



THE HSC HEALTH CARE SYSTEM

**Health Services for Children
with Special Needs, Inc.
(HSCSN/NET)**

**REQUEST FOR PROPOSAL (RFP) - TERMS AND
CONDITIONS**

GLOSSARY OF TERMS AND ACRONYM LIST

INTEGRATED MANAGED CARE SYSTEM (IMCS)

INFRASTRUCTURE IMPROVEMENT SERVICES (IIS)

PROJECT

RFP# HSCSN-0001

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Various terms and abbreviations are used within the RFP, Terms and Conditions, and Appendices that may not be familiar to all readers. This glossary and acronym list's purpose is to help make reading these documents easier and more understandable.

Term	Meaning
Acceptance Testing	The last phase of testing prior to final acceptance of the system
Ad Hoc	On-request or specially requested; not scheduled. Refers to one-time, special requests
Adjudicate	Determination of whether a claim, claim adjustment, or void claim is to be paid or disallowed by the system
Adjudicated Claim	A claim that has moved from pending status to final disposition, either paid or denied
Adjustment	A transaction that changes any information (e.g., the payment amount, units of services) on a claim that has been adjudicated
Aggregate	Summarized data. For example, unit sales of a particular product could be aggregated by day, month, quarter, and year.
Aggregation	The process of consolidating data values into a single value.
AIDS	Acquired Immune Deficiency Syndrome
ANSI	American National Standards Institute. An accepted standards-setting body for the computer industry
APC	Ambulatory Payment Classifications
APC	Advanced Primary Care
Appeals	The administrative process through which the beneficiaries or providers can appeal adverse decisions in respect to eligibility, coverage or payment
APR-DRG	All Patient Refined Diagnosis Related Groups. Expands the basic DRG structure and is comprised of a clinical model and four severity of illness and risk of mortality subclasses for each base APR DRG. Taken together, the APR-DRG and the severity of illness further refine CMS DRGs to provide more precise classification of patients.
A/R	Accounts Receivable
ARRA	America Recovery and Reinvestment Act
ASA	Average Speed of Answer. The average amount of time a caller will wait in queue for an agent to become available. The average length of each call, the number of agents, and the total number of calls arriving influences this unit of measure.
ASC X12	Accredited Standards Committee X12. ASC X12 develops, maintains, interprets, publishes, and promotes the proper use of American National Standards and UN/EDIFACT international standards for electronic data interchange (EDI).
ASP	Application Service Provider
Authorization	1) Approval from HSCSN to a HSCSN participating provider for services rendered or to be rendered, or from DHCF to HSCSN, for enrollment of a member in HSCSN. 2) HIPAA transaction (to be required under 5010), see also PA
BAFO	Best and Final Offer
Benefits	A schedule of coverage that an member of the HSCSN Network receives for



Term	Meaning
	specific health care services for the treatment of illness, injury or other condition.
Bill	As refers to a bill for medical services, the submitted claim document may contain one or more services performed.
Billing Provider	The provider who is submitting the claim. Can be a different provider from the servicing or rendering provider
BMI	Body Mass Index
BPEL	Business Process Execution Language
BRMS	Business Rules Management System
Business Area	An organizational structure of major business processes with common functionality, such as Provider Management, Member Management, and Claims Processing.
Business Day	Normal working hours of Monday through Friday, beginning at 8:00 a.m. and ending at 5:00 p.m. See also Work Day.
Business Process	A collection of related, structured activities or tasks that produce a specific service or product (serve a particular goal) for a particular customer or customers.
Business rule	A statement that defines or constrains some aspect of the business. It is intended to assert business structure or to control or influence the behavior of the business.
Capitation	A contractual arrangement through which a health plan or other entity agrees to provide specified health care services to enrollees for a specified prospective payment per member (beneficiary), per month. Usually covers all services rendered on behalf of the capitated recipient, although partial capitation may exclude specialty services.
CAHPS	Consumer Assessment of Healthcare Providers and Systems
Calendar Day	All days of the week, including weekends and Federal holidays. See also Business Day.
Call Center	A physical location where calls are received, usually in high volume.
Care/Case Management	A health care method in which medical, social and other services for a beneficiary are coordinated by one entity. Care management services coordinate, review, and rate medical services needed and used by each of its members
Care/Case Manager	A person designated as the coordinator of resources for assigned beneficiaries to efficiently and effectively coordinate care
CASSIP	Child and Adolescent SSI Program (A District of Columbia contract with whose terms the successful Contractor must comply)
CCD	Continuity of Care Document
CCI	Correct Coding Initiative
CFR	Code of Federal Regulations. A codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the Federal Government. These Federal rules direct a State in its administration of a Medicaid Program and implementation and operation of a system.



Term	Meaning
CFSA	Child and Family Services Agency
Claim	A request for payment filed with HSCSN, on a prescribed form by a certified HSCSN provider for covered medical and medically related services rendered on behalf of a HSCSN member.
Claim Detail	Specifies basic data about the claim, such as monetary amount, service location, statement dates, etc. Also pertains to system-produced reports displaying details of adjudicated claim history for selected providers and/or members, or based on other selection criteria.
Claims Processing	From a HSCSN perspective, scope of what is included
Clean Claim	An error-free claim or an adjustment which was originally received by HSCSN that can be processed without obtaining additional information or substantiation from the provider of service or other external sources.
CMMI	Capability Maturity Model Integration. CMMI is a process improvement approach that provides organizations with the essential elements of effective processes that ultimately improve their performance. CMMI can be used to guide process improvement across a project, a division, or an entire organization.
CMS	Centers for Medicare & Medicaid Services (formerly HCFA). This is the Federal agency responsible for the administration of the Medicaid, Medicare, and other health care programs.
CMS-1500	The CMS-1500 form is the standard claim form used by a non-institutional provider or supplier to bill Medicare carriers and durable medical equipment regional carriers (DMERCs) when a provider qualifies for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. It is also used for billing HSCSN.
COB	Coordination of Benefits
Complaint	See also grievance, unusual incident, risk event
Compliance	From a HSCSN perspective, the HSC Health Care System is committed to conducting its business in a manner that facilitates quality, efficiency, honesty, integrity, respect and full compliance with applicable laws and regulations. In addition, HSCSN, Inc, is committed to developing and maintaining an effective fraud, waste and abuse program in compliance with federal law and provisions under the DC-DHCF CASSIP contract.
Compliance 360	External software that helps HSCSN to manage policies and procedures, regulatory compliance management, internal and external audits, accreditation, incident management, and risk management
Confidentiality	Has been defined by the International Organization for Standardization (ISO) in ISO-17799 as "ensuring that information is accessible only to those authorized to have access" and is one of the cornerstones of information security. All reports, files, information, data, tapes and other documents provided to and prepared, developed, or assembled by the Contractor shall be kept confidential in accordance with Federal and State laws, rules and regulations and shall not be made available to any individual or organization



Term	Meaning
	by the Contractor without prior written approval.
Consequential Damage	A financial loss caused by CMS imposed fiscal sanctions because of the Contractor's, or any of subcontractors', action or inaction.
Contract	The written, signed agreement 1) resulting from this RFP, 2) between HSCSN and a provider related to services the provider is authorized to provide HSCSN members, or a specific member. See also Single-use agreement
Contract Administrator	HSCSN-employed staff person designated to coordinate and monitor the activities of the contract and to resolve questions and perform other functions, as necessary, to ensure the contract is appropriately administered.
Contract Amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract; it shall include bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Contract Management	HSCSN contract management solution that assists with monitoring contract terms, conditions, and due dates.
Contractor	The successful offeror with whom a contract has been successfully executed
Core Module	See business area.
COTS	Commercial Off-the-Shelf. An adjective that describes software or hardware products that is ready-made and available for sale to the public. For example, Microsoft Office is a COTS product that is a packaged software solution for businesses. COTS products are designed to be implemented easily into existing systems without the need for customization.
CPT	Current Procedural Terminology
Customer Relationship Management	A centralized system to record, track, and monitor communications with providers, members, and other external entities, including toll-free access for providers and beneficiaries.
Customer Resource Management System	A centralized system to record, track, and monitor communications with providers, members, and other external entities, including toll-free access for providers and beneficiaries
Data Element	A specific unit of information having a unique meaning
Data Quality	The degree of excellence of data. Factors contributing to data quality include: Data are stored according to their data types Data are consistent Data are not redundant Data correspond to established domains Data are well understood Data satisfy the needs of the organization Data are valid Derived data are valid Data are complete
Day	All days referenced in the RFP and its attachments will refer to Business



Term	Meaning
	Days. See Business Day.
DEA	Drug Enforcement Agency
Decision Support Committee	Internal HSCSN management committee
Deliverable	A product of a task milestone or SYSTEM requirement
Delegated Provider	Delegated providers are providers that HSCSN has delegated the credentialing function to the organization. Monthly Delegated Providers send an excel spreadsheet of any new, terminated or changes to their provider network. See also, Non-delegated provider
Dental Claim	A claim filed for payment of dental services. A claim is filed: (1) for dental screening for children, (2) for one or more services given on a single day, or (3) upon completion of service for a condition. The claim is filed on the American Dental Association claim form or HIPAA-compliant electronic claim format.
Dental Services	Dental services for adults are limited to emergency dental care to relieve pain and/or infection. Through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, children are eligible for dental screening services and services to treat dental defects found during the screening.
Derived Data	A new data element that is created from or composed of other data elements
DHCF	Department of Health Care Finance
DHHS	United States Department of Health and Human Services
Disaster Recovery/Business Continuity Plan	Plan developed and maintained by the Contractor for an orderly shutdown of operations, along with detailed plans for resumption of operation and/or parallel operations.
District/the District	District of Columbia, Washington DC
DME	Durable Medical Equipment
DOB	Date of Birth
Domain	See Business Area
DRG	Diagnosis-Related Group. A prospective inpatient hospital reimbursement methodology used in Medicare. Under DRG, a single flat amount is paid per discharge.
DRS	Designated Record Set. The HIPAA Privacy Rule establishes the right of individuals to inspect, obtain a copy of, and request amendments to information about them in a designated record set. A designated record set is defined as a group of records maintained by or for a covered entity that is: the medical and billing records about individuals maintained by or for a covered healthcare provider the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan information used in whole or in part by or for the covered entity to make decisions about individuals
DVD	Digital Video Disk
DYRS	Department of Youth Rehabilitation Services
EDI	Electronic Data Interchange
EHR	Electronic Health Record. An electronic record of health-related information



Term	Meaning
	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.
Encounter Claim	A claim submitted by HSCSN, as a coordinated care provider, to DHCF for the actual provider of service to the member. These claims are generated in the (X12N 837/DHCF) encounter format.
Encryption	The translation of data into a secret code. Encryption is the most effective way to achieve data security. To read an encrypted file, you must have access to a secret key or password that enables you to decrypt it. Unencrypted data is called plain text; encrypted data is referred to as cipher text.
Enhancement	An augmentation and/or a change to the SYSTEM. An improvement to the basic system, which either increases functionality or makes the system run more efficiently.
Enrollee	A person who has enrolled in a health care program, such as a Medicaid managed care health plan or Medicare Part D.
EPA	Environmental Protection Agency
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program (for children under 21 years of age)
EPSDT Services	Screening services, case management and continuing care services for children under 21 years of age, which are provided by a Medicaid provider approved as a screener. The services are reimbursed on a fee-for-service basis for private providers and on an encounter rate based on costs for clinic providers.
EPSI	HSCSN Budgeting System
ESB	Enterprise Service Bus (also referred to as a message broker). ESB is an open standards-based distributed synchronous or asynchronous messaging middleware that provides secure interoperability between enterprise applications via XML, Web services interfaces and standardized rules-based routing of documents.
EST	Eastern Standard Time
Fax	Facsimile
FFS	Fee-for-Service
Field	A means of implementing an item of data within a file. It can be in character, date, number, or other format and be optional or mandatory.
Finance	HSCSN is a part of the HSC Health Care System and while it operates as a financially independent entity, it is one of six entities in the HSC Health Care System. As a regulated Managed Care Organization, it has separate audited financial reports and is included in the HSC Foundation and Subsidiaries consolidated financial statements. Financial reporting occurs monthly, quarterly, and annually.
Firm Fixed Price	A single price established by the awarding of this contract that is not subject to change or negotiation over the life of the contract
Formulary	The list of drugs covered by the Medicaid Program
FTE	Full-Time Equivalent



Term	Meaning
FTP	File Transfer Protocol
FWA	Fraud, Waste, and Abuse, Inappropriate use and waste of services provide to HSCSN members by contracted providers
GAAP	Generally Accepted Accounting Principles
GAAS	Generally Accepted Auditing Standards. Ten sets of standards, developed by the American Institute of Certified Public Accountants, consisting of general standards, standards of field work, and standards of reporting (along with interpretations), against which the quality of audits are performed and may be judged.
GAO	General Accounting Office
Grievance	See also complaint, unusual incident, risk event
GUI	Graphical User Interface. "A "point and click" interface to a program, composed of menus, dialog windows, push-buttons, etc.
HCFA	
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set. A widely used set of performance measures in the managed care industry; developed and maintained by the National Committee for Quality Assurance (NCQA)
HHS	See DHHS
HIE	Health Information Exchange. The electronic movement of health-related information among organizations, according to nationally recognized standards
HIPAA	Health Insurance Portability and Accountability Act of 1996. A Federal law that includes requirements to protect patient privacy, protect security and data integrity of electronic medical records, prescribe methods and formats for exchange of electronic medical information, and uniformly identify providers.
HIPAA Privacy Practices	The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices.
HITECH	Health Information Technology for Economic and Clinical Health Act
HIV	Human Immunodeficiency Virus
HL-7	Health Level Seven. Health Level Seven is one of several American National Standards Institute (ANSI) accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Most SDOs produce standards (sometimes called specifications or protocols) for a particular healthcare domain such as pharmacy, medical devices, imaging or insurance (claims processing) transactions. Health Level Seven's domain is clinical and administrative data.
HSCSN	Health Services for Children with Special Needs, Inc.
HTML	HyperText Markup Language. The authoring language used to create documents on the World Wide Web. HTML is similar to SGML, although it is



Term	Meaning
	not a strict subset.
HTTPS	Hypertext Transfer Protocol Secure
IBNR	Incurred But Not Reported
ICD	International Classification of Diseases. The ICD is the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines. http://www.who.int/classifications/icd/en/ International Statistical Classification of Diseases and Related Health Problems http://www.who.int/classifications/apps/icd/icd10online/
ICD-9	International Classification of Diseases, 9 th Revision
ICD-10	International Classification of Diseases, 10 th Revision
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification. Three digit codes for classifying diseases and health related problems
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification. Most current version of ICD codes
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System. Most current version of ICD codes
ID	Identification
IDE	Integrated Development Environment
IEC	International Electrotechnical Commissions
IEEE	Institute of Electrical and Electronic Engineers
IIS	Infrastructure Improvement Services
IMCS	Integrated Managed Care System
Interoperability	The ability of two or more systems or components to exchange information and to use the information that has been exchanged. (IEEE Standard Glossary of Software Engineering Terminology, IEEE Std 610.12-1990 (R2002))
IP	Internet Protocol. Specifies the format of packets, also called datagrams, and the addressing scheme. Most networks combine IP with a higher-level protocol called Transmission Control Protocol (TCP), which establishes a virtual connection between a destination and a source.
ISO	International Organization for Standardization
IT	Information Technology
LDAP	Lightweight Directory Access Protocols
Managed Care	A term denoting 1) management of member care by a provider or case manager to encourage maximum therapeutic efficacy and efficiency through service planning and coordination 2) used in reference to prepaid, capitated health systems.



Term	Meaning
MCO	Managed Care Organization
Medicaid	The Title XIX Medical Assistance Program of the Social Security Act intended to provide Federal and State financial assistance for health and medical care of eligible persons.
Medicare	The Title XVIII Health Insurance Program intended for people age 65 or older, some disabled people under age 65, and people of all ages with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).
Member	An individual who has been certified by DHCF and has elected to receive services from HSCSN
Member Service	Services that are provided to members per the HSCSN Member's Benefit handbook
Metadata	Data about data. Metadata describes how and when and by whom a particular set of data was collected, and how the data is formatted. Metadata is essential for understanding information stored in data warehouses and has become increasingly important in XML-based Web applications.
Milestone	Completion of a task or a set of many tasks
MITA	Medicaid Information Technology Architecture
MTOM	Message Transmission Optimization Mechanism
NAEPP	National Asthma Education and Prevention Program
NCPDP	National Council for Prescription Drug Programs
NCQA	National Committee for Quality Assurance
NIST	National Institute of Standards and Technology. Founded in 1901, NIST is a non-regulatory Federal agency, within the U.S. Department of Commerce, that develops and promotes measurement, standards, and technology.
Non-delegated Provider	Non-delegated providers are providers that are credentialed in-house by HSCSN
NPI	National Provider Identifier. A HIPAA mandated, unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS)
OCR	Optical Character Recognition
Offeror	The corporation, partnership, or joint venture (including any subcontractors proposed thereby) that submits a timely, complete, and correctly formatted technical and business proposal in response to this RFP.
OIG	Office of Inspector General
Online	Use of a computer workstation with visual display to immediately access computer files
PCP	Primary Care Physician
PDF	Portable Document Format. A file format developed by Adobe Systems. PDF captures formatting information from a variety of desktop publishing applications, making it possible to send formatted documents and have them appear on the recipient's monitor or printer as they were intended
Pending Claim	A claim that is in the process of adjudication
PHI	Protected Health Information



Term	Meaning
Plan	A subset of HSCSN members eligible to receive a specific subset of medical services
PMBOK	Project Management Body of Knowledge®
PMI	Project Management Institute, Inc.
PMO	Project Management Office
Primary Contractor	The vendor with whom the agency will contract for the services outlined in this RFP
Procedure Code	The coding structure for all medical procedures covered by Medicaid.
Provider	A person, organization, or institution certified to provide health or medical care services
QA	Quality Assurance
QI	Quality Improvement
Query	(n.) A request for information from a database. (v.) To make a request for information from a database
RA	Remittance Advice
RBAC	Role Based Access Control
Real-time	Occurring immediately. The term is used to describe a number of different computer features. For example, real-time operating systems are systems that respond to input immediately. They are used for such tasks as navigation, in which the computer must react to a steady flow of new information without interruption. Most general-purpose operating systems are not real-time because they can take a few seconds, or even minutes, to react.
Response Time	The time a system or functional unit takes to react to a given input
REST	Representational State Transfer
RFP	Request for Proposal
RHIO	Regional Health Information Organization
Risk events	See also complaint, grievance, unusual incident
Routing	The intelligent determination of what to do next with a given interaction. Routing is not limited to traditional interactions like voice calls and e-mails but can also be utilized to decide what to do with workflow items, scheduling items and any other type of business activity that involves a decision process.
RTM	Requirements Traceability Matrix
RUG	Resource Utilization Groups
RxNorm	Catalog of the standard names given to clinical drugs and drug delivery devices in the United States to enable interoperability and clear communication between electronic systems, regardless of software and hardware compatibility
SANS	SysAdmin, Audit, Network, Security. SANS is the most trusted and, by far, the largest source for information security training and certification in the world.
SDLC	System Development Life Cycle
Server	A computer or device on a network that manages network resources. For



Term	Meaning
	example, a file server is a computer and storage device dedicated to storing files. Any user on the network can store files on the server. A print server is a computer that manages one or more printers, and a network server is a computer that manages network traffic. A database server is a computer system that processes database queries.
Single-case Agreement	See also, contract A contract with a provider to provide services to a single individual
Single sign-on	A property of access control of multiple, related, but independent software systems. With this property, a user logs in once and gains access to all systems without being prompted to log in again at each of them.
SNIP	Strategic National Implementation Process
SNOMED	Systematized Nomenclature of Medicine
SOA	Service Oriented Architecture. An application architecture in which all functions or services are defined using a description language and have invocable interfaces that are called to perform business processes. Each interaction is independent of every other interaction and the interconnect protocols of the communicating devices (i.e., the infrastructure components that determine the communication system do not affect the interfaces). Because interfaces are platform-independent, a client from any device using any operating system in any language can use the service.
SOAP	Simple Object Access Protocol
SPMP	Software Project Management Plans
SQL	Structured Query Language. Used for the definition, organization, and retrieval of data in a database management system (DBMS), including the tools for transaction, management, data integrity, and data administration
SSI	Supplemental Security Income. A Federal needs-based, financial assistance program administered by the Social Security Administration. The program replaced previous State administered programs for aged, blind and disabled recipients (except in Guam, Puerto Rico, and the Virgin Islands).
SSN	Social Security Number
Subcontractor	Party contracting with the Primary Contractor to perform services for the agency
System	All of the subsystems/modules collectively
System Testing	A test of all functions within a subsystem of the SYSTEM, ensuring that all data and functions are handled correctly. In addition, the functions within the system are then tested to ensure interaction from system to system and outside the SYSTEM
Taxonomy	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length, maintained by the NUCC Code Subcommittee. The code set is structured into three distinct "Levels", including Provider Type, Classification, and Area of Specialization. Allows a single provider (individual, group, or institution) to identify their specialty category. Providers may have one or more than one value associated to them.
TIN	Taxpayer Identification Number
TLS	Transport Layer Security



Term	Meaning
TR3	Technical Report Type 3. The new X12 term for Implementation Guide (IG)
Transition	The system conversion from the Contractor to HSCSN or successor Contractor
Turnover	The transfer of the system to HSCSN and/or a successor Contractor.
UAT	User Acceptance Testing/Test
UDDI	Universal Description, Discovery, and Integration
UNIX	A multiuser, multitasking operating system that is widely used as the master control program in workstations and servers
Unusual incident	See also complaint, grievance, risk event
Utilization Management	From a HSCSN perspective, activities that review how providers utilize resources
Utilization Review	The process of monitoring and controlling the quantity and quality of health care services delivered by HSCSN
View	In database management systems, a view is a particular way of looking at a database. A single database can support numerous different views. Typically, a view arranges the records in some order and makes only certain fields visible. Note that different views do not affect the physical organization of the database.
VoIP	Voice over Internet Protocol
VPN	Virtual Private Network
WBS	Work Breakdown Structure
Web services	A standardized way of integrating Web-based applications using the XML, SOAP, WSDL and UDDI open standards over an Internet protocol backbone. XML is used to tag the data SOAP is used to transfer the data WSDL is used for describing the services available UDDI is used for listing what services are available Used primarily as a means for businesses to communicate with each other and with clients, Web services allow organizations to communicate data without intimate knowledge of each other's IT systems behind the firewall.
WEDI	Workgroup for Electronic Data Interchange
Workday	Normal working hours of Monday through Friday, beginning at 8:00 a.m. and ending at 5:00 p.m., except for holidays. See also Business Day.
Workstation	For purposes of this RFP includes, but is not limited to: laser printers, microcomputers, terminal cabinetry, and site-specific communications devices that shall be installed in the offices for providing access to the SYSTEM database. It shall also include any upgrades to existing LAN equipment and software, including bridges, servers, cables, and printers.
WS	Web Services
WSDL	Web Services Description Language (WSDL, pronounced "wiz-dəl" or spelled out, "W-S-D-L") is an XML-based language that provides a model for describing Web Services.



Term	Meaning
WS-I	Web Services Interoperability
XML	Extensible Markup Language. A specification developed by the W3C. XML is a pared-down version of SGML, designed especially for Web documents. It allows designers to create their own customized tags, enabling the definition, transmission, validation, and interpretation of data between applications and between organizations.
XSLT	Extensible Stylesheet Language Transformation