



## A Dentist's Guide to Commonly Used Health Technology Acronyms

AHIC	<p>American Health Information Community (the Community)</p> <p>The Community is a federally-chartered commission and will provide input and recommendations to HHS on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way.</p> <p><a href="http://www.hhs.gov/healthit/ahic.html">http://www.hhs.gov/healthit/ahic.html</a></p>
AHCPR	<p>Agency of Health Care Policy &amp; Research</p> <p>A Federal agency renamed in 1999 (see AHRQ)</p>
AHIMA	<p>American Health Information Management Association</p> <p>AHIMA is an association of health information management (HIM) professionals. AHIMA's members are dedicated to the management of personal health information needed to deliver quality healthcare to the public. Founded in 1928 to improve the quality of medical records, AHIMA is committed to advancing the HIM profession in an increasingly electronic and global environment through leadership in advocacy, education, certification, and lifelong learning.</p> <p><a href="http://www.ahima.org">www.ahima.org</a></p>
AHIP	<p>America's Health Insurance Plans</p> <p>AHIP is the national association representing nearly 1,300 member companies providing health insurance coverage to more than 200 million Americans. These companies offer medical expense insurance, long-term care insurance, disability income insurance, dental insurance, supplemental insurance, stop-loss insurance and reinsurance to consumers, employers, and public purchasers. AHIP's goal is to provide a unified voice for the health care financing industry, to expand access to high quality, cost effective health care to all Americans, and to ensure Americans' financial security through robust insurance markets, product flexibility and innovation, and an abundance of consumer choice.</p> <p><a href="http://www.ahip.org">www.ahip.org</a></p>
AHRQ	<p>Agency for Health Care Research and Quality (formerly AHCPR)</p> <p>An agency that is part of the U.S. Department of Health and Human Services, and is the lead agency charged with supporting research designed to improve the quality of healthcare, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on healthcare outcomes; quality; and cost, use, and access. The information helps healthcare decision makers — patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of healthcare services.</p> <p><a href="http://www.ahrq.gov">www.ahrq.gov</a></p>

ANSI	American National Standards Institute Founded in 1918, ANSI is a private, non-profit organization (501(c) 3) that administers and coordinates the U.S. voluntary standardization and conformity assessment system. ANSI's mission is to enhance both the global competitiveness of U.S. business and the U.S. quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems, and safeguarding their integrity <a href="http://www.ansi.org">www.ansi.org</a>
ASC	Accredited Standards Committee A body that develops standards in accordance with a consensus process accredited by ANSI. (see ANSI)
ANSI ASC X12	American National Standards Institute Accredited Standards Committee X12. The ANSI accredited SDO that creates EDI transactions for various sectors of the business community, including Health Care. Several X12 transactions have been named as HIPAA standards. (See ANSI and X12)
ASO	Administrative Services Only A service offered by third-party payers, or third-party administrators, to manage a self-insured benefit plan on behalf of an employer group or other entity offering dental or medical benefits. In some situations a third-party payer may also provide risk-based 'stop-loss' coverage on top of the self-insured program.
BC/BS	Blue Cross and Blue Shield Plans Independent third-party payers that have agreed to provide health care benefit programs on a local basis using the Blue Cross and Blue Shield name and service marks. Each Plan may use the name and marks in specific service areas. There are inter-plan agreements that enable delivery of benefits on a national basis. (See BCBSA)
BCBSA	Blue Cross and Blue Shield Association The national association of independent BC and BS Plans that licenses use of the Blue Cross and Blue Shield names and service marks. <a href="http://www.bcbsa.com">www.bcbsa.com</a>
CAP	College of American Pathologists The professional association that established SNOMED (See SNOMED). In November 2005 CAP's SNOMED International Division announced transfer of development, ownership and maintenance of SNOMED to an Executive Agency of the Department of Health in England, which would establish an International Standards Development Organization (SDO) for such activity. (See SNOMED)
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services See Tricare
CHIP	Children's Health Insurance Program/Medicare-Medicaid See SCHIP
CMS	Centers for Medicare and Medicaid Services (Federal agency; prior name - <b>HCFA</b> ) A Federal agency within the Department of Health and Human Services (HHS) whose mission is to assure health care security for beneficiaries covered by Medicare and

	<p>Medicaid programs. CMS also is the lead agency on HIPAA and health care electronic commerce activity through its Office of E-Health Standards and Services (OEHS).</p> <p><a href="http://www.cms.gov">www.cms.gov</a></p>
CRC	<p>Code Revision Committee</p> <p>The body responsible for determining revisions to the Code on Dental Procedures and Nomenclature. There are twelve voting members on the CRC, evenly balanced between dentistry's practitioner and payer sectors. The six ADA representatives are nominated by the Council on Dental Benefit Programs and appointed by the ADA President.</p> <p><a href="http://www.ada.org/goto/dentalcode">www.ada.org/goto/dentalcode</a></p>
DBIS	<p>Dental Benefit Information Service and Third Party Issues</p> <p>The Council on Dental Benefit Programs Subcommittee that was established as the authority and primary resource for plan sponsors and patients in need of assistance in designing effective dental benefit plans. The goals of DBIS are to promote fee-for-service, freedom of choice dental benefit plans; promote Direct Reimbursement (DR) to plan purchasers via the national DR marketing campaign and monitor trends and offer information on all types of dental benefits. The third-party issues staff provides assistance direct to members and their staff who have questions and concerns with third-party payers.</p> <p><a href="http://www.ada.org/goto/dr">www.ada.org/goto/dr</a></p>
DCC	<p>Data Content Committee</p> <p>A term used in HIPAA regulations that denotes bodies whose mission includes establishing the business needs for standard transactions (electronic or paper, as applicable) within the health care community. There are three DCC's identified under HIPAA, the National Uniform Billing Committee, the National Uniform Claim Committee, and the Dental Content Committee.</p>
DDPA	<p>Delta Dental Plans Association</p> <p>A not-for-profit organization, with some for-profit affiliates, that offers a nationwide system of dental health benefits for a wide range of employers.</p> <p><a href="http://www.deltadental.com">www.deltadental.com</a></p>
DeCC	<p>Dental Content Committee</p> <p>The DeCC is the deliberative body sponsored and chaired by the ADA that has been established in accordance with the administrative simplification provisions of the HIPAA to cooperate in the maintenance of the standards adopted under HIPAA. It has been named as a Designated Standards Maintenance Organization (DSMO) by the Secretary of the Department of Health and Human Services. As such, the DeCC addresses standard transaction content on behalf of the dental sector of the health care community.</p> <p><a href="http://www.ada.org/goto/decc">www.ada.org/goto/decc</a></p>
DHMOs	<p>Dental Health Maintenance Organizations</p> <p>The equivalent of a medical Health Maintenance Organization for dentistry.</p>

DICOM	<p>Dental Imaging and Communication in Medicine</p> <p>An ANSI ASC whose standard for medical imaging is recognized by the ADA, and the Association is a DICOM member. The DICOM standard enables systems used in medical imaging to be interoperable.</p> <p><a href="http://medical.nema.org/">http://medical.nema.org/</a></p>
DPPC	<p>Dental Practice Parameters Committee</p> <p>The ADA began a program to develop practice parameters in 1989. During the 1993 House of Delegates, the ADA House approved a parameters development process and created the Dental Practice Parameters Committee. The DPPC has drafted proposed parameters, and at its 1994 annual session, the ADA House of Delegates approved parameters for 12 dental conditions.</p>
DR	<p>Direct Reimbursement</p> <p>Direct reimbursement is a self-funded program in which the individual is reimbursed based on a percentage of dollars spent for dental care provided, and which allows beneficiaries to seek treatment from the dentist of their choice.</p> <p><a href="http://www.ada.org/goto/dr">www.ada.org/goto/dr</a></p>
DSMO	<p>Designated Standards Maintenance Organization</p> <p>The final HIPAA rule titled "Standards for Electronic Transactions," published in the Federal Register on August 17, 2000, establishes a new category of organization, the "Designated Standard Maintenance Organization (DSMO)." Section 162.910 of this final regulation provides that the Secretary may designate as DSMOs those organizations that agree to maintain the standards adopted by the Secretary. Several Data Content Committees (DCCs) and Standard Setting Organizations (SSOs) have agreed to maintain those standards. (See DCC and SDO)</p>
EDI	<p>Electronic Data Interchange</p> <p>The transfer of <u>data</u> between different companies using networks, such as Value Added Networks (VANS) or the Internet. ANSI has approved a set of EDI standards known as the <i>X12 standards</i>.</p>
EFI	<p>Electronic File Interchange</p> <p>A standard and process for electronic bulk submission of data to facilitate mass National Provider Identifier (see NPI) enumeration.</p> <p><a href="https://nppes.cms.hhs.gov/NPPES/Welcome.do">https://nppes.cms.hhs.gov/NPPES/Welcome.do</a></p>
EHNAC	<p>Electronic Healthcare Network Accreditation Commission</p> <p>EHNAC was established by health care industry participants as an independent, not-for-profit accrediting body. It establishes criteria for measuring the performance of clearinghouses and value-added networks.</p> <p><a href="http://www.ehnac.org">www.ehnac.org</a></p>
EOB	<p>Explanation of Benefits</p> <p>A written statement to a beneficiary, from a third-party payer, after a claim has been reported, indicating the benefit/charges covered or not covered by the dental benefits plan.</p>

ERISA	<p>Employee Retirement Income Security Act of 1974</p> <p>ERISA is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.</p>
FPL	<p>Federal Poverty Level</p> <p>The U.S. Department of Health and Human Services (HHS) issues new Federal Poverty Guidelines every year, usually in February or March. These guidelines are commonly (yet ambiguously) referred to as the "Federal Poverty Level" (FPL), and serve as one of the indicators for determining eligibility in a wide variety of Federal and State programs.</p>
HCFA	Health Care Financing Administration – (obsolete name; See CMS)
HCPAC	<p>Health Care Practitioner Advisory Council</p> <p>An advisory body established by the National Committee for Quality Assurance (See NCQA).</p>
HCPCS	<p>Healthcare Common Procedure Coding System</p> <p>A code set recognized for use in HIPAA standard transactions. HCPCS is divided into two principal subsystems, referred to as level I and level II. Level I is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA). Level II is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes. The Code on Dental Procedures and Nomenclature are listed in HCPCS as Level II “D” codes under an agreement between the ADA and CMS.</p> <p><a href="http://www.cms.hhs.gov/MedHCPCSGenInfo/">www.cms.hhs.gov/MedHCPCSGenInfo/</a></p>
HCQA	<p>Health Care Quality Alliance</p> <p>A project of the American Health Quality Association. HCQA brings together 97 national health care consumer, provider, and industry organizations dedicated to assuring that quality is the core value of the nation's health care agenda.</p> <p><a href="http://www.ahqa.org">www.ahqa.org</a></p>
HEDIS	<p>Health Plan Employer Data &amp; Information Set</p> <p>A set of measures that are used to report the performance of health plans. The measures evaluate the organizational structure and systems of the HMO and the performance in delivering care. HEDIS was created by the National Committee for Quality Assurance (See NCQA).</p>
HHS	<p>Department of Health and Human Services</p> <p>HHS is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The Department includes more than three hundred programs covering a wide spectrum of activities. HHS-funded services are provided at the local level by state or county agencies, or through private sector grantees. The Department's programs are administered by 11 operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. CMS is one of HHS' major agencies.</p> <p><a href="http://www.hhs.gov">www.hhs.gov</a></p>

HIPAA	<p>Health Insurance Portability and Accountability Act of 1996</p> <p>Federal legislation whose two major parts address 1) portability of health care benefits by employees, and 2) reduction in health care administrative costs through adoption of standard electronic administrative and financial transactions, including the means to ensure the security and privacy of such information.</p>
HIPDB	<p>Healthcare Integrity &amp; Protection Data Bank</p> <p>The Secretary, HHS acting through the Office of Inspector General (OIG) was directed by HIPAA to create HIPDB to combat fraud and abuse in health insurance and health care delivery. HIPDB is primarily a flagging system that may serve to alert users that a comprehensive review of a practitioner's, providers, or supplier's past actions may be prudent. The data bank is intended to augment, not replace, traditional forms of review and investigation, serving as an important supplement to a careful review of a practitioner's, provider's, or supplier's past actions.</p> <p><a href="http://www.npdb-hipdb.com">www.npdb-hipdb.com</a></p>
HISB	<p>Healthcare Informatics Standards Board</p> <p>Replaced by HITSP.</p>
HITSP	<p>Healthcare Information Technology Standards Panel</p> <p>HITSP's mission is to serve as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software applications, as they will interact in a local, regional and national health information network for the United States. The Panel will assist in the development of the U.S. Nationwide Health Information Network (NHIN) by addressing issues such as privacy and security within a shared healthcare information system. HITSP is sponsored by the American National Standards Institute (See ANSI).</p>
HL7	<p>Health Level 7</p> <p>The ANSI accredited SDO that creates develops messaging standards that enable disparate healthcare applications to exchange key sets of clinical and administrative data. HL7 standards are referenced in the pending HIPAA regulation concerning claim attachments.</p> <p><a href="http://www.hl7.org/">www.hl7.org/</a></p>
HRSA	<p>Health Resource &amp; Service Administration</p> <p>HRSA is an agency of the U.S. Department of Health and Human Services, and is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.</p> <p><a href="http://www.hrsa.gov">www.hrsa.gov</a></p>
IG	<p>Implementation Guide</p> <p>Technical specifications for implementation of a HIPAA electronic transaction. An obsolete term. (See "TR3")</p>

ISO	<p>International Organization for Standardization (ISO is the abbreviation en Francais)</p> <p>ISO is a worldwide federation of national standards bodies, one in each country. The organization's objective is to promote the development of standardization and related activities in the world with a view to facilitating international exchange of goods and services, and to developing cooperation in the spheres of intellectual, scientific, technological and economic activity. The results of ISO technical work are published as International Standards.</p> <p><a href="http://www.iso.org">www.iso.org</a></p>
JCAHO	<p>Joint Commission on the Accreditation of Healthcare Organizations</p> <p>The JCAHO mission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.</p> <p><a href="http://www.jointcommission.org">www.jointcommission.org</a></p>
LEAT	<p>Least Expensive Alternative Treatment</p> <p>A limitation in a dental benefit plan that will only allow benefits for the least expensive treatment. Also referred to as Least Expensive Professionally Acceptable Alternative Treatment (LEPAAT).</p>
NADP	<p>National Association of Dental Plans</p> <p>NADP is a non-profit trade association representing the entire dental benefits industry, i.e. dental HMOs, dental PPOs, discount dental plans and dental indemnity products. These member dental plans provide dental benefits to 107 million of the 159 million Americans with dental benefits, i.e. 67% of the total dental benefits market. Member organizations include major commercial carriers, regional and single state companies, as well as companies organized as Delta and Blue Cross Blue Shield plans.</p> <p><a href="http://www.nadp.org">www.nadp.org</a></p>
NADPF	<p>National Association of Dental Plans Foundation</p> <p>The NADP Foundation was formed by NAPD in 1996 for charitable and educational purposes including, without limitation, to improve consumer access to affordable, quality dental care through dental benefit plans by research, education, fact finding, and the dissemination of knowledge, and to advance the state of dental health care delivery and lessen the burdens of government by formulating standards and proper courses of treatment for dental disease and conditions that can be adopted by providers, dental benefit plans, and plan fiduciaries. (See NADP)</p>
NAIC	<p>National Association of Insurance Commissioners</p> <p>The mission of the NAIC is to assist state insurance regulators, individually and collectively, in serving the public interest and achieving the following fundamental insurance regulatory goals in a responsive, efficient and cost effective manner, consistent with the wishes of its members:</p> <p><a href="http://www.naic.org">www.naic.org</a></p>

NCPDP	<p>National Council for Prescription Drug Programs</p> <p>NCPDP creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry. The organization provides a forum and support wherein our diverse membership can efficiently and effectively develop and maintain these standards through a consensus building process. The NCPDP retail pharmacy claim transaction (5.1) is a named HIPAA standard.</p> <p><a href="http://www.ncdp.org">www.ncdp.org</a></p>
NCQA	<p>National Committee on Quality Assurance</p> <p>NCQA's mission is to improve the quality of health care. It's vision is to transform health care quality through measurement, transparency and accountability.</p> <p><a href="http://www.ncqa.org">www.ncqa.org</a></p>
NCVHS	<p>National Committee on Vital and Health Statistics</p> <p>The NCVHS was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics and national health information policy. It fulfills important review and advisory functions relative to health data and statistical problems of national and international interest, stimulates or conducts studies of such problems and makes proposals for improvement of the Nation's health statistics and information systems. In 1996, the Committee was restructured to meet expanded responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).</p> <p><a href="http://www.ncvhs.gov">www.ncvhs.gov</a></p>
NDEDIC	<p>National Dental Electronic Data Interchange Council</p> <p>NDEDIC is an organization that unites all stakeholders in the dental industry to promote electronic commerce, providing a unified forum for dental EDI. The ADA is an NDEDIC member.</p> <p><a href="http://www.ndedic.org">www.ndedic.org</a></p>
NPDB	<p>National Practitioner Data Bank</p> <p>The NPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner's licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges.</p> <p><a href="http://www.npdb-hipdb.com/">www.npdb-hipdb.com/</a></p>
NPI	<p>National Provider Identifier</p> <p>The NPI is a unique identification number for health care providers that will be used by all health plans. Health care providers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions specified by HIPAA. An NPI is a 10-position numeric identifier with a check digit in the last position to help detect keying errors. The NPI contains no embedded intelligence; that is, it contains no information about the health care provider such as the type of health care provider or State where the health care provider is located.</p> <p>(See NPPES)</p>

NPPES	<p>National Plan and Provider Enumeration System</p> <p>The Administrative Simplification provisions of the <i>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</i> mandated the adoption of standard unique identifiers for health care providers, as well as the adoption of standard unique identifiers for health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. CMS has developed the NPPES to assign these unique identifiers</p> <p><a href="https://nppes.cms.hhs.gov/NPPES/Welcome.do">https://nppes.cms.hhs.gov/NPPES/Welcome.do</a></p>
NPRM	<p>Notice of Proposed Rule Making</p> <p>A formal process through which government regulations (e.g., HIPAA standard transactions) are proposed for public comment before being adopted. Such NPRM's are published in the Federal Register and these notices discuss the legislative or other rationale for the proposed rule, and specify the length of the public comment period (e.g., 60 days). Comments received during this period are considered and responded to when the Final Rule is published.</p>
NUBC	<p>National Uniform Billing Committee</p> <p>The NUBC was brought together by the American Hospital Association (AHA) in 1975 and it includes the participation of all the major national provider and payer organizations. This committee was formed to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.</p> <p><a href="http://www.nubc.org">www.nubc.org</a></p>
NUCC	<p>National Uniform Claim Committee</p> <p>The NUCC is a voluntary organization that replaced the Uniform Claim Form Task Force in 1995. This committee was created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers. It is chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner. The committee includes representation from key provider and payer organizations, as well as standards setting organizations, state and federal regulators and the National Uniform Billing Committee (NUBC). The ADA's Dental Content Committee is an NUCC member organization.</p> <p><a href="http://www.nucc.org">www.nucc.org</a></p>
OESS	<p>Office of E-Health Standards and Services</p> <p>The office within CMS that develops and coordinates implementation of a comprehensive e-health strategy for CMS. Coordinates and supports internal and external technical activities related to e-health services (including parts of the Health Insurance Portability and Accountability Act (HIPAA)) and ensures that individual initiatives tie to the overall agency and Federal e-health goals and strategies.</p> <p><a href="http://www.cms.hhs.gov/CMSLeadership/14_Office_OESS.asp">www.cms.hhs.gov/CMSLeadership/14_Office_OESS.asp</a></p>
OCR	<p>Office for Civil Rights</p> <p>The Federal agency within HHS that is charged with enforcement of HIPAA privacy regulations.</p> <p><a href="http://www.hhs.gov/ocr/hipaa/">www.hhs.gov/ocr/hipaa/</a></p>

PARCA	<p>Patient Access to Responsible Care Act</p> <p>PARCA imposes quality standards on managed health plans, which include: (1) requiring insurers with a 'closed network' plan to also offer a 'point of service' plan that gives enrollees access to out-of-network providers, (2) permitting enrollees to hold managed health plans accountable for plan decisions that cause them injury, (3) prohibiting managed health plans from discriminating against non-physician health professionals in plan networks based solely on their licensure, and (4) prohibiting 'gag clauses' that prevent providers from discussing with their patients the full range of available treatment options.</p>
POS	<p>Point of Service Plans</p> <p>A POS plan is a managed care program which allows subscribers to go to out of network providers. However, for this privilege, subscribers pay a higher premium and/or receive a lower reimbursement level.</p>
PRO	<p>Peer Review Organizations</p> <p>Any group of medical professionals or a health care review company that includes licensed medical professionals approved by the state insurance department to analyze the quality and appropriateness of care rendered to patients. PROs were formerly known as professional standards review organizations.</p>
QA	<p>Quality Assessment</p> <p>A methodology that obtains data that is used to evaluate the effectiveness of health care services and delivery. Surveys are one assessment tool. An objective of a quality assessment initiative is to determine what quality improvement actions may be appropriate.</p>
QI / QIP	<p>Quality Improvement / Quality Improvement Program</p> <p>Programs whose central goal is to maintain what is good about the existing health care system while focusing on the areas that need improvement. A QIPP is a set of related activities designed to achieve measurable improvement in processes and outcomes of care. Improvements are achieved through interventions that target health care providers, practitioners, plans, and/or beneficiaries.</p>
RUC	<p>AMA / Relative Value System (RVS) Update Committee</p> <p>This committee supports maintenance of the CPT code set. It's role is to establish a standardized physician payment schedule based on a resource-based relative value scale (RBRVS). In the RBRVS system, payments for services are determined by the resource costs needed to provide them. The cost of providing each service is divided into three components: physician work, practice expense and professional liability insurance. Payments are calculated by multiplying the combined costs of a service by a conversion factor (a monetary amount that is determined by the Centers for Medicare and Medicaid Services). Payments are also adjusted for geographical differences in resource costs.</p> <p><a href="http://www.ama-assn.org/ama/pub/category/10559.html">http://www.ama-assn.org/ama/pub/category/10559.html</a></p>

SCDI	<p>ADA Standards Committee on Dental Informatics</p> <p>The ADA develops standards for dental informatics through the SCDI, an ANSI accredited SDO. SCDI's mission is: <i>"To promote patient care and oral health through the application of information technology to dentistry's clinical and administrative operations; to develop standards, specifications, technical reports, and guidelines for: components of a computerized dental clinical workstation; electronic technologies used in dental practice; and interoperability standards for different software and hardware products which provide a seamless information exchange throughout all facets of healthcare."</i></p> <p>The SCDI is comprised of 60 voting members from 60 organizations (19 consumers, 21 producers, and 20 general interest) from the profession, dental industry, academia, and the government. In 2001, the SCDI was reorganized into four subcommittees and 14 working groups working on the development or revision of 26 technical reports or specifications. The actual standards development occurs in its 14 working groups. The subcommittees are grouped according to the following general subject matters: Dental Informatics Architecture and Devices, Electronic Dental Records, Informatic Component Interoperability in Dentistry, and Electronic Dissemination of Dental Information. The working groups, organized under the subcommittees, address specific topics and provide an opportunity for all interests to participate in the development of voluntary consensus standards.</p> <p><a href="http://www.ada.org/scdi">www.ada.org/scdi</a> (Note: This Web site requires special login and password access.)</p>
SCHIP	<p>State Children's Health Insurance Program</p> <p>Dental services for the SCHIP are an optional benefit under Title XXI of the Social Security Act for all children up to age 19. However, nearly all States have opted to provide coverage for dental services. Under Title XXI, States have flexibility in targeting eligible uninsured children. States may choose to expand their Medicaid programs, design separate child health programs, or create a combination of both.</p>
SDO	<p>Standards Development Organization</p> <p>A term used in HIPAA regulations that denotes ANSI ASC's whose mission includes developing the technical solution for transmitting health care information through standard electronic transactions. There are three SSO's identified under HIPAA, Health Level 7, X12 and the National Council for Prescription Drug Programs.</p>
SNIP	<p>Strategic National Implementation Process</p> <p>A WEDI initiative, SNIP is a collaborative healthcare industry-wide process resulting in the implementation of standards and furthering the development and implementation of future standards. WEDI SNIP has been established to meet the immediate need to assess industry-wide HIPAA Administrative Simplification implementation readiness and to bring about the national coordination necessary for successful compliance.</p> <p><a href="http://www.wedi.org/snip/">www.wedi.org/snip/</a></p>
SNODENT	<p>Systematized Nomenclature of Dentistry</p> <p>SNODENT is a large codified taxonomy of dentally related terms and descriptors that can be used to fully describe a patient's condition and dental diagnosis in an electronic medium. The development of dental diagnostic codes was initially recommended by action of the House of Delegates in Resolution 74H-1990 (Trans.1990:542). This taxonomy was based on the SNOMED architecture under an agreement between the</p>

	ADA and CAP. (See SNOMED)
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SNOMED / SNOMED CT	<p>Systematized Nomenclature of Medicine – Clinical Terms</p> <p>SNOMED / SNOMED CT is a scientifically validated clinical health care terminology and infrastructure that makes health care knowledge more usable and accessible. The SNOMED CT Core terminology provides a common language that enables a consistent way of capturing, sharing and aggregating health data across specialties and sites of care. Among the applications for SNOMED CT are electronic medical records, ICU monitoring, clinical decision support, medical research studies, clinical trials, computerized physician order entry, disease surveillance, image indexing and consumer health information services.</p> <p><a href="http://www.snomed.org">www.snomed.org</a></p>
TDP / TFD	<p>TRICARE Dental Program / TRICARE Family Dental Program</p> <p>The TRICARE Dental Program (TDP) is offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA). United Concordia Companies, Inc. administers and underwrites the TDP for the TMA. The TDP is a high-quality, cost-effective dental care benefit for eligible family members of all active duty uniformed services personnel; as well members of the Selected Reserve and Individual Ready Reserve (IRR) and their eligible family members.</p> <p><a href="http://tricare.osd.mil/dental">http://tricare.osd.mil/dental</a></p>
TG	<p>Task Group</p> <p>An acronym used within ANSI ASC X12 to identify a specific industry sector for which EDI transaction standards are developed. A TG is a subset of an X12 Subcommittee, and a TG is comprised of Work Groups (see X12N, X12N/TG2, X12N/TG2/WG2). (See ANSI and X12)</p>
TPA	<p>Third-Party Administrator</p> <p>Claims payer who assumes responsibility for administering health benefit plans without assuming any financial risk. Some commercial insurance carriers and Blue Cross/Blue Shield plans also have TPA operations to accommodate self-funded employers seeking administrative services only (ASO) contracts.</p>
TR3	<p>Technical Report 3 (replacement term for: <b>IG</b> / Implementation Guide)</p>
TRICARE	<p>Acronym for CHAMPUS' replacement program.</p> <p><a href="http://www.tricare.osd.mil/">http://www.tricare.osd.mil/</a></p>
UR	<p>Utilization Review</p> <p>A program for determining what health care services are covered and payable under the health plan and the extent of such coverage and payments. Such reviews come before the service (pre-determination) or after the fact (retrospective).</p>

WEDI	<p>Workgroup for Electronic Data Interchange</p> <p>WEDI's "CORE PURPOSE" is to Improve the quality of healthcare through effective and efficient information exchange and management. Its MISSION is to provide leadership and guidance to the healthcare industry on how to use and leverage the industry's collective knowledge, expertise and information resources to improve the quality, affordability and availability of healthcare.</p> <p><a href="http://www.wedi.org">www.wedi.org</a></p>
WEDI SNIP	<p>Workgroup for Electronic Data Interchange - Strategic National Implementation Process</p> <p>SNIP is a collaborative healthcare industry-wide process resulting in the implementation of standards and furthering the development and implementation of future standards. WEDI SNIP has been established to meet the immediate need to assess industry-wide HIPAA Administrative Simplification implementation readiness and to bring about the national coordination necessary for successful compliance.</p> <p><a href="http://www.wedi.org/snip/">http://www.wedi.org/snip/</a></p>
WHO	<p>World Health Organization</p> <p>WHO is the United Nations specialized agency for health. It was established on 7 April 1948. The agency's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</p> <p><a href="http://www.who.int/en/">http://www.who.int/en/</a></p>
WG	<p>Work Group</p> <p>An acronym widely used within Standards Developing Organizations among other entities, where detailed and comprehensive work on standards and other deliverables is undertaken.</p>
X12	<p>ANSI Accredited Standards Committee X12</p> <p>The ANSI accredited standards committee consensus body that creates insurance EDI transaction standards for myriad sectors of the business community.</p> <p><a href="http://www.X12.org">www.X12.org</a></p>
X12N	<p>ANSI Accredited Standards Committee X12 Insurance Subcommittee.</p> <p>The ANSI accredited SDO Subcommittee that creates insurance EDI transaction standards.</p> <p><a href="http://www.x12.org/x12org/subcommittees/sc_home.cfm?strSC=N&amp;CFID=711166&amp;CFTOKEN=94669536">www.x12.org/x12org/subcommittees/sc_home.cfm?strSC=N&amp;CFID=711166&amp;CFTOKEN=94669536</a></p>

XML	<p>Extensible Markup Language.</p> <p>A flexible format designed to represent and exchange data electronically. ASC X12 is using its open, consensus-based standards process to create a new generation of e-business messaging. The new XML architecture is called Context Inspired Component Architecture (CICA), enables individuals to build XML business documents in a cross-industry setting.</p> <p><a href="http://www.x12.org/x12org/index.cfm">www.x12.org/x12org/index.cfm</a></p>
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