Anthem Blue Cross and Blue Shield (Virginia) has prepared the following list of key terms commonly associated with the Health Insurance Portability and Accountability Act or HIPAA. The terms include definitions and are in alphabetical order.

Accredited Standards Committee X12 (ASC X12)
A group, consisting of volunteer members accredited by the American National Standards Institute (ANSI), develops electronic data interchange (EDI) standards for the health care insurance industry. Various subcommittees develop standards that must be approved by the full X12 committee membership prior to acceptance and publication. Some references refer to this group as ANSI X12 or simply X12. Most electronic standards mandated under HIPAA are X12 standards.

American National Standards Institute (ANSI)
This is the national coordinator of the voluntary standards for the United States. ANSI coordinates the voluntary development of national consensus standards, approves standards and functions as a clearinghouse and information center.

Association for Electronic Health Care Transactions (AFEHCT)
AFEHCT is an organization that promotes the use of electronic data interchange or EDI in the health care industry.

Code Sets
HIPAA mandates the use of standardized codes or “code sets” for use across the health care industry. HIPAA code sets are used on claims, such as procedure codes, diagnosis codes and so forth. The HIPAA mandated code sets are:
- CPT-4 Codes (Current Procedural Terminology)
- HCPCS (Health Care Financing Administration Common Procedure Coding System)
- CDT (Code on Dental Procedures and Nomenclatures)
- Claim Status Codes and Claim Adjustment Reason Codes
- Provider Taxonomy Codes (Indicates provider specialty)

Electronic Data Interchange (EDI)
Business information is electronically transmitted in a standard format recognized nationally in the health care industry.

Electronic Healthcare National Accreditation Commission (EHNAC)
This organization ensures consistency with HIPAA requirements and certifies named entities, payers, clearinghouses, providers and employer groups submitting transactions electronically.

Element
This represents the “smallest” unit of information in a transaction set.

Functional Acknowledgement
The process facilitates the control of the electronic data interchange or EDI and is often referred to as “997.” This process recognizes the receipt of information.
Health Care Financing Administration (HCFA); now renamed the Centers for Medicare and Medicaid Services (CMS)
This federal agency is responsible for setting the rules and regulations for the Medicare and Medicaid programs and is part of the Department of Health and Human Services. CMS (formerly HCFA) has maintained standard, nationally recognized claim forms, such as the CMS-1500 (formerly HCFA-1500) for professional services and the UB-92 claim form for facility services.

Health Insurance Portability and Accountability Act (HIPAA)
HIPAA covers two main areas – portability and administrative simplification. Portability regulations, designed to provide individuals with the ability to receive credit for prior health care coverage when enrolling for coverage with a new plan, were enacted in 1996. Administrative simplification regulations are designed to reduce the cost and administrative burden of the health care industry by standardizing electronic transmissions of specific personal and financial information. Implementation of these provisions is slated for 2002 and beyond.

Internet Service Provider (ISP)
ISPs are companies that provide direct access to the Internet, such as America Online.

Loop
Loops are groups of semantically related segments.

Minimum Necessary
HIPAA requires that entities within the health insurance industry make reasonable efforts to limit uses, disclosures and requests for protected health information to “minimum necessary” to accomplish intended business purposes.

National Provider Identifier (NPI)
The system uniquely identifies all providers of health care services, supplies and equipment.

Privacy
Privacy is a separate provision of HIPAA that addresses both physical security controls and procedures as they related to protected health information or PHI. In addition, the privacy provision addresses administrative policies and practices.

Protected Health Information (PHI)
Entities in the health care industry use PHI or confidential member information to perform critical, daily business functions. PHI includes, but is not limited to, the following:
- Name
- Address
- Social Security Number
- Date of Birth
- Medical Record Information
- Account Information

Security
This is a separate provision of HIPAA that guards the integrity and confidentiality of protected health information. In reference to HIPAA, entities in the health insurance industry must address security from the administrative, physical, technical and information technology security perspectives.
**Segment**
Under HIPAA, this is a group of related data elements in a transaction set.

**Syntax**
This indicates the relational conditions among two or more data elements.

**Transaction**
With electronic data interchange or EDI, a transaction is an electronic document that allows the exchange of information between two parties. For example “837” represents a claim whether professional, institutional or dental. The number “835” represents a remittance voucher. Presently, HIPAA requires the standardization and simplification of the following transactions. Other transactions, such as attachments and responses, will be mandated in the future.

- Claim Submission
- Claim Status Inquiry and Reply
- Eligibility Inquiry and Reply
- Referrals and Authorizations
- Remittance and Payment
- Enrollment and Dis-Enrollment
- Premium Payments

**Translator**
This is the process of accepting documents or electronic transmissions and translating the information into the standard ASC X12 electronic data interchange format. Clearinghouses can function as “translators.”

**Workgroup for Electronic Data Interchange (WEDI)**
WEDI is a health care industry group that lobbied for the administrative simplification provisions of HIPAA. WEDI maintains a formal consultative role under the HIPAA legislation.