

<h1>P3N Policy #1</h1> <h2>Terms and Definitions</h2>	
<h3>PA eHealth Partnership Program</h3>	
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## PURPOSE

This document establishes the official definitions of all terms contained in the P3N Certification Package. Note that all definitions referencing the Health Insurance Portability and Accountability Act (HIPAA) of 1996 refer to HIPAA as amended and as may be amended from time to time.

## TERMS AND DEFINITIONS

### A

**Access** shall have the meaning given under 45 C.F.R. § 164.304.

**Access Controls** means the process of granting or denying specific requests to: 1) obtain and use information and related information processing services; and 2) enter specific physical facilities (e.g., federal buildings, military establishments, border crossing entrances). (FIPS 201 as may be amended or re-published from time to time)

**Admission Discharge Transfer (ADT)** carry pertinent patient information that contribute to electronic clinical records. ADT systems can also be used as an alert system upon a patient's admission, discharge, or transfer.

**Advance Care Planning Documents Registry** means a registry and repository for Advance Directives, Pennsylvania Orders for Life Sustaining Treatment (POLST), and Do-Not-Resuscitate (DNR) Orders which will be discoverable and retrievable by querying the P3N.

**Affiliates** means a Party's divisions, joint ventures, and subsidiaries, existing now or in the future.

**Agreement** means the Department of Human Services' *PENNSYLVANIA EHEALTH PARTNERSHIP PROGRAM, UNIFORM PARTICIPANT AGREEMENT v.4* which includes all documents incorporated by reference, and all Appendices, and as may be amended from time to time.

**Applicable Law** means all applicable statutes and regulations of the state(s) or jurisdiction(s) in which a Certified Participant operates, as well as all applicable federal

statutes, regulations, standards and policy requirements.

**Audit Controls** means mechanisms employed to record and examine system activity.

**Audit Files** means records of information related to system activity that may be located in different locations of a network.

**Audit Trail** means a record showing who has accessed an Information Technology (IT) system and what operations the user has performed during a given period. An audit trail identifies who (login) did what (create, read, modify, delete, add, etc.) to what (data) when (date, time). An Audit Trail can facilitate an internal or external audit. Audit Trail data may consist of several Audit records.

**Auditing** means independent review and examination of records and activities to assess the adequacy of system controls, to ensure compliance with established policies and operational procedures, and to recommend necessary changes in controls, policies, or procedures.

**Authorized User** means an individual authorized by PA eHealth, a Certified Participant (CP) or their Member Organizations (MOs) to send, receive, and/or Access Protected Health Information (PHI) through the Pennsylvania Patient and Provider Network (P3N) and Public Health Gateway (PHG). Authorized Users are, for example, but not limited to, Health Care Providers and their workforce members (as defined by HIPAA).

## B

**Breach** shall have the meaning given under 45 C.F.R. § 164.402.

**Business Associate** shall have the meaning given under 45 C.F.R. §160.103.

**Business Continuity** refers to the activities required to maintain vital operations at an acceptable level of effectiveness and efficiency during a period of displacement or interruption of normal operations.

**Business Continuity Plan (BCP)** provides processes and procedures for continuing business operations under adverse conditions (e.g., storm, crime, emergency, disaster, etc.).

From an IT perspective, the BCP should cover at a minimum the following events:

- Equipment failure (such as disk crash)
- Disruption of power supply or telecommunications
- Application failure or corruption of database
- Human error, sabotage or strike
- Malicious software (e.g., viruses, worms, Trojan horses) attacks
- Hacking or other security attacks
- Social unrest or terrorist attacks
- Fire
- Natural disasters (e.g., flood, earthquake, hurricanes)

## C

**Care Plan** means a plan for coordinated health care for the purpose of meeting an individual's health care needs. It helps in organizing and communicating the actions of Health Care Providers to achieve better outcomes.

**Care Plan Registry** means a registry and repository for Care Plan documents which will be discoverable and retrievable by querying the P3N.

**Certificate Authorities** are entities that issue digital certificates certifying the ownership of a public key by the named subject of the certificate.

**Certification** means completion by a Health Information Organization (HIO) of the process for becoming a Certified Participant (CP) in the P3N. This process includes, but may not be limited to, acceptance and approval of the Application for Participation and all related documents, completion of P3N onboarding and interoperability testing, and full execution of the Participation Agreement.

**Certification Package** means the Application, PAR, Policies, Tech Requirements in the process of Certification which memorialize the CP's promises and obligations associated with the attributes of Certification.

**Certified Participant (CP)** means those HIOs that meet the requirements of the certification package and have been approved by PA eHealth to send and receive health information using the P3N.

**Certified Participant's System** means the hardware and software controlled by the CP through which the CP conducts its P3N-related and PHG-related activities pursuant to this Agreement.

**Covered Entity** shall have the meaning given under 45 C.F.R. § 160.103.

**Change Management** means the identification and implementation of changes to hardware, software, firmware, and documentation. Change Management workflows will minimize the change-related disruption to the organization.

**Change Management Roles** ensure clear ownership of the Change Management process. Change Management Roles are generic and describe Change Management responsibilities. The roles do not necessarily conform to the job titles in the organizational chart. In addition, one person might fill several roles while another role might require several people. Further, the people fulfilling the roles might be different during an Emergency.

**Chief Information Security Officer (CISO)** is the most senior person in the organization responsible for establishing and maintaining the enterprise vision, strategy and programs to ensure Information Assets and technologies are adequately protected.

**CP-MO Agreement** means the contract between the CP and MO.

## D

**Data** means all available information in an electronic format that allows it to be retrieved or transmitted.

**Data Aggregation** shall have the meaning given under 45 C.F.R. § 164.501.

**Data Provider** means any Certified Participant that contributes or sends Protected Health Information to the P3N so that Authorized Users may Access that information through the

P3N and PHG.

**Days** means, unless specifically indicated otherwise, calendar days.

**Designated Record Set** shall have the meaning given under 45 C.F.R. § 164.501.

**Disclose** and **Disclosure** shall have the meaning given under 45 C.F.R. § 160.103.

**Documentation** means all materials required to support and convey information about the Services required by the Agreement. It includes, but is not necessarily restricted to, written reports and analyses, diagrams, maps, logical and physical designs, system designs, computer programs, flow charts, disks, and/or other machine-readable storage media.

**Data Use and Reciprocal Support Agreement or DURSA** shall mean the first restatement of the multiparty legal agreement that established a trust framework between the participants of the nationwide eHealth Exchange that was updated on September 30, 2014. PA eHealth anticipates becoming or has become a participant of the eHealth Exchange.

## E

**Effective Date** means, with respect to this Agreement, the date of the final Commonwealth of Pennsylvania signature, except as defined otherwise in the Agreement.

**eHealth Exchange** shall mean the nationwide health information network that allows participants to exchange data using an agreed upon set of national standards, services and policies developed by the Sequoia Project in coordination with the Office of National Coordinator within the U.S. Department of Health and Human Services and now managed by the eHealth Exchange Coordinating Committee.

**Electronic Media** shall have the meaning given under 45 C.F.R. § 160.103.

**Electronic PHI** shall have the meaning given under 45 C.F.R. § 160.103.

**External Audit** means review of the records of system activity performed by an entity not owned by or affiliated with the same entity using the system being reviewed.

## F

**Fee-for-Service Medicaid Care Coordinators (MCCs)** are also known as Medicaid Care Managers. MCCs are health care professionals that provide medical case management and care coordination for physical health. They develop care plans considering functional ability or lack thereof, medications, surgeries, etc. MCCs work closely with the primary care provider, specialists, and other providers to support the treatment plan and achievement of goals developed for and by the recipient or caregiver. They also work with individuals themselves to ensure they get the services they need. MCCs may authorize care if it meets certain criteria, for instance if the individual needs a prosthetic, home health care or durable medical equipment.

## H

**Health Care Operations** shall have the meaning given under 45 C.F.R. § 164.501.

**Health Care Provider** means, as defined by state law in 62 P.S. § 1401-C, a person licensed by the Commonwealth to provide health care or professional clinical services. This term includes:

1. A health care practitioner, as defined in Section 103 the Health Care Facilities Act, 35 P.S. § 448.103.
2. A Health Care Provider, as defined in Section 103 of the Health Care Facilities Act, 35 P.S. § 448.103.
3. A public health authority.
4. A pharmacy.
5. A laboratory.
6. A person that provides items or services described in Section 1861(s) of the Social Security Act (49 Stat. 620, 42 U.S.C. 1395x (s)).
7. A provider of services, as defined in Section 1861(u) of the Social Security Act (49 Stat. 620, 42 U.S.C. 1395x(u)).

**Health Information Exchange (HIE)** means an interoperable system that electronically moves and exchanges PHI between CPs or HIOs in a manner that provides for secure exchange of PHI to provide care to patients.

**Health Information Organization (HIO)** means an information technology infrastructure with an interoperable system that is established by a health care provider or payer or that connects participating health care providers or payers to ensure the secure digital exchange of health information among participants engaged in the care of the patient.

**HIE Trust Community Committee (HIETCC)** means the collection of CPs subscribing to the P3N Services. See P3N Policy 9 HIETCC Participation Policy for details.

**HIPAA Rules** means the Standards for Privacy of Individually Identifiable Health Information and the Security Standards for the Protection of Electronic Protected Health Information [45 C.F.R. Parts 160 and 164] promulgated by the U.S. Department of Health and Human Services under the HIPAA, as in effect on the Effective Date of the Agreement and as may be amended from time to time.

## I

**Individually Identifiable Health Information** shall have the meaning given under 45 C.F.R. § 160.103.

**Internal Audit** means in-house review of the records of system activity.

## L

**Labor & Industry Bureau of Disability Determination** is a state agency that assists the Social Security Administration (SSA) in determining whether disabled Pennsylvania citizens are eligible for federal disability benefits. Case Managers process case reviews for the Social Security Disability Insurance (SSDI) and the Supplemental Security Income Program (SSI). The Federal government funds SSA from general tax revenues. Title XVI of the Social Security Act authorizes SSI.

## M

**Medicaid Managed Care Organization (MCO)** means an entity which manages the

purchase and provision of physical or behavioral health services for eligible Medical Assistance recipients.

**Member Organization (MO)** means individuals and entities (including, but not limited to, Health Care Providers, physician practices, health care facilities, laboratories, payers, etc.) that enroll in and connect to a CP to send and/or receive health information.

## N

**Need-to-Know** means the basic standard or threshold of justification required of an Authorized User in order to view Protected Health Information through the P3N. In order to safeguard patient privacy, Authorized Users shall receive access only to the minimum functions and privileges required for performing their jobs.

## O

**Office of Developmental Programs (ODP)** is a bureau within the PA Department of Human Services whose mission is to provide individuals with intellectual disabilities, autism, and their families the services and support they need and the opportunity to make real choices about living, working and options for social activities to enable them to live in and participate fully in the life of their communities. They are also responsible for provider qualification verification at least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

## P

**PA eHealth Partnership Program (PA eHealth)** means the PA eHealth Partnership Program in the Pennsylvania Department of Human Services.

**PA eHealth Software** means Software owned or licensed by PA eHealth and utilized for the provision of Services.

**PA Patient & Provider Network (P3N)** means a network of networks, connected by a thin layer of services, governed by PA eHealth, defined as a suite of registries and indexing and security services which help to create a pathway between CPs.

**Parties** means PA eHealth and every CP that is the signatory to the Agreement.

**Payment** shall have the meaning given under 45 C.F.R. § 164.501.

**Permitted Purposes** means reasons for which Authorized Users may Access PHI through the P3N, as defined in the P3N PAR, Section 12.C. Permitted Use of Protected Health Information and Section 12.D. Limitations on the Collection, Use and Disclosure of PHI of the Agreement.

**Protected Health Information (PHI)** shall have the meaning given under 45 C.F.R. § 160.103.

**Provisionally Certified Participant** means an HIO that has applied to be a Certified Participant and has been permitted to begin the onboarding process.

**Public Health Gateway (PHG)** enables a secure, single connection point fully integrated

with the P3N for public health reporting, which includes reporting to Public Health Registries.

## Q

**Query** means a system search for clinical information (PHI) about a patient by an Authorized User conducted through the P3N and PHG on a Need-to-Know basis.

## R

**Required by Law** shall have the meaning given under 45 C.F.R. § 164.103.

## S

**Security Incident** shall have the meaning given under 45 C.F.R. § 164.304.

**Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. 164.

**Services** means all activity to be provided by PA eHealth as defined in and as necessary to satisfy this Agreement.

**Software** means a collection of one or more programs, databases or microprograms fixed in any tangible medium of expression that comprises a sequence of instructions (source code) to carry out a process in, or convertible into, a form executable by an electronic computer (object code).

**State Agency** means any Commonwealth of Pennsylvania agency under the jurisdiction of the Governor or that is designated by law as Commonwealth of Pennsylvania independent agency.

**Super Protected Data (SPD)** means PHI that for the purposes of Pennsylvania and federal law requires additional consent for disclosure, e.g. HIV/AIDs, Drug/Alcohol treatment, Mental Health treatment information.

## T

**Third Party** means, as to a CP, a person or entity which is not an Authorized User.

**Treatment** shall have the meaning given under 45 C.F.R. § 164.501.

## U

**Underlying Agreement** means the Services agreement executed by Covered Entity and Business Associate, if any.

**Use** shall have the meaning given under 45 C.F.R. § 160.103.

**User Authentication** means the process of validating the professional credentials and identity of an Authorized User in order to gain authorized Access to the P3N and CP's HIE systems/applications.

**User Authorization** means the process of determining whether a particular Authorized User within a CP has the right to Access PHI through the P3N, and is subject to role-based Access requirements that take into account an individual's specific job function.

**User Roles** means rules defined by PA eHealth and CPs and assigned to Authorized Users, determining an individuals' level of Access to PHI through the P3N.