of human services; prevention of fraud; and better outcomes for children and families.
NIEM	Front Matter, Chapter 4 Part II, Chapters 1, 3, 5 Part III, Chapter 2	The National Information Exchange Model is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
NIST	Front Matter, Chapters 4, 5	National Institute of Standards and Technology is one of the DSMO under the IA current and emerging health data standards. It is responsible for developing

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	Part II, Chapter 5 Part III, Chapters 2, 5, 6	the EA and published publishing the Federal Enterprise Architecture Framework standards in 1999. It has a variety of initiatives addressing IT standards. It is also under the TA Security and Privacy Standards.
NMEH	Front Matter, Chapter 4 Part I, Chapter 1 Part II, Chapters 2, 5 Part III, Chapters 2, 4	National Medicaid EDI Healthcare is one of the standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards. Part III in the TA TMS Approach.
No Wrong Door	Front Matter, Chapter 4 Part I, Chapters 2 Part I, Appendix A Part I, Appendices C-E Part III, Chapter 2	Initiative from the Affordable Care Act to have a single, streamlined application process to align individuals seeking financial assistance for health care with coordinated services to optimize health outcomes through flexible programs.
Non-Medical Code Sets used in ASC X12 HIPAA Transactions	Part II, Chapter 5	These codes include Provider Taxonomy Codes, Claim Status Codes, Country Codes, Facility Codes, and Revenue Codes. They are one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Notification	Front Matter, Chapter 4 Part I, Chapters 4, 5 Part I, Appendices A, C, D Part III, Chapter 2	A communication (e.g., EDI, email, fax, mobile device, publication, telephone, and web) that gives notice of event to a role (i.e., actor or system).

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NPDB	Front Matter, Chapter 4 Part I, Appendix C	The SMA uses the National Practitioner Data Bank to perform the background and screening of providers prior to enrollment as well as while enrolled as Medicaid providers. Appendix C under the Determine Provider Eligibility and Disenroll Provider business processes.
NPI	Front Matter, Chapters 4-6 Part I, Chapters 2-4 Part I, Appendices A, C, D	National Provider Identifier is the unique provider ID assigned by National Plan and Provider Enumeration System (NPPES) that standardizes provider identification throughout the U.S. Appendix C under the following business processes: • Determine Provider Eligibility • Enroll Provider • Disenroll Provider • Process Claim • Process Encounter Appendix D under the Determine Provider Eligibility business process BCM.
NPPES	Front Matter, Chapter 4 Part I, Appendix C	National Plan and Provider Enumeration System assigns NPIs to providers. Appendix C under the Determine Provider Eligibility and Disenroll Provider business processes.
NUBC	Front Matter, Chapter 4 Part II, Chapter 5	National Uniform Billing Committee is one of the DSMO under the IA current and emerging health data standards.
NUCC	Front Matter, Chapter 4	National Uniform Claim Committee is one of the DSMO under the IA current

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	Part II, Chapter 5	and emerging health data standards.
NwHIN	Front Matter, Chapter 4 Part I, Preface Part I Chapters 1-3 Part I, Appendices A, B, D Part II, Chapter 5 Part III, Chapters 5-7	It is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards. It is also in the TA Security and Privacy Standards under CHI.
OASIS	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapters 1, 2, 5, 6	Organization for the Advancement of Structured Information Standards is a not-for-profit consortium that develops and encourages the adoption of open standards. It appears under the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards, e.g., SOA standards including ESBs and State Medicaid Enterprises.
OCL	Front Matter, Chapter 4 Part II, Chapter 5	The Object Constraint Language is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
OIG	Front Matter, Chapter 4 Part I, Appendix C	The Office of Inspector General or the General Accounting Office (OIG/GAO) exchanges provider sanction list information of individuals, vendors, and/or suppliers excluded from participation in Medicare, Medicaid and other federally funded Sate programs from databases such as the List of Excluded Individuals/Entities (LEIE) and the Excluded Parties List System (EPLS). Appendix C under following business processes:

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		• Determine Provider Eligibility • Disenroll Provider • Establish Compliance Incident • Manage Compliance Incident Information • Determine Adverse Action Incident
OIS	SS-A Companion Guide	The CMS Office of Information Systems is one of the federal reviewers of the funding applications.
OM-AM	Part III, Chapter 5	Objective, Model, Architecture, and Mechanism is an application architecture Framework developed by Park and Sandhu from George Mason University.
OMB	Front Matter, Chapter 4 Part III, Chapter 2, 5 SS-A Companion Guide	Office of Management and Budget (OMB) is responsible for maintaining the overall FEA and governing the provisions of the Clinger-Cohen Act (CCA) that requires States to establish an EA.
OMG	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapters 2, 3, 4, 6	Object Management Group is a worldwide, open membership, not-for-profit consortium that drives standards and key elements of the technology readiness and maturity.
ONC	Front Matter, Chapters 4, 5 Part I, Chapters 1, 2 Part I, Appendices A, C Part II, Chapter 5 SS-A Companion Guide	Office of National Coordinator for Health Information Technology is one of the federal reviewers for the funding application process. It is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards. It is one of the federal reviewers for the funding application process. Appendix C under the Determine Provider Eligibility business process.

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Operations Management (OM)	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices C-E	One of the ten (10) MITA Framework Business Architecture Business Areas. A collection of business processes that manage claims and prepare premium payments using a specific set of claims-related data. It includes editing, auditing and pricing professional, dental, institutional, and drug claims and encounters, as well as sending payment information to the provider. The Operations Management business area is responsible for the claims data store.
Orchestration	Part III, Chapters 1, 3-5, 7 SS-A Companion Guide	The process to define a flow linking several services together. Uses BPEL or BPMN.
OWL	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	The Ontology Web Language is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. It is also part of the TA Architecture, Analysis, and Design Standards.
PaaS	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendix A Part III, Chapter 2	Platform as a Service is an environment for building a managed application with an Integrated Development Environment (IDE) and is at the Software Environment layer for Cloud Computing ontology. In the classic layered model of cloud computing, the PaaS layer lies between the SaaS and the IaaS layers.
PAPD	SS-A Companion Guide	A Planning Advance Planning Document is a document to plan a high-level management statement of vision, needs, objectives, plans, and estimated costs. A SMA must submit either the IAPD or the PAPD along with the SS-A to qualify for enhanced funding. To receive enhanced funding for either State Medicaid Health IT Plan (SMHP) administrative costs or to conduct an SS-A, SMA should submit a PAPD prior

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		to initiating planning activities and expending funds.
Paperwork Reduction Act of 1995	SS-A Companion Guide	The act requires agencies to plan for the development of new collections of information and the extension of ongoing collections well in advance of sending proposals to OMB.
Payment and Reporting	Part 1, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Operations Management Business Area in the Business Architecture Framework. It includes the following business processes: • Generate Remittance Advice • Inquire Payment Status • Prepare Provider Payment • Manage Data
PCAST	Front Matter, Chapters 3, 4 Part I, Preface Part I, Chapter 2 Part II, Preface Part III, Preface	President's Council on Advisors on Science and Technology is a legislative initiative affecting the Medicaid Enterprise.
PCCM	Front Matter, Chapter 4 Part I, Appendices A, C	Primary Care Case Management is a health care service delivery model that requires a Medicaid member to choose a Primary Care Physician (PCP) who is responsible for coordinating the member's care and to whom the SMA pays a monthly fee for doing so, plus the payment of providing the services. Appendix C under the following business processes: • Manage Capitation Payment

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		• Manage Accounts Payable Disbursement • Prepare Provider Payment • Manage Performance Measures
PCP	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices A, C	Primary Care Physician is a physician/medical doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. Appendix C under the Inquire Contractor Information and Manage Capitation Payment business processes.
Performance Management (PE)	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices C-E SS-A Companion Guide	One of the ten (10) MITA Framework Business Architecture Business Areas. It is a collection of business processes involved in the assessment of program compliance (e.g., auditing and tracking medical necessity and appropriateness of care, quality of care, patient safety, fraud and abuse, erroneous payments, and administrative anomalies). This business area uses information about an individual provider or member to perform utilization and performance functions. The Performance Management business area is responsible for the business activity and compliance data stores.
Performance Measure	Front Matter, Chapter 4 Part I, Chapter 5 Part I, Appendices C, D Part III, Chapter 2, 7 SS-A Companion Guide	The Business Capability Matrix defines specific performance measures for relevant business capabilities based on established performance standards by CMS or the SMA. Where applicable the capability description and/or quality definition includes performance standards to determine if a business process is performing at a stated level of maturity. MITA Framework 3.0 supports the expansion of performance standards, performance measures and performance metrics, as they are defined by CMS in future guidance or as defined by an individual state. CMS intends to provide additional guidance concerning performance standards–both functional and non-functional, and with respect to SLA and KPIs.

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Performance Metric	Front Matter, Chapter 4 Part I, Chapter 5 Part I, Appendix D Part III, Chapter 2, 3, 7 SS-A Companion Guide	Part III discusses the Policy Management and Measurement as part of the Reporting Condition of the Seven Standards and Conditions as well as part of the Access and Delivery Technical Service Area. MITA Framework 3.0 supports the expansion of performance standards, performance measures and performance metrics, as they are defined by CMS in future guidance or as defined by an individual state. CMS intends to provide additional guidance concerning performance standards–both functional and non-functional, and with respect to SLA and KPIs.
Performance Standard	Front Matter, Chapters 4, 5 Part I, Chapter 5 Part I, Appendix C Part III, Chapters 2, 5, 7	A performance standard defines the anticipated performance measures of the Business Process or Service so all stakeholders measure the same business activity and targets in the same manner. MITA Framework 3.0 supports the expansion of performance standards, performance measures and performance metrics, as they are defined by CMS in future guidance or as defined by an individual state. CMS intends to provide additional guidance concerning performance standards–both functional and non-functional, and with respect to SLA and KPIs.
PHDSC	Front Matter, Chapter 4 Part II, Chapter 5	Public Health Data Standards Consortium is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards.
PHI	Front Matter, Chapter 4 Part I, Chapters 1, 2 Part I, Appendix A, B, C Part II, Chapter 5 Part III, Chapter 6	MITA supports patients viewing their Personal Health Information to make informed decisions regarding their health. Appendix C under the Manage Provider Communication business process.
PHIN/PHINS	Front Matter, Chapter 4	The Public Health Information Network (System) is one of the standards under

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	Part I, Appendix A Part II, Chapter 5 Part III, Chapter 6	the Other Standards Maintenance Organizations under the IA current and emerging health data standards. It is also in the TA Security and Privacy Standards.
PHR	Front Matter, Chapter 4 Part I, Chapters 2, 4 Part I, Appendices A, D	Personal Health Record is a building block associated with the COO infrastructure in supporting the use of patient-focused electronic health information. It ties the PHR and Health Information Exchange (HIE) together. Appendix D in the Prepare REOMB business process BCM.
PKI	Front Matter, Chapters 4, 6 Part III, Chapter 5-7	Public Key Infrastructure describes how communities share policies and authorization schemes based on proxy credentials. It appears in the TA Security and Privacy Standards.
Plan Administration	Part 1, Chapter 4 Part I, Appendices A, C-E	One of the three (3) Business Categories under Plan Management Business Area in the Business Architecture Framework. It includes the following business processes: • Develop Agency Goals and Objectives • Maintain Program Policy • Maintain State Plan
Plan Management (PL)	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices A, C-E	One of the ten (10) MITA Framework Business Architecture Business Areas. It includes the strategic planning, policymaking, monitoring, and oversight business processes of the agency. This business area is responsible for the plan data store (e.g., Medicaid State Plan, health plans, and health benefits) as well as performance measures, reference information, and rate setting data stores. The business processes includes a wide range of planning, analysis, and decision-making activities including assessing service needs and goals, health care outcome targets, quality assessment, and analysis of performance

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		and outcome, and information management.
PMP	Front Matter, Chapter 4 Part I, Appendix C	State Prescription Monitoring Program provides provider sanction information to the States during the provider enrollment process. Appendix C under the Determine Provider Eligibility business process.
POAM	Part I, Chapter 3 Part I, Appendices B, D SS-A Companion Guide	Plan of Action with Milestones are required for the SMA at Level 3 of the Seven Standards and Conditions Capability Matrix when they do not meet predefined SLAs or KPIs for the Business Results Condition. Appendix D under the Manage Performance Measures business process BCM. SS-A Companion Guide provides the Seven Standards and Conditions Capability Matrix.
POS	Front Matter, Chapter 4 Part I, Chapters 2, 3, 5 Part I, Appendices A, B, D	Point-of-Sale devices submit pharmacy or drug claims. POS is one of the most highly automated business process services.
Predecessor	Front Matter, Chapter 4 Part I, Chapters 1, 4 Part I, Appendix C Part III, Chapters 3, 4	The preceding business process to the activity conducted in this process. The result of the previous business process is a trigger to this business process.
Primary Actor	Part I, Chapter 2 Part I, Appendix A	Primary participants who exchange information critical to the operations and success of the Medicaid program.
Private Sector Technical Group	Part II Chapter 5	The PSTG is a broad based group of information technology companies and

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Technical Architecture Committee (PSTG-TAC)		professionals providing solutions in the health information systems environment. The TAC has made substantial progress in the implementation of Gateway 5010 - defining and implementing industry standards.
Provider Enrollment	Part I, Chapters 2-4 Part I, Appendices C-E Part III, Chapters 1, 7	One of the two (2) Business Categories under Eligibility and Enrollment Management Business Area in the Business Architecture Framework. It includes the following business processes: • Determine Provider Eligibility • Enroll Provider • Disenroll Provider • Inquire Provider Information
Provider Information Management	Part I, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Provider Management Business Area in the Business Architecture Framework. It includes the Manage Provider Information and Terminate Provider business processes.
Provider Management (PM)	Front Matter, Chapters 4, 6 Part I, Chapter 4 Part I, Appendices A, C-E Part II, Chapter 1 SS-A Companion Guide	One of the ten (10) MITA Framework Business Architecture Business Areas. It is a collection of business processes involved in communications between the SMA and the prospective or enrolled provider and actions that the agency takes on behalf of the provider focusing on patient safety and fraud prevention through recruitment of potential providers and determining screening level (i.e., limited, moderate or high) for verifications. The Provider Management business area is responsible for the provider data store.
Provider Support	Part I, Chapter 4 Part I, Appendices C-E	One of the two (2) Business Categories under Provider Management Business Area in the Business Architecture Framework. It includes the following business processes: • Manage Provider Communication

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		• Manage Provider Grievance and Appeal • Perform Provider Outreach
Providers	Front Matter, Chapters 4, 6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-E Part II, Chapters 1-5 Part III, Chapters 1-7 SS-A Companion Guide	Providers of healthcare service including pharmacists, case managers, and HCBS serving the Medicaid population.
R&A	Front Matter, Chapters 4-6 Part I, Appendices A, C, D	Electronic Health Record (EHR) Incentive Program Registration and Attestation System for eligible providers.
RAC	Part I, Appendix C	Appendix C discusses Recovery Audit Contractor under the Manage Fund Manage FMAP and Manage FFP business activities, and the following business processes: • Manage Contractor Information • Manage Contractor Payment • Generate Financial Report • Manage Provider Grievance and Appeal
RBAC	Front Matter, Chapter 4 Part III, Chapter 5	Role-Based Access Control is an access permission supported by S&P within the Access Channel Services.

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RDF	Front Matter, Chapter 4 Part II, Chapter 5	The W3C Reference Description Framework is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Registry	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendices A, C-E Part II, Chapter 5 Part III, Chapters 2-7	Refers to national medical registry (e.g., immunizations, cancer, disease) used to consolidate related records from multiple sources (e.g., intrastate, interstate or federal agency). Appendix C and D under the Manage Registry business process. In Part II, The ebXML Registry Information Model v2.0 and OASIS/ebXML Registry Services Specification v2.0 are infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. In Part II, The ebXML Registry Information Model v2.0 and OASIS/ebXML Registry Services Specification v2.0 are infrastructure and protocols that enable information exchange.
REOMB	Front Matter, Chapter 4 Part I, Appendices C-E	The SMA sends Recipient Explanation of Medicaid Benefits (REOMB) letters to random members who Medicaid has paid claims on behalf of for a given period for detecting payment problems. It includes the provider's name, the date(s) of service, and payment amount(s) for the member to verify. Appendix C under the Prepare REOMB business process.
Reporting Condition	Front Matter, Chapters 4-6 Part I, Chapters 1, 3 Part I, Appendices A, B	One of the Seven Standards and Conditions. Solutions should produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

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	Part II, Chapter 1 Part III, Chapters 1, 4, 7 SS-A Companion Guide	
REST	Front Matter, Chapter 4 Part III, Chapters 2	Representational State Transfer is a Web service that is an alternative to Simple Object Access Protocol (SOAP)-based Remote Procedure Calls (RPCs). It appears under the TA Architecture, Analysis, and Design Standards.
Result	Part I, Chapters 1, 3-5 Part 1, Appendices A-D Part III, Chapters 1, 2, 5	One or more outcomes from the execution of the business rules (results define data in motion and are the immediate output from the business process, not the ultimate, downstream result). The Result is defined information.
RFP	Front Matter, Chapter 4 Part I, Chapter 4 Part I, Appendices C, D	Request for Proposal. Appendix C in the Produce Solicitation and Award Contract business processes. Appendix D in the Produce Solicitation and Award Contract business processes.
RHIO	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendices A, C, D Part III, Chapters 5, 6	Regional Health Information Organizations. Appendix C discusses data exchange under the Establish Business Relationship business process.
RO	SS-A Companion Guide	Regional Office will review the state's APD and is available to assist state staff in using the APD checklist.

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RPC	Part III, Chapter 2	Remote procedure calls are inter-process communications allowing a computer program to cause a subroutine or procedure to execute in another address space (commonly on another computer on a shared network) without the programmer explicitly coding the details for this remote interaction.
RuleML	Part III, Chapter 6	Rule Markup Language is an international non-profit organization that covers Web rules and their interoperation. It appears in the TA Business Enabling Technologies.
S&P	Front Matter, Chapters 2, 4-6 Part I, Chapter 4 Part I, Appendices A, C Part II, Chapters 1, 5 Part III, Chapters 1-7	Security and Privacy principles. Business service tied to Access Channel Services. Supports single sign-on, authentication, and RBAC permission, and passing a token to the ESB. Defined goals and objectives must provide protection with low maintenance consistently consistency across the Medicaid Enterprise that is are adaptable and responsible, platform and software-independent, allows for cross-agency integration, and alignment, and goes well beyond HIPAA. Components include: • single sign-on • scripting • configuration solutions • authentication • network authentication • formals • intrusion detection system • privacy monitor • access control

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SaaS	Front Matter, Chapters 3, 4 Part I, Chapter 2 Part I, Appendix A Part III, Chapters 2, 5	Software as a Service is a software delivery model that has centralization of its hosting software and its associated data (typically in the (Internet) cloud) and where users access it using a thin client, normally using a web browser over the Internet. Sometime referred to as on-demand software.
SAML	Front Matter, Chapter 4 Part III, Chapters 5, 6	Security Assertion Markup Language defines a framework for exchanging security information between online business partners. It appears in the TA Security and Privacy Standards.
Screening and Assessment	Part I, Chapter 4 Part I, Appendices A, C-E	Screening and assessment is the evaluation of member's health information. Appendix C under the following business processes: • Establish Case • Manage Case Information • Perform Screening and Assessment
SDLC	Front Matter, Chapters 4, 5 Part I, Chapter 3 Part I, Appendix B Part III, Chapters 5-7 SS-A Companion Guide	Discusses using System Development Life Cycle that includes life-cycle phases and transition stage gate reviews for items such as business service descriptions, requirement specifications, system design specifications, data models, interface control documents, and integration test cases.
SDX	Front Matter, Chapter 4 Part I, Appendix C	State Data Exchange file contains premium payment information from the Social Security Administration. Appendix C under the Manage Member Financial Participation business

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		process.
Security Standards Framework	Part III, Chapter 5	Includes Policy Layer, Federation Layer, and Mechanism.
Service Contract	Front Matter, Chapter 4 Part III, Chapters 3-5	Describes the expected behavior of the interfaces as well as the security and privacy constraints on the Business Service.
Service Gateway	Front Matter, Chapter 4 Part III, Chapter 5	Addresses external or cross-boundary compatibilities between ESBs. It can interface with EDI gateways and HIPAA translators.
Service Management Engine	Part III, Chapters 1, 5	Key infrastructure component of the AA. Mini-operating systems for a service managing execution of business and technical services. OASIS publishes SOA standards including these. Execute service contracts defined in Web Service Definition Language (WSDL). Seven (7) service engines are: • Simple Services • Workflow Queues • Event Services • Business Process Execution Language (BPEL) Engine with Request Response • BPEL with Workflow Extensions • BPEL Advanced • Composite Application Services.
Service Mediator	Part III, Chapter 5	Provides a common service contract and message interface that translates specific vendor offerings.

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Service Support	Part I, Appendix A Part III, Chapters 4, 6, 7	Processes include: • Configuration Management • Problem Management • Change Management • Service Desk • Release Management • Incident Management
Seven Standards and Conditions	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-D Part II, Chapters 1-6 Part III, Preface Part III, Chapters 1, 2, 4-7 SS-A Companion Guide SS-A, Appendix A	Seven Standards and Conditions include: • Modularity Standard • MITA Condition • Industry Standards Condition • Leverage Condition • Business Results Condition • Reporting Condition • Interoperability Condition SS-A, Appendix A provides the Seven Standards and Conditions Maturity Matrix and the Seven Standards and Conditions Capability Matrix.
Seven Standards and Conditions Capability Matrix	SS-A, Appendix A	The Seven Standards and Conditions Capability Matrix defines five (5) levels of maturity for each of the Seven Standards and Conditions for each of the three (3) MITA architectures (i.e., business, information, and technical).

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Seven Standards and Conditions MITA Maturity Model	SS-A, Appendix A	The Seven Standards and Conditions MITA Maturity Model defines boundaries and provides guidelines for the transformation of the State Medicaid Enterprise from its current As-Is level of maturity to progressively higher levels of capability.
Shared Data	Front Matter, Chapters 3, 4 Part I, Chapters 1, 4 Part I, Appendix C Part II, Preface Part II, Chapters 1-5 Part III, Chapters 1-3, 5-7	Shared data is data at rest (i.e., data stores accessed to complete a step in the business process). Shared data is a defined data store with specific information. Appendix C discusses shared data for each of the business processes.
Shared Eligibility Services	Part I, Chapters 2, 4 Part I, Appendices A, B Part I, Appendices C, D.	Shared eligibility services support the one-stop shop for eligibility and enrollment functions offered by the Health Insurance Exchange (HIX).
SLA	Front Matter, Chapter 4 Part I, Chapters 3, 5 Part I, Appendices A-D Part III, Chapters 2-6 SS-A Companion Guide	A SLA is necessary to cover numerous coordination and operation details for the exchange of information with vendors. Appendix C under the Establish Business Relationship and Manage Business Relationship Communication business processes. Appendix D under the following business process BCMs: • Establish Business Relationship • Manage Business Relationship Information • Manage Performance Measures

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SMHP	Front Matter, Chapter 4 SS-A Companion Guide	State Medicaid Health Information Technology (HIT) Plan is an external factor that affects the design of the State Medicaid Enterprise.
SNOMED CT	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapter 6	The Systematized Nomenclature of Medicine Clinical Terms is the most comprehensive set of multilingual clinical health care terminology. It is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. It is also in the TA Security and Privacy Standards.
SOA	Front Matter, Chapters 4-6 Part I, Chapters 2 Part I, Appendix A Part III, Preface Part III, Chapters 1, 3-7 SS-A Companion Guide	Service-Oriented Architecture is a software design strategy that packages common functionality and capabilities with standard, well-defined service interfaces to produce formally described functionality invoked using a published service contract. Business Services are SOA-based services established to perform a specific business need.
SOAP	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendix A Part II, Chapter 5 Part III, Chapters 2, 5-7	Simple Object Access Protocol is one of the W3C OASIS Web service standards. It is a protocol for the exchange of information. Its de facto standard is to wrap a WSDL with a SOAP header. It is in the Message Transmission Layer Standards. It appears under the TA Service Interoperability Standard.
Social Security Act of 1965	Front Matter, Chapters 4-6 Part I, Chapters 1-3	The Social Security Act of 1965 is the U.S. legislation resulting in the creation of Medicare and Medicaid. The legislation provided federal health insurance for the elderly (over 65) and for poor families. Appendix C under the Maintain

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	Part I, Appendices A-C Part II, Chapter 1 Part III, Chapter 1 SS-A Companion Guide	State Plan business process.
Solution Set	Front Matter, Chapter 4 Part III, Chapters 3-5	Maps the specific detail developed to implement a Business or Technical Service. It is pattern-specific and platform- and technology-dependent. It contains the protocols, binding information, and endpoints. It is an implementation of a Business or Technical Service.
SOR	Front Matter, Chapter 4 Part I, Appendices A	Medicaid is the System of Record for Medicaid applicants, members, and providers. Appendix C under the following business processes: • Manage Accounts Receivable Information • Manage Accounts Payable Information • Manage Provider Information
Spend-Down	Part I, Chapter 4 Part I, Appendices A, C-E	A person that is not eligible for medical coverage when they have income above the health plan standards may become eligible for coverage through a process called spend-down. The member must pay a predetermined amount prior to Medicaid payment for any medical services. The Process Claim business process automatically accounts for the spend-down amount during adjudication. Appendix C under the following business processes: • Calculate Spend-Down Amount • Manage Accounts Receivable Information

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		• Manage Accounts Receivable Funds • Process Claim • Process Encounter
SRM	Front Matter, Chapter 4 Part III, Chapters 1, 6	The Standards Reference Model is a framework identifying and categorizing technical services including a current taxonomy of standards and how they relate to different solution sets. The six (6) layers are: • user interface • message exchange • metadata repository • message transmission • data and information resource management layer • communications It also describes S&P, coordination of event notification and publish-and-subscribe, access channels, and adaptability and extensibility.
SSA	Front Matter, Chapter 4 Part I, Chapters 1, 3 Part I, Appendices A, C, D Part II, Chapter 5	Social Security Administration. Exchanges Social Security Number (SSN), buy-in information and estate information, including date of death match and probate petition notices, with the SMA. Appendix C under the following business processes: • Manage Estate Recovery • Manage Member Financial Participation • Manage Data Appendix D in the Determine Provider Eligibility and Manage Provider

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		Information business process BCMs.
SS-A	Front Matter, Chapters 2-6 Part I, Chapters 1-5 Part I, Appendices A-D Part II, Chapters 1, 6 Part III, Preface Part III, Chapters 1, 7 SS-A Companion Guide SS-A, Appendix A	State Self-Assessment.
SS-A Template	SS-A Companion Guide	The SS-A Companion Guide incorporates template documents that contain guides to assist with checklists, data collection, and maturity evaluation. There are five (5) templates: • APD Checklist provides guidance for using the Planning APD, the Expedited Checklist: Medicaid Eligibility & Enrollment and Information System(s) - Advance Planning Document (E&E - APD) and Health Information Technology (HIT) Implementation Advance Planning Document (IAPD). • Business Architecture SS-A summarizes the state's Medicaid Enterprise As-Is and To-Be capabilities and includes the BCM, BA Self-Assessment Profile, and Score Card. • The Information Architecture SS-A summarizes the As-Is operations and To-Be environment based on the IA standards of Data Management, Conceptual Data Model, Logical Data Model, and Data Standards. It includes the Information Capability Matrix and IA Score

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		Card. • The Technical Architecture SS-A summarizes the As-Is operations and To-Be environment based on the Technical Service Areas and Technical Service Classifications. It includes the Technical Capability Matrix and TA Score Card. • Seven Standards and Conditions SS-A is an evaluation tool and guide for the current and future system capabilities based on the Seven Standards and Capabilities.
SSN	Front Matter, Chapter 4 Part I, Chapter 3 Part I, Appendices A, C, D	A Social Security Number is an identification number assigned by the SSA. Appendix C under the following business processes: • Determine Provider Eligibility • Enroll Provider • Disenroll Provider • Manage 1099 Appendix D in the Determine Provider Eligibility business process BCM.
Stakeholders	Front Matter, Chapters 3-5 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-D Part II, Chapters 1-6 Part III, Chapters 1-7 SS-A Companion Guide	Medicaid stakeholders include members, providers, and local, state, and federal agencies. Part I Chapter 2 discusses the Medicaid primary stakeholders and the transformation of roles in the To-Be environment.

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Standards Management	Part I, Chapter 4 Part I, Appendices C-E	The Business Category under the Business Relationship Management Business Area in the Business Architecture Framework. It includes the following business processes: • Establish Business Relationship • Manage Business Relationship Communication • Manage Business Relationship Information • Terminate Business Relationship
State Medicaid Agency (SMA)	Front Matter, Chapters 3-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-D Part II, Chapters 1, 2, 5, 6 Part III, Preface Part III, Chapters 1, 2, 5-6 SS-A Companion Guide	Describes the SMA expectations, strategies, and activities. The MITA team discusses the SMA throughout the Framework.
Successor	Front Matter, Chapter 4 Part I, Chapters 1, 4 Part I, Appendix C Part III, Chapters 3, 4	The succeeding business process to the activity conducted in this process. The result of this business process is a trigger for the next business process.
Survey or Questionnaire	Part I, Chapter 3	Level 3 of the Business Capability Matrix defines the collection of stakeholder

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	Part I, Appendix D	satisfaction results with a survey or questionnaire.
TANF	Front Matter, Chapter 4 Part I, Appendix C	The Personal Responsibility and Work Opportunity Act Public Law 104-193 created the Temporary Assistance for Needy Families Act as one of the U.S. federal assistance public programs. It replaced Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS), and the Emergency Assistance (EA) programs. It provides temporary financial assistance to needy families to help them achieve self-sufficiency.
Target Population	Part I, Appendices C, D	The Business Capability Matrix for some business processes has the capability to communicate to populations based on specific criteria. Appendix D discusses under the following business processes: • Establish Case • Manage Population Health • Perform Contractor Outreach • Prepare REOMB • Perform Provider Outreach
TCM	Front Matter, Chapters 2-4, 6 Part I, Chapters 1, 3, 5 Part I, Appendices B, D Part II, Chapter 6 Part III, Preface Part III, Chapters 1, 2, 4, 5, 7 SS-A Companion Guide	Technical Capability Matrix.

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Technical Architecture (TA)	Front Matter, Chapter 2-6 Part I, Preface Part I, Chapters 1, 2, 4 Part I, Appendices A, B, D Part II, Preface Part II, Chapters 1, 2, 5, 6 Part III, Preface Part III, Chapters 1-7 SS-A Companion Guide	TA discusses adaptability and extensibility, Business Rules Engines, Cloud Computing, common interoperability and access services, EA, hub architecture, performance standards, and SOA for the Medicaid Enterprise. The summary and introduction to TA discuss the TA components, their development, benefits and usage. The Part III TA chapters include Technical Management Strategy, Business Services, Technical Services, Application Architecture, Technology Standards, and Technical Capability Matrix. Definitions of activity to Maintain State Plan business process.
Technical Capability	Front Matter Chapters 2-4, 6 Part I, Chapters 1-3, 5 Part I, Appendices B, D Part II, Chapter 6 Part III, Preface Part III, Chapters 1, 2, 4, 5, 7	A technical capability describes a technical function at a specific MITA Maturity Level. TA assigns technical capabilities to a maturity level based on the maturity level of the business process they enable. Technical capabilities can affect multiple business processes and also provide benefits to stakeholders.
Technical Reference Model (TRM)	Front Matter, Chapter 4 Part III, Chapter 1	The TRM is a list of Technical Services, either aggregated or broken down into levels. The Standards Profile includes current, future, and emerging industry standards.
Technical Service Components	Front Matter, Chapter 4 Part III, Chapter 4	Define elements of the technical services.

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Technical Services (TS)	Front Matter, Chapters 2-4, 6 Part I, Chapters 1, 3 Part I, Appendices B-C Part II, Preface Part II, Chapters 1, 4, 6 Part III, Preface Part III, Chapters 1-7 SS-A Companion Guide	Summary and discussion of Technical Services consist of a detailed set of technical functions that, collectively, define the MITA technology structure in Part III.
Technology Standards	Front Matter, Chapters 3, 4, 6 Part I, Chapter 3 Part I, Appendix B Part II, Chapters 2, 5 Part III, Preface Part III, Chapters 1, 2, 4-6 SS-A Companion Guide	Summary and discussion of Technical Reference Model and Standards Profile standard groups. Part III discusses purpose, technology standards reference model, and reference guide. It includes: • User Interface Standards • Message Exchange Layer Standards • Metadata Repository Layer Standards • Message Transmission Layer Standards • Security and Privacy Standards • Coordination of Event Notification Publish-and-Subscribe Standards • Access Channel Standards • Adaptability and Extensibility Standards
Threat	Part III, Chapter 5	Key concept of S&P. Potential occurrence that may harm an asset. Uses threat categories identified by Microsoft – Spoofing, Tampering, Repudiation,

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		Information Denial, and Elevation (STRIDE) methodology.
Timeliness Of Process	Part I, Chapters 3, 5 Part I, Appendices B, D SS-A Companion Guide	Time lapse between the agency's initiation of a business process and attaining the desired result. One of the six (6) measurable qualities of the MMM.
TMS	Front Matter, Chapters 3, 4, 6 Part I, Chapter 1 Part III, Preface Part III, Chapters 1, 2	Technical Management Strategy discusses approach, transition of State Medicaid Enterprise, TMS benefits, components, and usage.
To-Be Environment	Front Matter, Chapters 2, 3, 5, 6 Part I, Preface Part I, Chapters 1-3, 5 Part I, Appendices A-E Part II, Chapters 1-2, 4-6 Part III, Preface Part III, Chapters 1, 2 SS-A Companion Guide	Description of future Medicaid business activity for Concept of Operations.
TOGAF	Front Matter, Chapter 5	Members of The Open Group developed Open Group Architecture Framework Version 1 in 1995 based on the Technical Architecture Framework for Information Management (TAFIM), developed by the U.S. Department of Defense (DoD). It is one of the more well-known frameworks.

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TPA	Front Matter, Chapter 4 Part I, Appendix C Part II, Chapter 5	Trading Partner Agreement used to document the comment elements used for information exchange amongst business partners and associates. Appendix C under the Establish Business Relationship and Prepare Provider Payment business process.
TPL	Front Matter, Chapter 4 Part I, Chapter 2, 4 Part I, Appendices A, C-E	Third-party liability insurance coverage. The Medicaid program by law is intended to be the payer of last resort, i.e., all other available third-party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid. Appendix C under the following business processes: • Manage TPL Recovery • Manage Accounts Receivable Information • Manage Accounts Payable Disbursement • Process Claim • Process Encounter Appendix D under the Manage TPL Recovery business process BCM.
Traceability Model	Part I, Chapter 3	Illustrates the MMM and its translation of the Medicaid vision into business capabilities with five (5) levels of maturity.
Transformation	Front Matter, Chapters 2-6 Part I, Preface Part I, Chapters 1-5 Part I, Appendices A-D	Discusses the MITA missions and goals as defined in the COO. Discusses TA transformation challenges.

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	Part II, Preface Part II, Chapters 1, 2, 5, 6 Part III, Preface Part III, Chapters 1, 2, 5-7 SS-A Companion Guide	
Transformation Plan	Part I, Chapter 2 Part III, Chapter 2	Lays out the roadmap for the transformation to a State Medicaid Enterprise.
Transition Plan	Part I, Appendix C Part III, Chapter 2	Discusses high-level steps for technical management transition planning to the State Medicaid Enterprise.
Treatment Plan	Part I, Chapters 2, 4 Part I, Appendices A, C-E	Appendix C under the following business processes: • Care Management Establish Case • Manage Case Information • Manage Treatment Plan and Outcomes • Authorize Treatment Plan Appendix D under the following business process matrices: • Care Management Establish Case • Manage Treatment Plan and Outcomes • Authorize Treatment Plan • Submit Electronic Attachment

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Trigger Event	Front Matter, Chapter 4 Part I, Chapters 1, 4, 5 Part I, Appendix C	One or more event(s) that directly start a business process (e.g., receive a request, phone call, or a scheduled date). The Trigger is defined information. It can be environment-based, interaction-based, or state transition-based.
TSA	Front Matter, Chapters 3, 4, 6 Part III, Preface Part III, Chapters 1, 3-5, 7 SS-A Companion Guide	Technical Service Areas.
TSC	Front Matter, Chapters 3, 4 Part III, Preface Part III, Chapters 1, 3, 5 SS-A Companion Guide	Technical Service Classifications.
TSDP	Front Matter, Chapter 4 Part III, Chapter 4	Technical Service Definition Package is a MITA-defined set of metadata describing the service.
TSRG	Front Matter, Chapter 4 Part III, Chapter 6	Technology Standards Reference Guide is a collection of standards applicable to the administration and operation of a Medicaid Enterprise. Includes standard name, objective, and source. The four (4) categories of standards are: • Architecture, Analysis, and Design Standards • Service interoperability • Security and Privacy • Business Enabling Technologies

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UBL	Part III, Chapter 6	Universal Business Language coincides with ebXML Core Components Technical Specifications. It appears under the TA Architecture, Analysis, and Design Standards.
UDDI	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapters 2, 5, 6	The OASIS Universal Description, Discovery and Integration standard is a platform-independent extensible markup language registry and is as one of the infrastructure and protocols that enables information exchange. It is a W3C OASIS Web service standard. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. It is also under the TA Service Interoperability Standard.
UML (V2/UMM)	Front Matter, Chapter 4 Part II, Chapters 3-55 Part III, Chapters 2-4, 6 SS-A Companion Guide	The Object Management Group (OMG) Unified Modeling Language and Unified Modeling Methodology is one of the infrastructure and protocols that enable information exchange. It appears under the Other Standards Maintenance Organizations under the IA current and emerging health data standards. It is also under the TA Architecture, Analysis, and Design Standards. OMG develops UML to model standards for the IT industry. MITA uses it for its Business, Information, and Technical Architecture modeling of use cases, class diagrams, and message diagrams.
UN/CEFACT	Front Matter, Chapter 4 Part II, Chapter 5	United Nations Centre for Trade Facilitation and Electronic Business is one of the Standards consortiums, oversight and advisory organizations under the IA current and emerging health data standards.
UPD	Front Matter, Chapter 4 Part II, Chapters 1, 3	Universal Provider Datasource allows registered physicians and other health professionals in all 50 States and the District of Columbia to enter their information free of charge into a single, uniform online application that meets

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		the data needs of health plans, hospitals, and other healthcare organizations. The provider data-collection service streamlines the initial application and re-credentialing processes, reduces provider administrative burdens and costs, and offers health plans and networks real-time access to reliable provider information for claims processing, quality assurance and member services, such as directories and referrals. The CAQH developed and implemented the UPD.
URA	Front Matter, Chapter 4 Part I, Appendix C	CMS exchanges Unit Rebate Amount information with the States. Appendix C under the Manage Drug Rebate business process.
Use Case	Front Matter, Chapter 4 Part I, Appendices C-E Part II, Chapter 5 Part III, Chapters 3-5	The MITA Framework uses the business process template as a basic use case to define business needs. It documents the path and critical failure conditions of the business process or service. Business and systems analysts model a use case using UML prior to the development of Business Services.
Utility or Value to Stakeholders	Front Matter, Chapter 4 Part I, Chapters 3, 5 Part I, Appendices B, D SS-A Companion Guide	Impact of the business process on individual members, providers, and Medicaid staff. One of the six (6) measurable qualities of the MMM.
VHIM	Front Matter, Chapter 4 Part II, Chapters 1, 3, 5	The Veterans Health Administration Information Model is one of the standards under the Other Standards Maintenance Organizations under the IA current and emerging health data standards.
Vulnerability	Part III, Chapter 5	Key concept of S&P. Weakness that makes a threat possible. The MITA Framework uses the business process template as a basic use case to define business needs.

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W3C	Front Matter, Chapter 4 Part II, Chapter 5 Part III, Chapters 2, 3, 4, 6	World Wide Web Consortium is an international community of member organizations that work to develop web standards.
Web Portal	Part I, Chapters 3, 5 Part I, Appendices A, B, D Part III, Chapter 5	Level 3 of the Business Capability Matrix for some business processes has the introduction of a web portal for 24 hours a day, 7 days a week access to information, automated communications, usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology.
Web Services (WS)	Front Matter, Chapters 4, 5 Part I, Appendices A, C Part II, Chapter 5 Part III, Chapters 2, 3, 5-7	Reusable software service using W3C and OASIS Web service standards including RPC, XML, SOAP, UDDI, and WSDL.
WFMC	Front Matter, Chapter 4 Part III, Chapters 5, 6	Work Flow Management Coalition is a global organization contributing to process-related standards and educating users. It appears in the TA Business Enabling Technologies.
WS-BPEL	Front Matter, Chapter 4 Part III, Chapters 3, 5, 6	Service management/orchestration uses Web Services Business Process Execution Language.
WS-CAF	Front Matter, Chapter 4 Part III, Chapter 6	WS-Composite Application Models defines a generic and open framework for applications with multiple services. It appears under the TA Architecture, Analysis, and Design Standards.
WSDL	Front Matter, Chapter 4	Web Service Definition Language is a W3C Web service standard.

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	Part I, Appendix C Part III, Chapters 2-6	Business Services use WSDL or WADL. Elements involved are: • Interfaces • Operations • Messages • Parts • Services • Endpoints • Binding • Types • Documentation It appears under the TA Service Interoperability Service Standards.
WSDM	Front Matter, Chapter 4 Part III, Chapter 6	Web Service Distribution Management is an OASIS Web service standard for managing and monitoring the status of other services. It appears under the TA Service Interoperability Service Standards.
WS-I	Part III, Chapters 3, 4, 6	The W3C Web Services Interoperability is one of the infrastructure and protocols that enable information exchange. It appears under the IA Other Standards Maintenance Organizations under the IA current and emerging health data standards. The WS-Security is a WS-I Security Profile in the TA Security and Privacy Standards.
WSMO	Part III, Chapter 6	Web Services Modeling Ontology describes the aspects of Semantic Web.

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		It appears under the TA Architecture, Analysis, and Design Standards.
WSRM	Front Matter, Chapter 4 Part III, Chapter 6	WS-Reliable Messaging allows reliably delivery of SOAP messages to distributed applications. It appears under the TA Service Interoperability Service Standards.
WS-Trust Model	Part III, Chapter 5, 6	Review of the Liberty Alliance Guidance by a broader community. It appears in the TA Security and Privacy Standards.
XForms	Part III, Chapter 6	Extensible Markup Language (XML) Forms integrates into other markup languages. It appears in the TA Business Enabling Technologies.
XML	Front Matter, Chapter 4 Part I, Chapter 2 Part I, Appendix A Part II, Chapter 5 Part III, Chapters 2-7	Extensible Markup Language is a W3C and OASIS Web service standard. It appears under the TA Service Interoperability Standards as well as the Security and Privacy Standards.
Zachman Framework	Front Matter, Chapter 5 Part II, Chapter 1	The Zachman Framework summarizes a collection of perspectives represented in a two-dimensional matrix that defines the What, Where, When, Why, Who, and How. It is a matrix template for an organization to fill in its goals/rules, processes, material, roles, locations, and events specifically required by it.