APPENDIX G

GLOSSARY

Annual: Yearly, with the date of contract execution as the first day of each year.

Business Associate: A person or entity who, on behalf of a covered entity or an organized health care arrangement, performs or assists in the performance of one of the following:

1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management and re-pricing.
2. Provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services for such covered entity or organized health care arrangement.

Business Associate Agreement (BAA): A contract between a Covered Entity and a Business Associate , undertaken according to the requirements of HIPAA.

Certified Electronic Health Record (CEHR): A Complete Electronic Health Record (EHR) or a combination of EHR Modules, each of which:

1. Meets the requirements included in the definition of a Qualified EHR; and
2. Has been tested and certified in accordance with the certification program established by the National Coordinator as having met all applicable certification criteria adopted by the Secretary.

Change Control: A formal process used to ensure that in-scope changes to a system are introduced in a controlled and coordinated manner, with minimal disruption to services and cost-effective utilization of resources. Change requests will be reviewed by the Commonwealth and negotiated with the selected Offeror before being implemented, according to the Change Control process.

Clinical Messaging: A secure infrastructure to permit communication of clinical information among health care providers and organizations using federally promulgated standards.

Consent Options:

No consent. Health information of patients is automatically included—patients cannot opt out;

Opt-out. Default is for health information of patients to be included automatically, but the patient can opt out completely;

Opt-out with exceptions. Default is for health information of patients to be included, but the patient can opt out completely or allow only select data to be included;

Opt-in. Default is that no patient health information is included; patients must actively express consent to be included, but if they do so then their information must be all in or all out; and

Opt-in with restrictions. Default is that no patient health information is made available, but the patient may allow a subset of select data to be included.

Continuity of Care Document (CCD): Patient summary record based on HL7's clinical document architecture and containing the data needed to support meaningful use objectives as they evolve.

Deployment Plan: A timetable and activities for staged rollout of provider connections to PHIX.

Edge Server: A server that resides on the "edge" between PHIX and sources of health data including hospitals and laboratories. Edge servers provide access to data specifically selected for exchange, while maintaining the owner's jurisdiction over the data.

EHR: An electronic record of health-related information regarding 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.

EMR: An electronic record of health-related information regarding an individual that conforms to nationally recognized interoperability standards and that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

EMR-Lite: A web-based application that provides health care providers with basic tools needed for meeting meaningful use, but without the full functionality of a qualified EHR.

Enterprise Master Patient Index (EMPI): A central database of patient identifiers used for the purpose of matching records from different sources and accurately relating that data to the same patient.

Federated Databases: A type of meta-database management system which transparently integrates information found in multiple autonomous database systems into a single connected database.

Health Care Providers: A provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

Health Information: Any information, whether oral or recorded in any form or medium, that does both of the following:

1. Is created or received by a health care provider, health care plan, public health authority, employer, life insurer, school or university or health care clearinghouse.
2. Relates to the physical or mental health or condition of an individual, the provision of health care to an individual, or payment for the provision of health care to an individual.

Health Information Exchange (HIE): The electronic movement of health information Health Information and related data among organizations according to nationally recognized standards.

HITECH: On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (ARRA). This statute includes The Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) that sets forth a plan for advancing the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform.

HL7: Founded in 1987, Health Level Seven International (HL7) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services.

Hospital Information System (HIS): A comprehensive, integrated information system designed to manage the clinical, administrative, and financial aspects of a hospital.

Hot Site: A full production ready, backup site location where an organization can easily shift system functionality and relocate to following a disaster, such as fire, flood, terrorist threat or other disruptive event.

Interfaces: The software that applications use to communicate with each other.

Interoperability: The ability of two or more systems or components to exchange information, trust the meaning of, and use the information that has been exchanged. It is typically understood to have three components: technical, semantic, and process.

Inter-organizational Data Exchange: The ability to send and receive data between entities that are not part of the same corporate structure.

Meaningful Use: The definition set forth pursuant to the HITECH Act by the Secretary of Health and Human Services. The Secretary published a proposed rule on January 13, 2010 (CMS-2009-0117-0002) defining the term and intends to publish a final rule by the end of FY 2010. Meaningful Use shall also include any modifications to the term issued by the Secretary or the ONC at any time during the term of the Contract.

Measurement Window: means the periodic evaluation and reporting frequency for each individual Service Level as specified in Appendix M (Service Level Matrix) (*e.g.*, monthly, quarterly, semi-annually, annually).

Metering Reports: Reports that provide information on system usage, availability and response time including the volume of transactions of a specified type in a defined time period.

Minimum Service Level: means the minimum level of performance set forth in Appendix M (Service Level Matrix) with respect to each CPI, KPI or GPI.

Nationwide Health Information Network (NHIN): An initiative for the exchange of healthcare information being developed under the auspices of the U.S. Office of the National Coordinator for Health Information Technology (ONC).

Personal Health Record: A record of a patient's health information that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.

PHIX: Pennsylvania Health Information Exchange - a secure, internet-based statewide network that will provide health care communications and data transfer based on federal and state standards for health information exchange among authorized health care professionals.

Protected Health Information: Individually identifiable health information that is maintained or transmitted in any form or medium. Protected health information excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA).

Provider: Please refer to the definition for "Health Care Providers".

Provider Directory: A central repository of provider profiles and demographic information that registers and uniquely identifies an individual that provides health care.

Provider Portal: A web-based application that offers data aggregation from multiple systems including secure messaging, query capability, and results delivery.

Qualified Electronic Health Records (QEHR): An electronic record of health information (EHI) and related data on an individual that includes patient demographic and clinical health information, such as medical history and problem lists; and has the capacity to meet all of the following:

1) provide clinical decision support;
2) support physician order entry;
3) capture and query information relevant to health care quality;
4) exchange electronic health information with, and integrate such with EHI information from other sources.

Ready for Use (RFU): Certification that the Contractor has completed all the necessary activities and tasks to build a fully functioning and working solution based upon the final deliverable requirements, and that the Contractor has validated the working solution against the final requirements through rigorous testing by the Contractor, and the Commonwealth, in the Commonwealth’s discretion, which assures the Commonwealth that the solution matches the plan.

Record Locator Service (RLS): An index containing patient information and the location of a patient’s medical records. Designed to take a query on a given patient and return only the location of matching records.

Regional Health Information Organization (RHIO): A health information organization that brings together healthcare stakeholders within a defined geographic area, and governs health information exchange among them for the purpose of improving health and care in that community.

SAS-70: Statement on Auditing Standards No. 70: Service Organizations is an auditing statement issued by the Auditing Standards Board of the American Institute of Certified Public Accountants (AICPA) that provides guidance to service auditors when assessing the internal controls of a service organization.

Service Levels: means the service levels and standards for the performance of the services set forth in Appendix L (Service Level Methodology).

Service Level Credit: means the financial credits incurred by the Contractor in favor of the Commonwealth for Service Level Defaults determined in accordance with the provisions of Appendix L (Service Level Methodology).

Service Level Default: means a failure of the Contractor to meet the applicable Service Level set forth in Appendix L (Service Level Methodology)

Service Level Termination Event: has the meaning provided in Appendix L (Service Level Methodology).

Stage 1 Meaningful Use: See Proposed Regulation published in the January 13, 2010 Federal Register starting at page 2013. (CMS-2009-0117-0002).

Super Protected Health Information: Categories or types of health information that are afforded special protection by federal or state law and require additional patient authorization before they are released to health care providers.

Target Service Level: means the expected level of performance set forth in Appendix M (Service Level Matrix) with respect to each CPI, KPI or GPI.

User: For purposes of this RFP, a user is defined as any individual or entity accessing data through the PHIX system. It may include Commonwealth staff, health care providers, and citizens, among others, and may be interchangeable with the term end-user.