FRONT MATTER
FM 4 – ACRONYMS AND TERMS

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

MITA
Medicaid Information
Technology Architecture

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Acronyms

The following list provides reference to acronyms used within the MITA Framework. Where applicable the reference provides multiple titles for an acronym that is relevant depending on the context within the MITA Framework.

AA	Application Architecture
ACF	Administration for Children and Families
ACH	Automated Clearing House
ACL	Access Control List
ADA	American Dental Association
ADAP	Alcohol and Drug Awareness Program
	AIDS Drug Assistance Program
AFDC	Aid to Families with Dependent Children
AHA	American Hospital Association
AIDS	Acquired Immune Deficiency Syndrome
AMA	American Medical Association
ANSI	American National Standards Institute
ANSI ASC X12	American National Standards Institute Accredited Standards Committee X12
APC	Ambulatory Payment Classification
APD	Advance Planning Document
API	Application Programming Interface
AR	Accounts Receivable
ARB	Architecture Review Board
ARRA	American Recovery and Reinvestment Act of 2009
ASC	Accredited Standards Committee
ASN	Abstract Syntax Notation

ASP	Application Service Provider
ASTM	American Society for Testing and Materials
AVR	Automated Voice Response
AVRS	Automated Voice Response System
B2B	Business-to-Business
BA	Business Architecture
BC	Business Capability
BCM	Business Capability Matrix
BENDEX	Beneficiary Data Exchange
BHP	Benefit Health Program Basic Health Program
BP	Business Process
BPDM	Business Process Definition Metamodel
BPEL	Business Process Execution Language
BPM	Business Process Model
BPMN	Business Process Model and Notation
BPSS	Business Process Specification Schema
BPT	Business Process Template
BR	Business Relationship Management
BRM	Business Relationship Management
BS	Business Service
BSDP	Business Service Definition Package
BTOM	Brief Treatment Outcomes Measure
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAQH	Council for Affordable Quality Healthcare
CCOW	Clinical Context Object Workgroup

CCR	Continuity of Care Record
CDA	Clinical Document Architecture
CDC	Centers for Disease Control and Prevention
CDM	Conceptual Data Model
CDS	Clinical Decision Support
CDT	Current Dental Terminology
CEFACT	Center for the Facilitation of the Administration, Commerce, and Transport
CFR	Code of Federal Regulations
CHI	Consolidated Health Informatics Coordinator for Health Information
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CIM	Common Information Model
CIO	Chief Information Officer
CISO	Chief Information Security Officer
CLIA	Clinical Laboratory Improvement Amendments
CM	Care Management
CMCS	Center for Medicaid and CHIP Services
CME	Common Message Element (superclass or generalized class)
CMIA	Cash Management Improvement Act
CMIS	Content Management Interoperability Services
CMM	Capability Maturity Model
CMS	Centers for Medicare & Medicaid Services
CO	Contractor Management
COB	Coordination of Benefits

COBOL	Common Business-Oriented Language
COI	Communities of Interest
COO	Concept of Operations
CORE	Committee on Operating Rules for Information Exchange
COTS	Commercial Off-the-Shelf
CPA	Collaboration Protocol Agreement
CPP	Collaboration Protocol Profile
CPT	Current Procedural Terminology Claim Payment/Advice Transaction
CPT-4	Current Procedural Terminology, Fourth Edition
CRM	Customer Relationship Management
CSS	Cascading Style Sheet
DAIS	Data Access and Integration Service
DAML	DARPA Agent Markup Language
DARPA	Directory Access Resolution Protocol Allocation Defense Advanced Research Projects Agency
DBA	Database Administrator
DBMS	Database Management System
DCC	Dental Content Committee
DDI	Design, Development, and Implementation
DEA	Drug Enforcement Administration
DeCC	Dental Content Committee (of the ADA)
DES	Data Encryption Standard
DHS	Department of Homeland Security
DICOM	Digital Imaging and Communications in Medicine
DISA	Data Interchange Standards Association

DLM	Decentralized Label Model
DM	Data Model
DME	Durable Medical Equipment
DMS	Data Management Strategy
DMTF	Distributed Management Task Force
DMV	Department of Motor Vehicles
DMZ	Demilitarized Zone
DOD	Department of Defense
DOJ	Department of Justice
DRG	Diagnosis Related Group
DS	Data Standard
DSMO	Designated Standard Maintenance Organization
DSS	Decision Support System Division of State Systems
DST	Data Standards Table
DUR	Drug Utilization Review
E&E APD	Eligibility & Enrollment Advance Planning Document
E/R	Entity-Relationship
E2E	End-to-End
EA	Enterprise Architecture
EAG	Exchange Architecture Guidance
ebMS	ebXML Message Service
ebXML	Electronic Business Extensible Markup Language
eCTD	Electronic Common Technical Document
EDI	Electronic Data Interchange
EDOC	Enterprise Distributed Object Computing

EE	Eligibility and Enrollment Management
EFT	Electronic Funds Transfer
EHR	Electronic Health Record
EHRS	Electronic Health Record System
EIN	Employer Identification Number
EMR	Electronic Medical Record
E-PAL	Enterprise Privacy Authorization Language
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ESB	Enterprise Service Bus
eSCM-CL	eSourcing Capability Model for Client Organization
eSCM-SP	eSourcing Capabilities Model for Service Provider
ETL	Extract, Transform, and Load
FDA	Food and Drug Administration
FEA	Federal Enterprise Architecture
FEAF	Federal Enterprise Architecture Framework
FFP	Federal Financial Participation
FFS	Federal Financial System
FHA	Federal Health Architecture
FHIM	Federal Health Information Model
FHIMS	Federal Health Interoperability Modeling and Standards
FICAM	Federal Identity Credential Access Management
FIPS	Federal Information Processing Standard
FISMA	Federal Information Security Management Act
FM	Financial Management Front Matter
GAAP	Generally Accepted Accounting Principles

GAO	General Accounting Office
GASB	Governmental Accounting Standards Board
GOTS	Government Off-The-Shelf
GPEA	Government Paperwork Elimination Act
GPRA	Government Performance and Results Act
GSA	General Services Administration
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Health Plan Employer Data and Information Set
HHS	Department of Health & Human Services
HIE	Health Information Exchange
HIFA	Health Insurance Flexibility & Accountability
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIPDB	Healthcare Integrity and Protection Data Bank
HIPP	Health Insurance Premium Payment
HIS	Healthcare Information System
HISB	Healthcare Informatics Standards Board
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HIX	Health Insurance Exchange
HL7	Health Level Seven International
HMD	Hierarchical Message Description
HTML	HyperText Markup Language
HTML5	HyperText Markup Language, Version 5
HTTP	Hypertext Transfer Protocol

IA	Information Architecture
IaaS	Infrastructure as a Service
IAPD	Implementation Advance Planning Document
IBM	International Business Machines Corporation
ICD	International Classification of Diseases
ICD-10	International Classification of Diseases 10th Edition
ICF/MR	Intermediate Care Facilities for Persons with Mental Retardation
ICM	Information Capability Matrix
ID	Identification Number
ID-FF	Identify Federation Framework
IDMS	Integrated Data Management System
IEC	International Electrotechnical Commission
IEEE	Institute of Electrical and Electronics Engineers
IETF	Internet Engineering Task Force
IHS	Indian Health Service
IM	Interaction Model
IMPI	Intelligent Platform Management Interface
INS	Immigration and Naturalization Service
IPSEC	Internet Protocol Security
IRS	Internal Revenue Service
ISO	International Organization for Standardization
IT	Information Technology
ITIL	IT Infrastructure Library
ITU	International Telecommunications Union
IVR	Interactive Voice Response

KPI	Key Performance Indicator
LDM	Logical Data Model
LOB	Line of Business
LOINC	Logical Observation Identifiers Names and Codes
MACBIS	Medicaid and CHIP Business Information and Solutions
MAGI	Modified Adjusted Gross Income
MARS	Management Administration Reporting Subsystem
MCO	Managed Care Organization
MDA	Model-Driven Architecture
ME	Member Management
MET	Message Type
MFCU	Medicaid Fraud Control Unit
MHCCM	Medicaid HIPAA-Compliant Concept Model
MITA	Medicaid Information Technology Architecture
ML	Markup Language
MMA	Medication Modernization Act
MMIS	Medicaid Management Information System
MMM	MITA Maturity Model
MOF	Meta Object Facility
MOU	Memoranda of Understanding
MSIS	Medicaid Statistical Information System
MSMQ	Microsoft Message Queuing Server
MSX	Message Exchange
MTG	MITA Technical Group
NAMD	National Association of Medicaid Directors

NARA	U.S. National Archives and Records Administration
NASA	National Aeronautics and Space Administration
NASCIO	National Association of State Chief Information Officers
NASMD	National Association of State Medicaid Directors
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCCI	National Correct Coding Initiative
NCPD	National Coalition of Pharmaceutical Distributors
NCPDP	National Council for Prescription Drug Programs
NCVHS	National Committee on Vital and Health Statistics
NDC	National Drug Code
NEDSS	National Electronic Disease Surveillance System
NEMA	National Electrical Manufacturers Association
NET	Nonemergency Transportation
NHII	National Health Information Infrastructure
NHSIA	National Human Services Interoperability Architecture
NIEM	National Information Exchange Model
NIH	National Institutes of Health
NIST	National Institute of Standards and Technology
NMEH	National Medicaid EDI Healthcare
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NSTIC	National Strategy for Trusted Identities in Cyberspace
NTE	Network Termination Equipment
NUBC	National Uniform Billing Committee

NUCC	National Uniform Claim Committee
NwHIN	Nationwide Health Information Network
OASIS	Organization for the Advancement of Structured Information Standards
OCL	Object Constraint Language
OCR	Optical Character Recognition
ODS	Operational Data Store
OIG	Office of Inspector General
OLAP	Online Analytical Processing
OLTP	Online Transaction Processing
OM	Operations Management
OM-AM	Objective, Model, Architecture, and Mechanism
OMB	Office of Management and Budget
OMG	Object Management Group
ONC	Office of the National Coordinator for Health Information Technology
OWL	Web Ontology Language
P3P	Platform for Privacy Preference Project
PaaS	Platform as a Service
PBM	Pharmacy Benefits Management
PC	Proxy Certificate
PCAST	President's Council of Advisors on Science and Technology
PCCM	Primary Care Case Management
PCP	Primary Care Physician
PE	Performance Management
PHDSC	Public Health Data Standards Consortium
PHI	Protected Health Information

PHIN	Public Health Information Network
PHR	Personal Health Record
PI	Proxy Issuer
PITAC	President's Information Technology Advisory Committee
PKC	Public Key Certificate
PKI	Public Key Infrastructure
PL	Plan Management
PM	Provider Management
PMP	Prescription Monitoring Program
PMPM	Per Member Per Month
PMS	Payment Management System
POS	Point of Sale
PPTP	Point-to-Point Tunneling Protocol
PS-TG	Private Sector Technology Group
QMB	Qualified Medicare Beneficiary
QoS	Quality of Service
R&A	Registration and Attestation System
RBAC	Role-Based Access Control
RDBMS	Relational Database Management System
RDF	Reference Description Framework
REOMB	Recipient Explanation of Medical Benefits
REST	Representational State Transfer
RFP	Request for Proposals
RHIN	Regional Health Information Network
RHIO	Regional Health Information Organization

RIM	Reference Information Model
RMP	Remote Management Portlet
RO	Regional Office
ROI	Return On Investment
RPC	Remote Procedure Call
S&P	Security and Privacy
SaaS	Software as a Service
SAMHSA	Substance Abuse and Mental Health Services Administration
SAML	Security Assertion Markup Language
SCA	Service Component Architecture
SCHIP	State Children's Health Insurance Program
SCIM	Simple Cloud Identity Management
SDLC	System Development Life Cycle
SDO	Standards Development Organization
SDX	State Data Exchange
SEI	Software Engineering Institute
SI	Service Infrastructure
SICAM	State Identity Credential Access Management
SLA	Service Level Agreement
SLM	Service Level Management
SMA	State Medicaid Agency
SMHP	State Medicaid HIT Plan
SMTP	Simple Mail Transfer Protocol
SNMP	Simple Network Management Protocol
SNOMED	Systematized Nomenclature of Medicine

SOA	Service-Oriented Architecture
SOAP	Simple Object Access Protocol
SOR	System of Record
SPP	Security and Privacy Profile
SQL	Structured Query Language
SRM	Standards Reference Model
SSA	Social Security Administration
SS-A	State Self-Assessment
SSD	Service Structure Diagram
SSH	Secure Shell
SSI	Supplemental Security Income
SSN	Social Security Number
SSO	Single Sign-On
SSP	State Supplementary Payment
S-TAG	Systems Technical Advisory Group
SUR	Surveillance and Utilization Review
SURS	Surveillance Utilization Review System
TA	Technical Architecture
TAG	Technical Advisory Group
TAI	Technology Affiliates International
TANF	Temporary Assistance for Needy Families
TC	Technical Capability
TCM	Technical Capability Matrix
TIN	Tax Identification Number
TPA	Trading Partner Agreement

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

TPL	Third-Party Liability
TPR	Third-Party Recovery
TRM	Technical Reference Model
TS	Technical Service
TSA	Technical Service Area
TSDP	Technical Service Definition Package
TSM	Technical Service Model
TSRG	Technology Standards Reference Guide
UBL	Universal Business Language
UDDI	Universal Description, Discovery and Integration
UML	Unified Modeling Language
UMLS	Unified Medical Language System
UMM	Unified Modeling Methodology
UN/CEFACT	United Nations Centre for Trade Facilitation and E-Business
UPD	Universal Provider Datasource
URA	Unit Rebate Amount
URI	Uniform Resource Identifier
USHIK	United States Health Information Knowledgebase
USPS	United States Postal Service
VHA	Veterans Health Administration
VHIM	Veterans Health Information Model
VPN	Virtual Private Network
VRS	Voice Response System
W3C	World Wide Web Consortium
WCAG	Web Content Accessibility Guidelines

WEDI	Workgroup for Electronic Data Interchange
WEP	Wired Equivalent Privacy
WFMC	Workflow Management Coalition
WFML	Workflow Management Language
WMX	Web Services for Management Extensions
WOA	Web-Oriented Architecture
WPA	Wi-Fi Protected Access
WS	Web Services
WS-BPEL	Web Services for Business Process Execution Language
WS-CAF	Web Services Composite Application Framework
WSDL	Web Services Description Language
WSDM	Web Services Distribution Management
WSN	Web Services Notification
WSRF	Web Services Resource Framework
WSRM	Web Services Reliable Messaging
WSRP	Web Services Remote Portals
XACML	eXtensible Access Control Markup Language
XAML	eXtensible Application Markup Language
XBRL	eXtensible Business Reporting Language
XDS	Cross-Enterprise Clinical Documents Sharing
XKMS	XML Key Management Specification
XML	eXtensible Markup Language
XrML	eXtensible Rights Markup Language
XSL	eXtensible Style sheet Language
XSLT	Extensible Stylesheet Language Transformation XSL Transformation

Terms

The following list provides reference to terms used within the MITA Framework.

Access Channels	Access channels are shared physical media such as wireless networks, bus networks, ring networks, hub networks, and half-duplex point-to-point links.
Account	An individual seeking eligibility for enrollment in a qualified health plan through the Exchange, advance premium tax credits, cost-sharing reductions, Medicaid, CHIP, or BHP completes and submits an on-line or paper application for verification and eligibility determination. The Health Insurance Exchange (HIX) or insurance affordability program accepts application data and manages information in an "account" by the receiving program to enable access to this information during the verification and eligibility determination processes, as well as after the conclusion of the process to support change reporting and for other purposes.
Advance Planning Document	The APD is a federally required document for States to inform CMS/ACF/FNS of their intentions related to federally funded programs, and request approval and funding to accomplish their needs and objectives. The term APD refers to a Planning APD, Implementation APD, or to an Advance Planning Document Update.
Affordable Insurance Exchanges	The Exchanges will 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. Also referred to as Health Insurance Exchange.
American Recovery and Reinvestment Act of 2009	The ARRA is a federal initiative to improve the quality of care as well as streamline the administration of health services. It provided $25.8 billion for health information technology investments and incentive payments to improve the interoperability and secure data exchange amongst consumers, providers, government, quality entities, and insurers. The ARRA promotes meaningful use of electronic health records and adoption of electronic prescribing of medications to improve patient care. ARRA and HITECH change the structure, use, and sharing of both internal and external health information.
Application (Member)	A single, streamlined form to apply for all applicable state health subsidy programs that is filed online, in person, by mail, or telephone for enrollment or redetermination. An individual may file an application with a Health Insurance Exchange (HIX) (i.e., electronic account) or with an agency.
Application (Provider)	A streamlined form to apply for Medicaid enrollment and revalidating providers and suppliers.

Application Architecture	AA provides the information necessary to develop enterprise applications using both business and technical services. It defines the relationship among the various services and provides an infrastructure orchestrating the processing and workflow during execution.
As-Is	Current business operations.
Beneficiary	The name for a person who has health care insurance through the Medicare or Medicaid program. Referred to as Member in MITA business model.
Business Architecture	The BA describes the needs and goals of individual States and presents a collective vision of the future. The BA focuses on the Medicaid Enterprise.
Business Area	A high level grouping of business processes that share common focus and information. There are ten (10) MITA Business Areas within the MITA Framework 3.0.
Business Capability Matrix	The BCM defines the maturation characteristics for individual business processes. The BCM aligns with the MITA Maturity Model. Applying the maturity model to each business process yields the Business Capability Matrix that shows how business process matures over time.
Business Capability/Level of Maturity	Defines the characteristics of the Medicaid Enterprise at a specific level of maturity. Level 1 is very manual and prone to errors. Level 2 is some of the tasks are automatic, but inconsistencies still exist. Level 3 incorporates automated standardized business rule definitions to streamline responses to requests. Decisions are consistently made with standardized business rule definitions. Level 4 adds access to clinical data, as applicable, which increases the reliability and consistency of its authorization decisions and frees its clinical review staff to focus on exceptions. Level 5 is where a SMA is fully interoperable with other state, local, and federal agencies, providing complete, virtual patient clinical data and national clinical guidelines. Most functions are near-real time.
Business Category	MITA defines a hierarchical division of the MITA Business Model of three (3) tiers: Business Area, Business Category and Business Process. There are 21 MITA business categories within the Framework.
Business Logic	Business logic is a non-technical term generally used to describe the functional algorithms that handle information exchange between a database and user interface.
Business Process	A collection of related, structured activities (a chain of events) that produce a specific service or product for a particular customer or customers. An activity that begins with a unique trigger event and

	produces a specific result.
Business Process Execution Language	BPEL defines how multiple service interactions coordinate to achieve a business goal, as well as the state and the logic necessary for this coordination. BPEL also introduces systematic mechanisms for dealing with exceptions and processing faults.
Business Process Management	BPM is a disciplined approach to identify, design, execute, document, measure, monitor, and control both automated and non-automated business processes to achieve consistent, targeted results aligned with an organization's strategic goals. BPM involves the deliberate, collaborative, and increasingly technology-aided definition, improvement, innovation, and management of end-to-end business processes that drive business results, create value, and enable an organization to meet its business objectives with more agility.
Business Process Model	A visual diagram or narrative representation of the sequential flow and control logic of a set of related activities or actions.
Business Process Model and Notation	BPMN, previously known as Business Process Modeling Notation, is a standard for business process modeling that provides a graphical notation for specifying business processes in a business process model.
Business Qualities	The Business Capability Matrix defines six (6) business qualities for each business process for each level of maturity. The business qualities include: • Timeliness of business process • Data accuracy and accessibility • Effort to perform business process; the efficiency of business process • Cost effectiveness • Accuracy of business process results • Utility or value to stakeholders
Business Rule	A business rule is a specific, actionable, testable directive that is under the control of the business and supports a business policy. Business rules describe the operations, definitions, and constraints that apply to an organization. Business rules can apply to people, processes, corporate behavior, and computing systems in an organization and are put in place to help the organization achieve its goals.
Business Rules Engine	A business rules engine is a software system that executes one or more standardized business rule definition in a runtime production environment.

Business Service(s)	Business services provide business functionality derived from the BPM at a specific capability level of the BCM. It allows plug-and-play and interoperability. It is implementation-neutral and does not specify platform, binding protocols, programming models, operating systems, underlying infrastructure technologies, or other implementation details to execute the function.
Case Manager	A nurse, doctor, or social worker who arranges all services that are needed to give proper health care to a patient or group of patients.
Center for Consumer Information and Insurance Oversight	The CCIIO is under HHS and CMS. CCIIO is one of the federal reviewers of the funding application process that oversees the implementation of the provisions related to private health insurance.
Center for Medicaid and CHIP Services	CMCS is under HHS and CMS.
Centers for Disease Control and Prevention	The CDC is developing a syndromic-surveillance standard for computer-to-person exchange. The CDC exchanges messages with the Medicaid Enterprise, e.g., those relating to bioterrorism or pandemic notifications.
Centers for Medicare & Medicaid Services	CMS is a branch of HHS. CMS is the federal agency that administers Medicare, Medicaid, and CHIP. CMS provides information for health professionals, regional governments, and consumers.
Children's Health Insurance Program	CHIP finances coverage for uninsured children. It provides a capped amount of funds to States on a matching basis under title XXI.
Children's Health Insurance Program Reauthorization Act of 2009	The CHIPRA reauthorized the CHIP. The CHIPRA finances CHIP through fiscal year 2013. It is a federal initiative to improve the quality of care and streamline administration of health services.
Clinger-Cohen Act 1996	The Clinger-Cohen Act of 1996 (40 U.S.C. 1401(3)), also known as the Information Technology Management Reform Act is intended to reform acquisition laws and information technology management of the federal government. In Section 5002 of the Act (the "Definitions" section), the Clinger-Cohen Act establishes a definition of information technology that is cited in numerous other federal laws, including Section 508.
Cloud Computing	A model for enabling convenient, on-demand network access to a shared pool of configurable computing resources (e.g., networks, servers, storage, applications, and services) that can be rapidly provisioned and released with minimal management effort or service provider interaction.
Collaboration Protocol	The CPA or TPA is an agreement between two (2) messaging

Agreement	partners who exchange data.
Collaboration Protocol Profile	The CPP describes and provides the necessary Trading partner details on how they intend to do electronic business. It includes definitions of attributes such as business capabilities and other various protocols related to transport and security.
Commercial Off-the-Shelf	COTS software is a Federal Acquisition Regulation (FAR) term defining a non-developmental item of supply that is both commercial and sold in substantial quantities in the commercial marketplace. COTS procured or utilized, under government contract, in the same precise form, as available to the public.
Committee on Operating Rules for Information Exchange	CAQH launched the CORE that includes more than 130 industry stakeholders – health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations, and other healthcare entities. CORE participants maintain eligibility and benefits data for more than 150 million commercially insured lives plus Medicare and Medicaid beneficiaries. Working in collaboration they are building consensus on a set of operating rules that will enhance interoperability between providers and payers, streamline eligibility, benefits, and claim data transactions, and reduce the amount of time and resources providers spend on administrative functions (time better spent with patients).
Communities of Interest	COI are collaborative groups of States, agencies, and vendors that share design and implementation information with each other. They provide information and feedback to HHS, CMS, and other agencies as a group. The NMEH is an example of a COI.
Concept of Operations	The COO is a tool to describe current business operations and to define a future transformation that meets the needs of stakeholders and responds to enablers (e.g., new policy, legislation, and technology).
Conceptual Data Model	The CDM is a blueprint or conceptual plan for building information systems. It is a tool to communicate business processes and enterprise strategies.
Content Management Interoperability Services	CMIS are domain model and Web service standards for working with enterprise content management repositories and systems.
Coordination of Benefits	COB is information collection across multiple agencies to coordinate the payment of healthcare benefits.
Corrective Action Plan	A CAP is required from the State Medicaid Agency or provider when it does not meet CMS or SMA requirements.
Council for Affordable Quality Healthcare	The CAQH develops and implements administrative solutions that produce meaningful, concrete benefits for physicians, allied health professionals, their staffs, patients, and plans. They are the authors

	and collaborators of CORE and UPD.
Data Management Strategy	The DMS provides the approach to integrating and organization data through reference to data governance, data standards, data processes and procedures, data integration, and metadata repository. The DMS coordinates the goal of getting the right data to the right people at the right time.
Data Model	A model that depicts the logical structure of data.
Data type	Data types are descriptors of a set of values that lack identity (independent existence and the possibility of side effects). Data types include primitive predefined types and user-definable types. Primitive types include numbers, strings, and Boolean values. User-definable types are enumerations. Anonymous data types intended for implementation in a programming language may be defined using language types within profiles. All three (3) data types and their literals make up the vocabulary.
Drug Enforcement Administration	DEA, a component of the U.S. Department of Justice responsible for enforcing laws and regulations governing narcotics and controlled substances.
E-Government Act 2002	The Electronic Government Act of 2002 was signed into law on December 17, 2002. Electronic Government is defined as the Government use of web-based Internet applications or other information technology to enhance the access to and delivery of government information and services to the public, other agencies, and other Government entities. The E-Government Act of 2002 establishes a new agency the Office of Electronic Government within the Office of Management and Budget. The act creates a Chief Information Council that works with other federal agencies and state and local governments to help develop electronic technology policies, requirements, and strategies. An E-Government Fund provides funding for projects intended to allow for easier public access to information, improved government services and transactions, and enhanced agency information technology project coordination and planning.
Electronic Data Interchange	EDI is a service gateway.
Electronic Health Record	EHR is an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.
Electronic Medical Record	An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.
Enterprise Architecture	The meta-architecture of an organization, or the sum of all

architectures within an organization.

Enterprise Data Modeling	A graphical model that describes the high-level data relationships between stakeholders within an enterprise.
Enterprise Modeling	Enterprise modeling is the abstract representation, description, and definition of the structure, processes, information, and resources of an identifiable business, government body, or other large organization.
	The process of building models of whole or part of an enterprise (e.g. process models, data models, resource models, new ontologies, etc.). An enterprise model is a representation of the structure, activities, processes, information, resources, people, behavior, goals, and constraints of a business, government, or other enterprises.
	A method of modeling the pertinent aspects of an organization's structure.
Enterprise Service Bus	An ESB is a software architecture model used for designing and implementing the interaction and communication between mutually interacting software applications in Service Oriented Architecture. As a software architecture model for distributed computing it is a specialty variant of the more general client server software architecture model and promotes strictly asynchronous message oriented design for communication and interaction between applications. Its primary use is in Enterprise Application Integration of heterogeneous and complex landscapes.
Enterprise SOA	An enterprise service-oriented architecture is a style of design that guides all aspects of creating and using business services throughout their lifecycle.
eXtensible Business Reporting Language Reporting	XBRL is a freely available, market-driven, open, and global standard for exchanging business information. XBRL allows information modeling and the expression of semantic meaning commonly required in business reporting.
Federal Financial Participation	FFP describes the process of providing States with federal funds to pay for their mechanized claims processing and information retrieval systems as well as the Medicaid eligibility determination and enrollment activities as set forth in the Affordable Care Act of 2010. FFP is also distributed to States to pay for a percentage of every transaction (claim) that is processed.
Federal Health Information Model	The FHIM is a project under the FHIMS that is an initiative of the Federal Health Architecture. Its intention is to develop a common logical information model for the healthcare line of business.
Federal Hub Services	The federally operated data hub that verifies citizenship, immigration status, and tax information with the SSA, DHS, and the IRS.

Federal Identity, Credential, and Access Management Roadmap and Implementation Guidance	The FICAM is a resource for agency implementers of identity, credential, and access management programs. The FICAM Roadmap outlines a common framework for ICAM within the federal government and provides supporting implementation guidance for program managers, leadership, and stakeholders as they plan and execute a segment architecture for ICAM management programs.
Federal Information Processing Standard	FIPS is a publicly announced standardization developed by the United States federal government for use in computer systems, by all non-military government agencies and by government contractors, when properly invoked and tailored on a contract. Many FIPS pronouncements are modified versions of standards used in the technical communities.
Federal Information Security Management Act of 2002	The FISMA recognizes the importance of information security to the economic and national security interests of the United States. The act requires each federal agency to develop, document, and implement an agency-wide program to provide information security for the information and information systems that support the operations and assets of the agency, including those provided or managed by another agency, contractor, or other source.
Federal Medical Assistance Percentages	FMAP are the percentage rates used to determine the matching funds rate allocated annually to medical and social service programs such as Medicaid and CHIP.
Federated Security	Federated security allows a clean separation between the service a client is accessing and the associated authentication and authorization procedures. Federated security also enables collaboration across multiple systems, networks, and organizations in different trust realms.
General Accounting Office	The U.S. Government Accountability Office (GAO) is an independent, nonpartisan agency working for the Congress that investigates how the federal government spends taxpayer dollars.
Generally Accepted Accounting Principles	GAAP refer to the standard framework of guidelines for financial accounting used in any given jurisdiction; generally known as accounting standards.
Government Accounting Standards Board	GASB is a private, non-governmental organization that is the source of GAAP, which governments in the United States use.
Guidance for Exchange and Medicaid Information Technology Systems	CMS provides Guidance for Exchange and Medicaid Information Technology Systems (IT Guidance) to assist States to achieve interoperability between IT components in the federal and state entities that provide health insurance coverage through the Health Insurance Exchange, Medicaid, or CHIP.
Health & Human Services	HHS is the U.S. government's principal agency assigned to protect the health of all Americans and provide essential human services,

especially for those who are least able to help themselves.

Health Benefit	Services covered by the health plan to include at least the following general categories and the items and services covered within the categories: A) Ambulatory patient services, B) Emergency Services, C) Hospitalization, D) Maternity and newborn care, E) Mental health and substance use disorder service, including behavioral health treatment, F) Prescription drugs, G) Rehabilitative and habilitative services and devices, H) Laboratory services, I) Preventative and wellness services and chronic disease management and J) Pediatric Services.
Health Information Exchange (HIE)	The electronic movement of health-related information among organizations according to nationally recognized standards.
Health Information Technology for Economic and Clinical Health (HITECH)	The HITECH Act, is part of the American Recovery and Reinvestment Act (ARRA) of 2009, and signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology.
Health Insurance Coverage	Benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as medical care) under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.
Health Insurance Exchange (HIX)	The Exchanges will 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. Also referred to as Affordable Insurance Exchanges.
Health Insurance Portability and Accountability Act of 1996	HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. The Administrative Simplification provisions require the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers to improve the efficiency and effectiveness of the nation's health care system through the use of electronic data interchange. It also addresses security and privacy of healthcare data.
Health Insurance Premium Payment	The HIPP is a Medicaid program allowing a member to receive free private health insurance that its state's Medicaid program pays for entirely.
Health Plan	A health care benefit package for the coverage of medical services and payment for those services. A state may have multiple benefit packages based on their Medicaid State Plan and delivery of services. An entity that assumes the risk of paying for medical treatments, i.e. uninsured patient, self-insured employer, payer, or HMO.

HyperText Markup Language version 5	HTML5 is a language for structuring and presenting content for the World Wide Web, and is a core technology of the Internet originally proposed by Opera Software.
ICD-10/5010	ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge on and after October 1, 2013.
	Standards for electronic health care transactions, such as claims, eligibility inquiries, and remittance advices, change from Version 4010/4010A1 to Version 5010 on January 1, 2012. Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes, and must be in place first before the changeover to ICD-10. If providers do not conduct electronic health transactions using Version 5010 as of January 1, 2012, delays in claim reimbursement may result.
Information Architecture	IA describes a logical architecture for the Medicaid Enterprise. It provides a description of the information strategy, architecture, and data to a sufficient level that it may be used to define the data needs that will enable the future business processes of their Medicaid Enterprise.
Information Capability Matrix	The ICM defines the information capabilities, (i.e., DMS, CDM, LDM and Data Standards) identified in the business process to enable technical capabilities. The ICM aligns with the MITA Maturity Model. Applying the maturity model to each information capability yields the ICM, which shows how a business area matures over time.
Institute of Electrical and Electronics Engineers	The IEEE (read I-Triple-E) is a non-profit professional association headquartered in New York City that is dedicated to advancing technological innovation and excellence.
Insurance Affordability Programs	Include Medicaid, CHIP, advance payments of premium tax credits and cost-sharing reductions through the Exchange, and any state-established Basic Health Program, if applicable.
Interactive voice response	IVR is a technology that allows a computer to interact with humans through the use of voice and dual-tone multi-frequency signaling keypad inputs.
Kiosk	An electronic kiosk (or computer kiosk or interactive kiosk) houses a computer terminal that often employs custom kiosk software designed to function flawlessly while preventing users from accessing system functions.
Logical Data Model	The LDM provides guidance and specifics to IT staff on how to design MITA Enterprise service interfaces. It shows a data subject area divided into data classes, and includes the relationships among those classes, with attributes defined as needed for one drilled-down business process, i.e., all of the data elements in motion in the system or shared within the Medicaid Enterprise. The

	MITA LDM does not include state-specific data objects and relationships.
Master Data Management	Master Data Management comprises a set of processes and tools that consistently defines and manages the master data (i.e. non-transactional data entities) of an organization, which may include reference data.
Medicaid and CHIP Business Information and Solutions Council	The MACBIS is an internal CMS council to provide leadership and guidance for a more robust and comprehensive information management strategy for Medicaid, the CHIP, and state health programs. The council's strategy includes: (1) promoting consistent leadership on key challenges facing state health programs, (2) improving the efficiency and effectiveness of federal/state partnership, (3) making data on Medicaid, CHIP, and state health programs more available to stakeholders, and (4) reducing duplicative efforts within CMS and minimizing the burden on States.
Medicaid Enterprise	The Medicaid Enterprise is defined in the MITA context as the domain in which federal matching funds apply. The domain uses interfaces and bridges among Medicaid stakeholders, including providers, beneficiaries, insurance affordability programs (e.g., CHIP, tax credits, Basic Health Program), Health Insurance Exchange (HIX), Health Information Exchange (HIE), other state and local agencies, other payers, CMS, and other federal agencies. The sphere of influence touched by MITA (e.g., national and federal initiatives such as HITECH). The Medicaid Enterprise includes all of the individual State Medicaid Enterprises.
Medicaid Information Technology Architecture	MITA is an initiative of CMS intended to foster integrated business and IT transformation across the Medicaid Enterprise to improve the administration of the Medicaid Program. MITA is a national framework intended to support improved systems development and health care management for the United States Medicaid Enterprise.
Medicaid Management Information System	A CMS approved system that supports the operation of the Medicaid Program. The MMIS includes the following types of sub-systems or files: beneficiary eligibility, Medicaid provider, claims processing, pricing, SURS, MARS, and potentially encounter processing.
Medicaid State Plan	The officially recognized statement describing the nature and scope of the State Medicaid program as required under Section 1902 of the Social Security Act. A state submits modifications to CMS as a Medicaid State Plan Amendment (SPA).
Medicaid Statistical Information System	The Medicaid Statistical Information System collects, manages, analyzes, and disseminates information on pharmacy, beneficiaries, utilization, and payment for services covered by State Medicaid programs. CMS analyses it to produce Medicaid program characteristics and utilization information for States, and to provide it with a large-scale database of state pharmacy and services for

	other analyses. States provide CMS with federal fiscal year quarterly electronic files containing specified data elements for: (1) persons covered by Medicaid (Eligible files); and, (2) adjudicated claims (Paid Claims files) for medical services reimbursed with Title XIX funds.
Medicare	Medicare is health insurance for the following: (1) people 65 or older; (2) people under 65 with certain disabilities; and people of any age with End-Stage Renal Disease (ESRD).
Member	The name for a person who has health care insurance through the Medicare or Medicaid program. Also referred to as Beneficiary.
MITA business and technical services	Provide a standard set of operations with a standard interface for all business processes.
MITA Business Process Model	The MITA BPM describes what an organization or business does, including the events that initiate those processes (i.e., the trigger event). A BPM also describes the results of those processes. The BPM is a key building block within the MITA framework. It presents a hierarchy of Medicaid business processes organized into categories (or tiers) of processes (i.e., Tier 1 is the business area, Tier 2 is the business category, and Tier 3 is the business process). Each business process has a defined trigger and business outcome. This hierarchy helps to categorize business activities and ensure relevant functions in the Framework. The MITA BPM consists of ten (10) Business Areas, twenty-one (21) business categories and eighty (80) business processes.
MITA Business Process Template	The MITA BPT is a template used to capture the description of each business process in the Business Process Model. The business processes cover current and near-term operations. The BPT captures the description, trigger events, results, business process steps, shared data, predecessors, successors, constraints, failures, and performance standards.
MITA Framework	Consolidation of principles, business and technical models, and guidelines that creates a template for States to use to develop their individual State Medicaid Enterprise. Designed to evolve over time. It contains three (3) parts: Business Architecture, Information Architecture, and Technical Architecture.
MITA Maturity Model	The MMM establishes boundaries and measures used to determine whether a business capability is correctly and sufficiently defined.
National Archives and Records Administration	The NARA is an independent agency of the United States government charged with preserving and documenting government and historical records and with increasing public access to those documents, which comprise the National Archives.
National Association of Chief Information Officers	NASCIO represents the state chief information officers and information technology executives and managers from the States,

	territories, and the District of Columbia. It provides the exchange of information to promote the adoption of IT best practices and innovations.
National Association of Medicaid Directors	NAMD is responsible for ensuring that the Medicaid program provides high quality, cost effective care to its state Medicaid beneficiaries through best practices and technical assistance.
National Human Services Interoperability Architecture	NHSIA is 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. It will consist of business, information, security, and technology models to guide programs and States in the accurate reporting and delivery of services.
National Information Exchange Model	NIEM is responsible for the development, dissemination, and support of enterprise-wide information exchange standards and processes that enable automated information sharing.
National Institute of Standards and Technology	NIST, known between 1901 and 1988 as the National Bureau of Standards (NBS), is a measurement standards laboratory, otherwise known as a National Metrological Institute (NMI), which is a non-regulatory agency of the United States Department of Commerce. The institute's official mission is to Promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life.
Nationwide Health Information Network	NwHIN consists of interoperable RHIO consenting to standardized data content and communication protocols that allows information exchange across the country for authenticated subscribers.
No Wrong Door	An initiative to ensure that families receive appropriate services regardless of the portal they use to enter the system. The initiative integrates services from different state agencies and policy areas. When a person presents for services at any point in the health care or social services system, he or she is guided toward all appropriate services.
Office of Inspector General	The OIG conducts independent investigations, audits, inspections, and special review of the U.S. DOJ personnel and programs to detect waste, fraud, abuse, and misconduct, and to promote integrity, efficiency, and effectiveness in DOJ operations.
Office of Management and Budget's, Federal Enterprise Architecture, Reference Models	The OMB FEA RM. The FEA consists of a set of interrelated reference models designed to facilitate cross-agency analysis and the identification of duplicative investments, gaps and opportunities for collaboration within and across agencies. Collectively, the reference models comprise a framework for describing important elements of the FEA in a common and consistent way. Through the use of this common framework and vocabulary, IT portfolios can be

	better managed and leveraged across the federal government.
OWL-S	OWL-S is an ontology, within the OWL-based framework of the Semantic Web, for describing Semantic Web Services. It enables users and software agents to automatically discover, invoke, compose, and monitor Web resources offering services, under specified constraints.
Patient	A recipient of health care services within the health care system. A national health identification is provided to the individual. National Health ID is sometimes referred to as the National Individual Identifier.
Performance Measure	Is based on established Performance Standards and tracks past, present, and future business activity.
Performance Metric	Is a measure of an organization's activities and performance also known as key performance indicators. Often closely tied in with outputs, performance metrics should usually encourage improvement, effectiveness, and appropriate levels of control.
Performance Standard	A management-approved expression of the performance threshold(s), requirement(s), or expectation(s) that must be met to be appraised at a particular level of performance.
Personal Health Information	PHI refers to the demographic information, medical history, tests and laboratory results, and other data a provider collects to identify an individual and to determine appropriate health care.
Personal Health Record	PHR is an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.
Point of sale	POS or checkout is the location where a transaction occurs. A "checkout" refers to a POS terminal or more generally to the hardware and software used for checkouts, the equivalent of an electronic cash register.
Population	Is a targeted group of individuals who meet specific criteria (e.g., member, provider, cultural, or diagnosis). SMA identifies target groups by analyzing data stores, performance measures, and other indicators.
President's Council of Advisors on Science and Technology	PCAST is a council, chartered (or re-chartered) in each administration with a broad mandate to advise the President on science and technology.
RA Section 508 1986	In 1998 the US Congress amended the Rehabilitation Act of 1973 to require federal agencies to make their electronic and information technology accessible to people with disabilities. Section 508 is enacted to eliminate barriers in information

	technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals. The law applies to all federal agencies when they develop, procure, maintain, or use electronic and information technology. Under Section 508 (29 U.S.C. § 794d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others.
Regional Health Information Organization	RHIO brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving healthcare in that community.
Registration and Attestation System	R&S tracks whether providers have successfully demonstrated meaningful use to quality for the EHR incentive payment program.
Representation State Transfer (REST) Architecture - Web Services	A RESTful web service (also called a RESTful web API) is a simple web service implemented using HTTP and the principles of REST. The REST Web is the subset of the WWW (based on HTTP) that agents provide uniform interface semantics (essentially create, retrieve, update and delete) rather than arbitrary or application-specific interfaces, and manipulate resources only by the exchange of representations. Furthermore, the REST interactions are stateless in the sense that the meaning of a message does not depend on the state of the conversation.
Request for Proposal	The RFP identifies business, information, and technical requirements and standards to include as evaluation criteria for a new Medicaid Enterprise.
Resource Description Framework	The RDF is a family of W3C specifications originally designed as a metadata data model. It is used as a general method for conceptual description or modeling of information that is implemented in web resources, using a variety of syntax formats.
Semantic Web	The Semantic Web is a collaborative movement led by the World Wide Web Consortium (W3C) that promotes common formats for data on the World Wide Web. By encouraging the inclusion of semantic content in web pages, the Semantic Web aims at converting the current web of unstructured documents into a "web of data". It builds on the W3C's RDF.
Service Engines	Service Engines are tools that support Web services specifications such as XML, SOAP, WSDL, and the full Web services stack, with support for essential WS specifications such as WS-Addressing, WS-Security and WS-ReliableMessaging.
Service Infrastructure	The service infrastructure is the system necessary to deliver the application-oriented functions across the network. In the abstract, it is composed of the service agent, the service protocol, and the service server.

Service Portal	Service Portal is a term, generally synonymous with gateway, for a World Wide Web site that is a major starting site for users when they get connected to the Web or that users tend to visit as an anchor site.
Service-Oriented Architecture	SOA is a software design strategy that packages common functionality and capabilities (services) with standard, well-defined service interfaces, to produce formally described functionality invoked using a published service contract. Service users need not be aware of "what's under the hood." A service built using new applications, legacy applications, COTS software, or all three. Services designed so that they change to support state-specific implementations.
Seven Standards and Conditions	CMS Enhanced Funding Requirements: Seven Conditions and Standards (a.k.a. Seven Standards and Conditions) describe the requirements that States must adhere to receive enhanced federal matching funds for Medicaid Information Technology (IT). The Seven Standards and Conditions are Modularity Standard, MITA Condition, Industry Standards Condition, Leverage Condition, Business Results Condition, Reporting Condition, and Interoperability Condition.
Seven Standards and Conditions Capability Matrix	The Seven Standards and Conditions Capability Matrix define the maturation characteristics for each of the Seven Standards and Conditions. It aligns with the MMM. Applying the maturity model to each standard and conditions for each of the three (3) architectures (i.e., business, information, technology) yields the Seven Standards and Conditions Capability Matrix, which shows how the Medicaid Enterprise matures over time.
Seven Standards and Conditions Maturity Model	The Seven Standards and Conditions Maturity Model establishes the boundaries and measures used to determine whether a standard or condition capability is correctly and sufficiently defined.
Shared Eligibility Services	Shared eligibility services support the no wrong door initiative for eligibility and enrollment functions offered by the Health Insurance Exchange (HIX). They reduce administrative costs and improve service delivery.
Shared Utility Services Registry	A registry of shared web services that support applications utilizing web services.
Smart Common Input Method platform	The SCIM is an input method platform containing support for more than thirty languages for POSIX-style operating systems.
State Identity Credential Access Management	SICAM provides a roadmap that outlines a strategic vision for identity, credential, and access management efforts across state governments.
State Medicaid Agency	The SMA is responsible for the operation of a Medicaid program

within a state.

State Medicaid Enterprise	The state domain that centers on the Medicaid environment including leveraged systems and interconnections among Medicaid stakeholders, providers, beneficiaries, insurance affordability programs (e.g., CHIP, tax credits, Basic Health Program), Health Insurance Exchange (HIX), Health Information Exchange (HIE), other state and local agencies, other payers, CMS, and other federal agencies.
State Self-Assessment	The MITA SS-A is a structured method for documenting and analyzing the As-Is operations and To-Be environment of Business, Information, and Technical capabilities of the State Medicaid Enterprise. The SS-A facilitates alignment of the State Medicaid Enterprise to MITA Business, Information, and Technical Architectures, as well as the Seven Standards and Conditions. It provides the foundation for a gap analysis that supports the state's transition planning. The SS-A helps focus preparation of the APD to reflect an achievable funding request.
Syntactic and Semantic Match	When both the structure and meaning of the data are consistent.
Technical Architecture	The TA Framework describes the technical and application design aspects of the Medicaid Enterprise by leveraging industry standards and best practices. It defines a set of technical services and standards to plan and specify future systems. These standards include: adoption and use of common industry standards, identification of common vs. state specific processes, data and technical solutions, business driven design processes, built in security and delivery, scalability, interoperability and extendibility components, and performance standards.
Technical Capability Matrix	The TCM defines each technical capability with five (5) levels of maturity due to changes in business requirements or technology. The TCM technical components associated with each level are enablers of the corresponding business capability. Each technical capability consists of one or more technical services. The TCM aligns with the MMM. Applying the maturity model to each technical capability yields the TCM, which shows how a business area matures over time.
Technical Management Strategy	TMS describes the processes, techniques, and technologies the State Medicaid Enterprise uses to achieve optimal sharing of services and information.
Technical Service Area	TSA is a sub-grouping for TA modeling that assist the evaluation of the TA maturity level during the SS-A. The category is similar to the division of a Business Area for Business Architecture. The three (3) sub-groupings include Access and Delivery, Intermediary and Interface, and Interface and Utility.

Technical Service Classifications	Technical Service Classifications define a standard and/or functionality for a technical process aligning common factors of a state's implementation. Allows plug-and-play and interoperability.
Technical Service Parts	The Technical Service Parts define the Service Name, Purpose, Business Logic, Constraints, Formal Interface Definition, Use Case, Solution Set, Structure and Activity Diagram, Performance Standards, Test Scenarios and Cases, and mapping to MITA data models.
Technical Services	Technical Services provide underlying independent technical functionality (e.g., forms management, security, etc.) in alignment with a maturity level of the TCM. They are implementation-neutral, component-driven technical outlines leveraging standardized vocabulary to allow agencies to leverage sharing and collaboration.
To-Be	Future business environment.
Trade Partner Agreement	A TPA is a formalized relationship with an external entity with whom business is conducted (i.e., business partner).
Transformation	The modernization of information systems to meet business needs. With systems transformation, States can meet coverage goals, minimize duplication, ensure effective reuse of infrastructure and applications, produce seamlessness for consumers, and ensure accuracy of program placements.
Unified Modeling Language	The Object Management Group (OMG) Unified Modeling Language and Unified Modeling Methodology is a standard way to write a system's blueprints, including business processes, and system functions as well as programming language statements, database schemas, and reusable software components. States use the standard for modeling systems from conceptual through design and implementation.
Use Case	A system analysis methodology to identify, clarify, and organize system requirements. A use case most often is a narrative description and may include a use case diagram showing the actors and activity of a business process.
Use Case Diagram	A context diagram showing the actors (e.g. roles, systems, processes) and the high-level activity for a business process. A use case diagram is usually depicted using UML or BPMN.
Web Service Definition Language	WSDL defines services as collections of network endpoints, or ports. This allows the reuse of messages (abstract descriptions of the data exchange). States use WSDL for defining the interface specifications for all MITA business and technical services.
Web-Oriented Architecture	WOA is a style of software architecture that extends SOA to web based applications, and is considered a lightweight version of SOA.

Wi-Fi Protected Access	WPA is a security protocol and security certification program the Wi-Fi Alliance develops to secure wireless computer networks. The Alliance defined these in response to serious weaknesses researchers had found in the previous system, WEP.
Wired Equivalent Privacy	WEP is a weak security algorithm for IEEE 802.11 wireless networks. Introduced as part of the original 802.11 standard ratified in September 1999, its intention is to provide data confidentiality comparable to that of a traditional wired network. WEP, recognizable by the key of 10 or 26 hexadecimal digits, is widely in use and is often the first security choice presented to users by router configuration tools.
World Wide Web Consortium	The W3C is the main international standards organization for the World Wide Web.
XML Schema Definition	XML Schema is a document written in XML Schema language that defines the syntax rules and data types for a message or a document.