



County of Los Angeles
Department of Mental Health

Contract Providers Transition Project
(CPTP)

GLOSSARY

Version 1.0

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GLOSSARY

TERM	DEFINITION
Adjudication	The process through which claims are validated for eligibility, plan benefits and correct payment amount according to the provider's contract
American Health Information Management Association (AHIMA)	The professional membership organization for managers of health record services and healthcare information systems as well as coding services; provides accreditation, certification, and educational services
American National Standards Institute (ANSI)	The U.S. standards organization that establishes procedures for the development and coordination of voluntary American National Standards.
Application Service Provider (ASP)	A business that provides access to one or more software applications, typically from a hosted environment over a network to its customers.
BATCH	When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse.
Broadband	The ability of a user to view content across the Internet to include large files, such as video, audio and three dimensional. A user's broadband capability is typically governed by the connection between the internet service provider (ISP) and the user.
Certification Commission for Health Care Information Technology (CCHIT)	An organization dedicated to accelerating the adoption of interoperable health information technology throughout the US health care system by certifying HIT products.
Clearing House	For health care, an organization that translates health care data to or from a standard format.
Clinical Document Architecture (CDA)	Provides an exchange model for clinical documents and brings the industry closer to the realization of an electronic medical record. The CDA is expected to be published by the end of 2006 as a nationally accepted standard.
Community Health Automated Medicaid Processing System (CHAMPS)	It is expected to improve the business practices of health care providers while reducing costs and increasing efficiency in everyday business processes.

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Computerized Provider Order Entry (CPOE)	A computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer compares the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.
Continuity of Care Record (CCR)	It was developed in response to the need to organize and make transportable a set of basic information about a patient's health care that is accessible to clinicians and patients. The basic information consists of diagnoses, recent procedures, allergies, medications, recent care provided, as well as recommendations for future care (care plan) and the reason for referral or transfer. It is intended to foster and improve continuity of care, reduce medical errors, and ensure a minimum standard of secure health information transportability.
Coordination of Benefits (COB)	A process for determining the respective responsibilities of two or more <i>health plans</i> that have some financial responsibility for a medical claim. Also called <i>cross-over</i> .
Decision Support System (DSS)	Computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient-specific data. Examples include drug interaction alerts at the time medication is prescribed and reminders for specific guideline-based interventions during the care of patients with chronic disease. Information should be presented in a patient-centric view of individual care and also in a population or aggregate view to support population management and quality improvement.
Digital Certificate	Files issued by a certified security authority (such as VeriSign, Inc.), used to verify signatures on digitally signed mail and to send encrypted e-mail. Once the sender and receiver have exchanged valid digital certificates, all email between them can be encrypted automatically.
Direct Data Entry (DDE)	A process, using dumb terminals or computer

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	browser screens, where the data is directly keyed by a health care provider into a health plan's computer system.
Document Consumer	The vendor, who receives information, views the document; imports and stores the document for later viewing; and imports specific patient information, such as test results or medication lists. (Senders are dubbed "Document Sources.")
EDI Translator	A software tool for accepting an EDI transmission and converting the data into another format, or for converting a non-EDI data file into an EDI format for transmission.
Electronic Data Interchange (EDI)	The exchange of business documents from application to application and among trading partners in a standardized format
Electronic Health Record (EHR)	A real-time patient health record with decision support capabilities that can be used to aid clinical decision making. The EHR can also support the collection of data for uses other than clinical care, to include billing, quality management, outcome reporting and public health surveillance and reporting.
Electronic Medical Record (EMR)	An application environment composed of the clinical data repository, clinical decision support, controlled medical vocabulary, order entry, computerized provider order entry, pharmacy, and clinical documentation applications. This environment supports the patient's electronic medical record across inpatient and outpatient environments, and is used by healthcare practitioners to document, monitor, and manage health care delivery within a care delivery organization (CDO). The data in the EMR is the legal record of what happened to the patient during their encounter at the CDO and is owned by the CDO.
E-prescribing	Computer technology in which physicians use handheld or personal computer devices to review drug and formulary coverage and transmit prescriptions to a printer, EMR or pharmacy. E-prescribing software can be integrated with existing clinical information systems to allow access to

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	patient-specific information to screen for drug interactions and allergies.
Extensible Markup Language (XML)	It allows designers to create their own customized tags, enabling the definition, transmission, validation, and interpretation of data between applications and between organizations.
Health Information Exchange (HIE)	The movement of health care information electronically across organizations within a region or community. HIE provides the capability to electronically move clinical information between disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safe, timely, efficient, effective, equitable, patient-centered care.
Health Information Technology (HIT)	The use of computer software and hardware to process health care information electronically, thereby allowing for the storage, retrieval, sharing and use of the information, data and knowledge for communication and decision making related to patient care delivery.
Health Insurance Portability and Accountability Act (HIPAA)	A law enacted in 1996 to first protect health insurance coverage for workers and their families when they change or lose their jobs and secondly requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.
Health Level Seven (HL7)	One of several accredited standards (specifications or protocols) established by ANSI (American National Standards Institute) for clinical and administrative data. Systems which are HL7 'compliant' improve the ability for interoperability and exchange of electronic data.
International Classification of Disease, 9th Revision (ICD-9)	International disease classification system developed by the World Health Organization (WHO) which provides a detailed description of known diseases and injuries. The classification system is used worldwide for morbidity and mortality statistics, reimbursement systems and automated decision support in medicine.

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Interoperability	Ability of a system or a product to work with other systems or products without special effort on the part of the customer.
Master Patient Index (MPI)	A software database program that collects a patient's identification numbers (from lab, radiology, admitting, etc.) and keeps them under a single, enterprise-wide identification number.
National Health Information Network (NHIN)	Describes the technologies, standards, laws, policies, programs and practices that enable health information to be shared among health decision makers, including consumers and patients, to promote improvements in health and health care. The development of a vision for the NHIN began more than a decade ago.
National Provider Identifier (NPI)	A single, national identifier assigned by CMS to all health care providers.
Office of the National Coordinator for Health Information Technology (ONCHIT)	The US Department of Health and Human Services office, established in 2004, to provide leadership for the development and nationwide implementation of an interoperable health information infrastructure.
Patient Record Locator	The electronic means by which patient files are located to assist patients and clinicians find test results, medical history, prescription data and other health information. A record locator would act as a secure health information search tool.
Personal Health Information Technology (PHIT)	It enables the documentation of an individual's complete, lifelong health and medical history into a private, secure and standardized format that he or she owns and controls, but yet is accessible to legitimate providers day or night from any location.
Personal Health Record (PHR)	A software application which individuals can use to maintain and manage their health information (and that of others if authorized) in a private, secure and confidential environment.
Practice Management System (PMS)	That portion of the medical office record which contains financial, demographic and non-medical information about patients.
Production Phase	The period that begins when a trading partner has demonstrated the ability to send complete, valid, and accurate data for a given class of reports via EDI.

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	This follows successful completion of the test1 and test2 phases.
Protected Health Information (PHI)	PHI is individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium. This information must relate to 1) the past, present, or future physical or mental health, or condition of an individual; 2) provision of health care to an individual; or 3) payment for the provision of health care to an individual. If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information.
Receiver	The trading partner receiving EDI transmissions.
Regional Health Information Organization (RHIO)	A multi-stakeholder organization responsible for motivating and causing integration and information exchange. Overall, RHIOs intend to improve the safety, quality and efficiency of health care as well as access to health care as a result of health information technology.
Remittance Advice (RA)	RA is a notice of payments and adjustments sent to providers, billers, and suppliers. After a claim has been received and processed, a Medicare contractor produces the RA, which may serve as a companion to a claim payment(s) or as an explanation when there is no payment. The RA explains the reimbursement decisions including the reasons for payments and adjustments of processed claims.
Sender	The trading partner sending EDI transmissions.
Strategic National Implementation Process (SNIP)	A WEDI program for helping the health care industry identifies and resolves HIPAA implementation issues.
Test Phase	The phase in which a trading partner sends test batches order to ascertain whether DMH can read their EDI files.
Trading partner	Provider, clinic, prepaid health plan or allied agency conducting electronic business (with Los Angeles County Department of Mental Health).
Trading partner agreement (TPA)	Binding agreement between Los Angeles County DMH and any trading partner

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Workgroup for Electronic Data Interchange (WEDI)	A health care industry group that lobbied for HIPAA and that has a formal consultative role under the HIPAA legislation. WEDI also sponsors SNIP.
X12	An ANSI-accredited group that defines EDI standards for many American industries, including health care insurance. Most of the electronic transaction standards mandated or proposed under HIPAA are <i>X12 standards</i> .
X12 835 Health Care Claim Payment & Remittance Advice	The X12 Health Care Claim Payment & Remittance Advice transaction. Version 4010 of this transaction has been included in the HIPAA mandates.
X12 837 Health Care Claim	The X12 Health Care Claim or Encounter transaction. This transaction can be used for institutional, professional, dental, or drug claims. Version 4010 of this transaction has been included in the HIPAA mandates.
X12N	A subcommittee of <i>X12</i> that defines EDI standards for the insurance industry, including health care insurance