

WVHIN GLOSSARY

Accountable Care Organization or "ACO" -- means an Accountable Care Organization participating in the Medicare Shared Savings Program under Section 3022 of the Patient Care Protection and Affordable Care Act, or any successor statute. An Accountable Care Organization is a group of doctors, hospitals, and other Health Care Providers, who come together voluntarily to give coordinated care to their Medicare Patients. The goal of coordinated care is to ensure that Patients, especially the chronically ill, get the right treatment at the right time, to control costs, and to enhance quality.

Authentication Information -- means the method of authentication assigned to each Authorized User of the WVHIN by his or her Participating Organization in accordance with minimum WVHIN requirements. Authentication Information may be based upon information known only by and unique to an Authorized User, such as a password and username. The WVHIN may impose a multi-factor authentication process that is based upon something unique to the Authorized User, such as a code sent via text message or email.

Authorized User -- means a member of the Workforce of a Participating Organization who has been designated by that Participating Organization and approved by the WVHIN to access the WVHIN's Health Information Exchange pursuant to the concept of role-based access control. An Authorized User may also be a member of the WVHIN's Workforce or a member of the Workforce of a Business Associate of the WVHIN.

Business Associate -- means a person or entity that performs a function, activity, or service to a Health Care Provider, Health Plan, Health Care Clearinghouse, or another Business Associate involving the disclosure of Protected Health Information or Personal Demographic Information to the Business Associate. The WVHIN is a Business Associate to each of its Participating Organizations. Subcontractors and vendors to the WVHIN may be Business Associates of the WVHIN. A Care Management Organization is a Business Associate of a Health Care Provider. The term "Business Associate" has the same meaning as the term is defined in 45 C.F.R. Part 160, as may be amended.

Business Associate Agreement -- means a contract between a Covered Entity under HIPAA and a Business Associate, or between a pair of Business Associates, which obligates the Business Associate to maintain the privacy and security of Protected Health Information in accordance with the requirements of 45 C.F.R. Part 164, as may be amended.

Breach -- means the acquisition, access, use, or disclosure of a Patient's Unsecured Protected Health Information by an unauthorized person or entity in a manner not permitted under the HIPAA privacy rules, and in a manner that otherwise satisfies all other requirements imposed by the rules governing Breach notification for Unsecured Protected Health Information in 45 C.F.R. Part 164, as may be amended.

Care Management Organization -- means an organization determined by the WVHIN to provide Care Management Services for the primary purpose of supporting Health Care Providers involved in Treatment and Limited Health Care Operations. A Care Management Organization must function as a Business Associate of such Health Care Providers, and may include Accountable Care Organizations and Clinically Integrated Networks.

Care Management Services -- means the coordination of care, care management, and/or population health management designed to support the Treatment of Patients by Participants in a high-quality, cost-effective manner, including through the use of Patient information on a historic or real-time basis. The term “Care Management Services” shall be consistent with and not extend beyond the scope of the terms “Treatment” and “Limited Health Care Operations” as defined herein.

Central Data Services -- means a repository and database(s) that are provided and maintained by CRISP and associated with each Participant’s system, which will hold a copy of all data, including Protected Health Information of each Participant which is available through the Health Information Exchange. The Central Data Services shall contain metadata which will allow each Participant to have control over its own data in the Central Data Services and effectively retain custody and control of its own data maintained in the Central Data Services as specified in Section 2(a)(i) of the Terms and Conditions (Attachment A/HC).

Clinically Integrated Network – means a group of doctors, hospitals, and other Health Care Providers who come together voluntarily to give coordinated care to their Patients. The goal of a Clinically Integrated Network is to evaluate and modify practice patterns by Participants, and to create a high degree of interdependence and cooperation among Participants to control costs and enhance quality.

Clinical Messaging -- means the exchange of Protected Health Information from one Participating Organization to another through the WVHIN in the form of test results or other clinical information. Test results can be generated by clinical laboratories, imaging providers, and other like providers. Other clinical information may consist of discharge summaries, consultation reports, and Patient referral data. For purposes of the WVHIN’s Health Information Exchange, Clinical Messaging is a point-to-point transaction.

Consent -- means the decision of a Patient to participate in the WVHIN’s Health Information Exchange. No affirmative action is required from a Patient to establish his or her Consent. A Patient shall be deemed to have given his or her Consent to participate until and unless the Patient affirmatively Opts-Out of the Health Information Exchange.

Covered Entity -- means a Health Care Provider, a practitioner licensed under the provisions of Chapter 30 of the West Virginia Code or some equivalent law of another state, a Health Care Clearinghouse, or a Health Plan that transmits any Protected Health Information in electronic form. The term “Covered Entity” has the same meaning as the term is defined in 45 C.F.R. Part 160, as may be amended.

Data Supplier -- means any organization approved by the WVHIN that has entered into a Data Supplier Agreement and who discloses and otherwise makes available Protected Health Information for access through the Health Information Exchange for a Permissible Purpose.

Deidentify or Deidentification -- means the process of rendering Protected Health Information into a form that does not identify a Patient, and there is no reasonable basis to believe that the information can be used to identify a Patient. In order to Deidentify Protected Health Information properly, the requirements of 45 C.F.R. Part 164, as may be amended, shall be fully satisfied.

Designated Record Set -- means any grouping of medical or billing records maintained by a Covered Entity and used to make Treatment or Payment decisions about a Patient. A Designated Record Set shall have the same meaning as such term is defined in 45 C.F.R. Part 164, Subpart E, as may be amended.

Electronic Health Information or EHI -- means ePHI to the extent that it would be included in a Designated Record Set, regardless of whether the group of records are used or maintained by or for a Covered Entity, excluding Psychotherapy Notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. The term "Electronic Health Information or EHI" has the same meaning as the term is defined in the 21st Century Cures Act and its implementing regulations at 45 C.F.R. Part 171, as may be amended.

Emergency Treatment -- means a condition which poses an immediate threat to the health of a Patient (for example, death or serious impairment to one or more bodily systems, organs, or parts), and which requires immediate medical intervention.

Encryption -- means a technology or methodology approved by the United States Secretary of Health and Human Services that can render Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals or entities.

Health Care Clearinghouse -- means any entity, including a billing service, repricing company, or other similar organization that processes health information in a nonstandard format into standard data elements or a standard transaction, or vice versa. The term "Health Care Clearinghouse" has the same meaning as the term is defined in 45 C.F.R. Part 160, as may be amended.

Health Care Provider -- means a provider of medical or health services, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. The term "Health Care Provider" has the same meaning as the term is defined in 45 C.F.R. Part 160, as may be amended.

Health Plan -- means an individual or group plan that provides, or pays the cost of medical or health services. The term "Health Plan" has the same meaning as the term

is defined in 45 C.F.R. Part 160, as may be amended.

Health Care Operations -- means any of those activities identified in the definition of Health Care Operations set forth in the federal regulations at 45 C.F.R. §164.501 as may be amended.

Health Information Exchange or HIE -- means a system for the electronic transfer of Protected Health Information between Participating Organizations for a permissible purpose based upon the requirements of federal and state law. A Health Information Exchange shall seek to achieve interoperability between and among its Participating Organizations.

HIPAA -- means the Health Insurance Portability and Accountability Act of 1996, as may be amended, and its implementing rules promulgated in Title 42 C.F.R., Part II, and 45 C.F.R. Parts 160, 162, and 164, as may be amended.

HIPAA Privacy Rules -- means those privacy rules described in 45 C.F.R. Part 164, Subpart E, as modified and enlarged by the Health Information Technology for Economic and Clinical Health (HITECH) Act and any other subsequent amendments to the Rules.

HIPAA Security Rules -- means those security rules described in 45 C.F.R. Part 164, Subpart C, as modified and enlarged by the HITECH Act and any other subsequent amendments to the Rules.

HITECH Act -- means the Health Information Technology for Economic and Clinical Health Act of 2009, as may be amended, and its implementing rules promulgated at 45 C.F.R. Parts 160, 162, and 164, as may be amended.

Information Blocking – means, except as required by law or covered by an applicable exception under the law, the practice that an actor (including the WVHIN) knows or should know is likely to interfere with, prevent, or materially discourage access, exchange, or use of ePHI or EHI. The term “Information Blocking” has the same meaning as the term is defined in the 21st Century Cures Act and its implementing regulations at 45 C.F.R. Part 171, as may be amended. Until May 2, 2022, EHI for purposes of Information Blocking is limited to EHI identified by the data elements represented in the United States Core Data for Interoperability (“USCDI”) standard adopted by 45 C.F.R. § 170.213.

Licensed Practitioner -- means an individual licensed to provide health care items or services by a West Virginia board identified in Chapter 30 of the West Virginia Code, as may be amended, or by an equivalent board of another state.

Limited Health Care Operations -- means any of those activities identified in paragraphs (1) and (2) of the definition of Health Care Operations set forth in the federal regulations at 45 C.F.R. §164.501, as may be amended, including but not limited to,

quality assessment and improvement activities, case management and care coordination, and reviewing the competence of Licensed Practitioners.

Master Patient Index -- means the index wherein Personal Demographic Information of Patients is securely maintained by the WVHIN. The Master Patient Index shall be used to match Patients with any inquiries seeking the exchange of PHI for a permissible purpose, and to prevent transmission of such information for patients who have chosen to Opt-Out of the Health Information Exchange . The WVHIN shall maintain Personal Demographic Information regarding all potential Patients in this Master Patient Index, even if the decision is made to Opt-Out, in order to minimize the possibility of improperly matching Patients.

Mental Health Information -- means any information obtained in the course of Treatment or evaluation of any Patient suffering from a mental or behavioral disorder, including but not limited to, diagnosis and Treatment information, and any information that would specifically identify a Patient as receiving mental health services. The term “Mental Health Information” has the same meaning as the term “confidential information” is defined in West Virginia Code Chapter 27, Article 3, as may be amended.

Minimum Necessary -- means that when requesting, using, or disclosing Protected Health Information for a permissible purpose other than Treatment or Emergency Treatment, a Covered Entity or a Business Associate shall limit Protected Health Information to the minimum amount needed to accomplish the intended purpose of the request, use, or disclosure. The term “Minimum Necessary” has the same meaning as the term is defined in 45 C.F.R. Part 164, Subpart E, as may be amended.

Notification -- means a service involving the transmission of Protected Health Information about a Patient encounter that has occurred with a Participant, and that such Protected Health Information is automatically sent to another Participant who maintains a Treatment or Payment relationship with the Patient and who has requested that the Health Information Exchange provide the information without a Query. A Notification “pushes” the Protected Health Information from the Health Information Exchange to the Participant.

Out-Of-Pocket Goods and Services -- means any goods and services for which the Participating Organization has been paid out-of-pocket in full by the Patient, and the Patient has requested the Participating Organization to restrict the disclosure of said goods and services to an insurance company, Group Health Plan, or other third party payor for Payment or Health Care Operations. The term “Out-Of-Pocket Goods and Services” has the same meaning as such term is defined in the HITECH Act, as may be amended.

Opt-Out -- means a process under which any Patient who does not want to Consent to the use and disclosure of his/her Protected Health Information with other Participating Organizations pursuant to the WVHIN’s Health Information Exchange may affirmatively express his/her decision not to participate.

Participant or Participating Organization -- means any Health Care Provider, Licensed Practitioner, public health agency, Health Care Clearinghouse, Health Plan, Care Management Organization, or other organization approved by the WVHIN that establishes a contractual relationship with the WVHIN in accordance with a Participation Agreement. A Participant or Participating Organization must be a Covered Entity under HIPAA, a public health agency, an entity engaging in Payment activities that agrees to comply with the HIPAA Security Rule, or a Business Associate of a Covered Entity. Multiple covered entities operating as a single organized health care arrangement under 45 C.F.R. Part 160, as may be amended, may constitute a single Participant upon approval of the WVHIN.

Patient -- means the individual whose Personal Demographic Information or Protected Health Information is subject to electronic storage and transfer by the Health Information Exchange. The term "Patient" includes a personal representative who has the authority to consent or authorize the disclosure of a Patient's Protected Health Information pursuant to 45 C.F.R. § 164.502(g) and any other applicable state or federal law.

Patient Notice -- means a written notice prepared and approved by the WVHIN and supplied to its Participating Organizations for distribution to Patients. The Patient Notice shall be designed to inform and educate Patients about the function of the WVHIN's Health Information Exchange, the potential benefits of participation by the Patient, and that a Patient's participation in the WVHIN is voluntary and subject to a Patient's right to Opt-Out. The Patient Notice may be provided to a Patient as a separate document, or alternatively, language substantially consistent with the Patient Notice may be included in the Participant's Notice of Privacy Practices (NPP), so long as the NPP is distributed in accordance with HIPAA and Patients are made aware of significant changes to their rights and obligations with respect to the WVHIN in a manner designed to effectively communicate such changes. The Participant may provide the Patient with an electronic version of the Patient Notice or NPP if the Patient has specifically agreed to electronic notice as permitted by the HIPAA Privacy Rules; provided, that the Patient retains the right to obtain a paper copy of the Patient Notice or NPP from the Participant upon request.

Patient Restricted Information -- means any Protected Health Information that is subject to a use or disclosure restriction impacting a Permissible Purpose, and that has been specifically requested by a Patient and agreed to by a Participating Organization or Data Supplier pursuant to 45 C.F.R. Part 164. It could also include a Patient's request for restriction to a use or disclosure of Protected Health Information permissible under state law.

Payment -- means any activity undertaken to obtain or provide reimbursement for the provision of health care items or services to a Patient. Payment also includes activities arising out of billing and collection, obtaining premiums for Health Plan coverage, determining eligibility for coverage, coordinating benefits with other Health Plans, performing Health Plan risk adjustment, reviewing medical necessity, providing

precertification or preauthorization of services, and other similar transactions. The term “Payment” has the same meaning as such term is defined in 45 C.F.R. Part 164, as may be amended.

Permissible Purpose -- means, for a Health Care Provider, the access and use, or disclosure of PHI for Treatment, Emergency Treatment, Payment, Limited Health Care Operations, Public Health Reporting purposes. For a Health Plan, it means the access and use of PHI for Payment and Limited Health Care Operations purposes. For a Care Management Organization, it means the access and use of PHI for the Permissible Purpose directed by a Health Care Provider for whom the Care Management Organization serves as a Business Associate.

Personal Demographic Information -- means information which may be used to individually identify a Patient, but which excludes any and all clinical or health-related information. Personal demographic information may include, but not be limited to, the Patient's name, address, Social Security number, date of birth, telephone number, and driver's license number.

Point of Contact -- means a member of the Workforce of a Participating Organization who may grant and terminate Authorized User status, and who may perform other administrative functions within or on behalf of his or her Participating Organization. A Participating Organization may designate more than one Point of Contact.

Protected Health Information or PHI -- means any information that relates to the past, present, or future physical or mental health or condition of a Patient, the provision of health care items or services to the Patient, and the past, present, or future Payment for the provision of health care items or services to a Patient. Protected Health Information also must personally identify a Patient or provide a reasonable basis to believe that the information can be used to identify a Patient. The term “Protected Health Information” shall include electronic Protected Health Information (“ePHI”) and each shall have the meaning as defined in 45 C.F.R. Part 160, as may be amended.

Public Health Reporting -- means the exchange of Protected Health Information through the WVHIN to a federal or state agency for the reporting and surveillance of specified health conditions as required or authorized by law, and for the reporting of immunization data. Such reporting shall contain the minimum amount of Protected Health Information or Personal Demographic Information as is required or authorized for the reporting purpose.

Public Health Use Case – means the non-mandatory disclosure of PHI for a public health activity otherwise authorized by law pursuant to 45 C.F.R. §164.512(b), as may be amended.

Psychotherapy Notes -- means notes recorded by a mental Health Care Provider documenting or analyzing the contents of a conversation by a Patient during a private, group, or family counseling session, and that are separated from the rest of the Patient's

medical record. Psychotherapy notes shall have the same meaning as such term is defined in 45 C.F.R. Part 164, as may be amended.

Qualified Service Organization – means an entity, such as the WVHIN, which provides services to a Health Care Provider that operates a program subject to 42.C.F.R. Part 2, as may be amended, and which has entered into a written agreement with said program that satisfies the requirements of 42 C.F.R. §2.11, as may be amended.

Query -- means a request directed by a Participating Organization to the WVHIN for the disclosure of a Patient’s Protected Health Information for a permissible purpose. Query involves the potential exchange of PHI between multiple Participating Organizations, and is the action used to access the WVHIN’s Query-Retrieve service.

Query-Retrieve -- means a service involving the transmission of Protected Health Information about a Patient in response to a Query submitted by a Participating Organization for a Permissible Purpose. A Query “pulls” the Protected Health Information from the Health Information Exchange to the Participant.

Sensitive Health Information -- means the subset of Protected Health Information involving Drug or Alcohol Abuse Information, Psychotherapy Notes, Out-Of-Pocket Goods and Services, Patient Restricted Information, or any other goods and services subject to heightened privacy and confidentiality requirements under federal and state laws or regulations and specifically approved by the WVHIN.

Substance Use Disorder Information -- means information related to the Treatment and care of a Patient suffering from a cluster of cognitive, behavioral, and physiological symptoms of substance use despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal as defined in 42 C.F.R. Part 2, as may be amended. Substance Use Disorder Information also includes any information that would specifically identify a Patient as receiving Substance Use Disorder Treatment and care. Substance Use Disorder Information, for purposes of this rule, shall arise only in connection with care and Treatment provided in a federally assisted program as defined in 42 C.F.R. Part 2, as may be amended.

Substance Use Monitoring Program -- means a service involving the transmission of Protected Health Information about a Patient’s prescriptions for controlled substances derived from the Controlled Substance Monitoring Program for schedule II, III, and IV drugs established by the West Virginia Board of Pharmacy pursuant to Chapter 60A, Article 9 of the West Virginia Code.

Treatment -- means the provision of health care items or services to a Patient, including direct Patient care as well as consultation, coordination, management, or Patient referral between or from one Participating Organization to another. The term “Treatment” shall have the same meaning as the term is defined in 45 C.F.R. Part 164, as may be amended. Unless stated otherwise, Treatment shall be limited to the provision

of health care items or services to the Patient who is the subject of the information (except in the case of mother/infant).

Unsecured Protected Health Information or Unsecured PHI -- means Protected Health Information that has not been rendered unusable, unreadable, or indecipherable by unauthorized individuals or entities through the use of Encryption or other federally-approved technology. The term “Unsecured Protected Health Information” has the same meaning as such term is defined in 45 C.F.R. Part 164, as may be amended.

WV e-Directive Registry -- means a database through the WV Center for End-of-Life Care by which WVHIN Participating Organizations or Covered Entities may access and use Patient advance care planning forms including advance directives (medical power of attorney, living will, etc.) and medical orders (POST forms and do-not-resuscitate cards).

WVDirect -- means a service that offers a secure messaging platform to transmit Protected Health Information and other data to other Direct subscribers. The WVDirect secure messaging platform is offered as a separate and distinct service from the Health Information Exchange.

West Virginia Health Information Network or WVHIN -- means the private West Virginia nonprofit corporation which has as one of its purposes to develop an interoperable Health Information Exchange in West Virginia. The WVHIN also offers services that are separate and distinct from the Health Information Exchange, including WVDirect. The WVHIN is the entity created to carry on these activities pursuant to the mandate of West Virginia House Bill 2459 for those periods on and after January 1, 2018.

Workforce -- means employees, contractors, volunteers, trainees, or other persons whose conduct, in the performance of work for a Participating Organization, is under the direct control of such Participating Organization, whether or not they are paid by the Participating Organization. The term “Workforce” has the same meaning as the term is defined in 45 C.F.R. Part 160, as may be amended.