



*Protecting, maintaining and improving the health of all Minnesotans*

## HEALTH INFORMATION EXCHANGE SERVICE PROVIDER APPLICATION GLOSSARY OF KEY TERMS

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The following definitions apply to the Application for Certificate of Authority to Operate as a Health Information Exchange Service Provider.

- **"Clinical Meaningful Use transaction"** means an electronic transaction that a health care provider must execute to exchange clinical data (e.g., prescriptions, immunizations, laboratory results) for care delivery purposes. These transactions are a sub-set of Stage 1 meaningful use transactions referred to in electronic health record incentive program for Medicare and Medicaid [RIN 0938–AP78; 42 CFR Parts 412, 413, 422, and 495] and required to use the standards recommended for electronic health record technology [RIN 0991–AB58; 45 CFR Part 170] and are required to receive Medicare or Medicaid incentives or avoid Medicare penalties pursuant to sections 4101, 4102, and 4201 of the HITECH Act.
- **"Commissioner"** means the commissioner of health. [Minn. Stat. §62J.498 sub. 1(b)].
- **"Direct health information exchange"** means the electronic transmission of health-related information through a direct connection between the electronic health record systems of health care providers without the use of a health data intermediary. [Minn. Stat. §62J.498 sub.1(c)].
- **"Domain(s)"** means the five areas identified by the federal Department of Health and Human Services\* as critical areas to be addressed and monitored to ensure continuous improvement and expansion of health information exchange capabilities. The five domains include the following:
  - **Governance** – This domain addresses the functions of convening health care stakeholders to create trust and consensus on an approach for statewide HIE and to provide oversight and accountability of HIE to protect the public interest. One of the primary purposes of a governance entity is to develop and maintain a multi-stakeholder process to ensure HIE among providers is in compliance with applicable policies and laws.
  - **Finance** - This domain encompasses the identification and management of financial resources necessary to fund health information exchange. This domain includes public and private financing for building HIE capacity and sustainability.

This also includes but is not limited to pricing strategies, market research, public and private financing strategies, financial reporting, business planning, audits, and controls.

- **Technical Infrastructure** – This domain includes the architecture, hardware, software, applications, network configurations and other technological aspects that physically enable the technical services for HIE in a secure and appropriate manner.
- **Business and Technical Operations** – The activities in this domain include but are not limited to procurement, identifying requirements, process design, functionality development, project management, help desk, systems maintenance, change control, program evaluation, and reporting. Some of these activities and processes are the responsibility of the entity or entities that are implementing the technical services needed for health information exchange; there may be different models for distributing operational responsibilities.
- **Legal/Policy** – The mechanisms and structures in this domain address legal and policy barriers and enablers related to the electronic use and exchange of health information. These mechanisms and structures include but are not limited to: policy frameworks, privacy and security requirements for system development and use, data sharing agreements, laws, regulations, and multi-state policy harmonization activities. The primary purpose of the legal/policy domain is to create a common set of rules to enable inter-organizational and eventually interstate health information exchange while protecting consumer interests.

\*[American Recovery and Reinvestment Act of 2009, Title XIII-Health Information Technology, Subtitle B-Incentives for the Use of Health Information Technology, Section 3010, State Grants to Promote Health Information Technology: State Health Information Exchange Cooperative Agreement Program Funding Opportunity Announcement  
<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1336&mode=2&cached=true>

- **"EHNAC"** means the Electronic Healthcare Network Accreditation Commission, a federally-recognized standards development organization whose mission is to promote standards-based accreditation within the healthcare data exchange and whose accreditation programs have set benchmarks for assuring security, confidentiality, accountability, and efficiency. The Health Information Exchange Accreditation Program ("HIEAP") is one of the various accreditation programs offered by EHNAC.
- **"EHNAC mandatory elements"** means the criteria used by EHNAC as part of its Health Information Exchange Accreditation Program ("HIEAP") to assess the health information exchange organization's electronic exchange of transactions and messages to ensure

standards are met across five main categories: privacy and confidentiality; technical performance; business practices; physical, human and administrative resources; and information security.

- **"Health care provider"** or **"provider"** means a person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program under chapter 256B. For purposes of this definition, "for a fee" includes traditional fee-for-service arrangements, capitation arrangements, and any other arrangement in which a provider receives compensation for providing health care services or has the authority to directly bill a group purchaser, health carrier, or individual for providing health care services. For purposes of this definition, "eligible for reimbursement under the medical assistance program" means that the provider's services would be reimbursed by the medical assistance program if the services were provided to medical assistance enrollees and the provider sought reimbursement, or that the services would be eligible for reimbursement under medical assistance except that those services are characterized as experimental, cosmetic, or voluntary. [Minn. Stat. §62J.03, sub. 8].
- **"Health data intermediary"** or **"HDI"** means an entity that provides the infrastructure to connect computer systems or other electronic devices used by health care providers, laboratories, pharmacies, health plans, third-party administrators, or pharmacy benefit managers to facilitate the secure transmission of health information, including pharmaceutical electronic data intermediaries as defined in Minn. Stat. §62J.495. **This does not include health care providers engaged in direct health information exchange.** [Minn. Stat. §62J.498 sub. 1(e)].
- **"Health information exchange"** or **"HIE"** means the electronic transmission of health-related information between organizations according to nationally recognized standards. [Minn. Stat. §62J.498 sub. 1(f)].
- **"Health information exchange service provider"** or **"HIE-SP"** means a health data intermediary or health information organization that has been issued a certificate of authority by the Commissioner under Minn. Stat. §62J.4981. [Minn. Stat. §62J.498 sub. 1(g)].
- **"Health information organization"** or **"HIO"** means an organization that oversees, governs, and facilitates the exchange of health-related information among organizations according to nationally recognized standards. [Minn. Stat. §62J.498 sub. 1(h)].
- **"HITECH Act"** means the Health Information Technology for Economic and Clinical Health Act in division A, title XIII and division B, title IV of the American Recovery and Reinvestment Act of 2009, including federal regulations adopted under that act. [Minn. Stat. §62J.495 sub. 1a(d)].

- **"Major Participating Entity"** means:
  - a Participating Entity that receives compensation for services that is greater than 30 percent of the health information organization's gross annual revenues from the health information exchange service provider;
  - a Participating Entity providing administrative, financial, or management services to the health information organization, if the total payment for all services provided by the Participating Entity exceeds three percent of the gross revenue of the health information organization; and
  - a Participating Entity that nominates or appoints 30 percent or more of the board of directors of the health information organization. [Minn. Stat. §62J.498 sub.1(j)].
  
- **"Meaningful Use"** means use of certified electronic health record technology that includes e-prescribing, and is connected in a manner that provides for the electronic exchange of health information and used for the submission of clinical quality measures as established by the Center for Medicare and Medicaid Services and the Minnesota Department of Human Services pursuant to sections 4101, 4102, and 4201 of the HITECH Act including subsequent regulations, rules and guidance issued pursuant to the HITECH Act. [Minn. Stat. §62J.498 sub. 1(k)].
  
- **"Meaningful Use transaction"** means an electronic transaction that a health care provider must exchange to receive Medicare or Medicaid incentives or avoid Medicare penalties pursuant to sections 4101, 4102, and 4201 of the HITECH Act. [Minn. Stat. §62J.498 sub. 1(l)]. For details on Meaningful Use and related standards, please refer to final rules in links below:
  - Medicare and Medicaid Programs - Electronic health record incentive program: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
  - Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology: <http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf>
  
- **"Minnesota State Register"** means the official publication of the State of Minnesota's Executive Branch of government, published weekly to fulfill the legislative mandate set forth in Minn. Stat. ch. 14 and Minn. Rules 1400, including official notices of state agencies. <http://www.comm.media.state.mn.us/bookstore/mnbookstore.asp?page=register>
  
- **"Nationwide Health Information Network"** or **"NHIN"** refers to a set of standards, services and policies that enable secure health information exchange over the Internet. The NHIN will provide a foundation for the exchange of health information across diverse entities, within communities and across the country, helping to achieve the goals of the HITECH Act. The NHIN will continue evolving to meet the emerging needs for exchanging electronic health information and will be driven by emerging technology, users, uses and policies.

- **"NHIN exchange"** means the group of federal agencies, local, regional and state-level health information organizations and integrated delivery networks that are using NHIN set of standards, services and policies to enable secure health information exchange over the Internet.
- **"Participating Entity"** means any of the following persons, health care providers, companies, or other organizations with which a health information organization or health data intermediary has contracts or other agreements for the provision of health information exchange service providers:
  - a health care facility licensed under Minn. Stat. §§144.50 to 144.56, a nursing home licensed under Minn. Stat. §§144A.02 to 144A.10, and any other health care facility otherwise licensed under the laws of Minnesota or registered with the commissioner;
  - a health care provider, and any other health care professional otherwise licensed under the laws of Minnesota or registered with the commissioner;
  - a group, professional corporation, or other organization that provides the services of individuals or entities identified in clause (b), including but not limited to a medical clinic, a medical group, a home health care agency, an urgent care center, and an emergent care center;
  - a health plan as defined in Minn. Stat. §§62A.011, sub. 3; and
  - a state agency as defined in Minn. Stat. §13.02, sub. 17. [Minn. Stat. §62J.498 sub. 1(m)].
- **"Pharmaceutical electronic data intermediary"** means any entity that provides the infrastructure to connect computer systems or other electronic devices utilized by prescribing practitioners with those used by pharmacies, health plans, third-party administrators, and pharmacy benefit managers in order to facilitate the secure transmission of electronic prescriptions, refill authorization requests, communications, and other prescription-related information between such entities. [(Minn. Stat. §62J.495 sub. 1a(c)].
- **"Protected health Information" or "PHI"** means the definition contained in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. 160.103.
- **"Reciprocal agreement"** means an arrangement in which two or more health information exchange service providers agree to share in-kind services and resources to allow for the pass-through of Meaningful Use transactions.
- **"Record Locator Service" or "RLS"** means an electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers. [Minn. Stat. §144.291 sub.2(i)].



- **"Stage 1 Meaningful Use"** refers to initial Meaningful Use criteria in the phased approach to meaningful use of certified electronic health record technology and which outlines the requirements to obtain incentive payments for eligible professionals and hospitals as established by the Center for Medicare and Medicaid Services ("CMS") and the Minnesota Department of Human Services ("DHS") pursuant to sections 4101, 4102 and 4201 of the HITECH Act.
- **"State-certified health data intermediary"** means a health data intermediary that:
  - provides a subset of the Meaningful Use transaction capabilities necessary for hospitals and providers to achieve Meaningful Use of electronic health records;
  - is not exclusively engaged in the exchange of Meaningful Use transactions covered by Minn. Stat. §62J.536; and
  - has been issued a certificate of authority to operate in Minnesota. [Minn. Stat. §62J.498 sub. 1(o)].
- **"State-certified health information organization"** means a nonprofit health information organization that provides transaction capabilities necessary to fully support clinical transactions required for Meaningful Use of electronic health records that has been issued a certificate of authority to operate in Minnesota. [Minn. Stat. §62J.498 sub.1(p)].