



# PharmaNet

## Professional and Software Compliance Standards

### Volume 6 – Glossary

**THIS IS A DEPRECATED LEGACY DOCUMENT**

For the latest conformance standards refer to:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/conformance-standards/>

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## CONTENTS

<b>1</b>	<b>GENERAL INFORMATION.....</b>	<b>4</b>
1.1	THE VOLUMES .....	4
1.2	THE AUDIENCE .....	5
1.3	THIS DOCUMENT.....	5
<b>2</b>	<b>GLOSSARY.....</b>	<b>6</b>

# 1 GENERAL INFORMATION

The Professional and Software Compliance Standards Document for PharmaNet has been revised into volumes, divided by PharmaNet participant functionality requirements.

The 'library' approach provides more logical formatting while reducing redundancy and repetition.

There are common volumes required by all software developers and both business and technical volumes for the different functions. This enables software developers to download only the necessary volumes. The documentation is available on the *healthnetBC* Products and Services Catalogue web site. <http://healthnet.hnet.bc.ca/catalogu/index.html>

## 1.1 The Volumes

The 6-volume documentation set contains:

### Volume 1 – Introduction

Volume 1 introduces the reader to common development components, such as:

- Document Conventions and Structures
- Related Standard
- Contacts
- Support Responsibilities
- Compliance Evaluation Process
- Mandatory policies and procedures to ensure compliance with all standards.

### Volume 2 – Business Rules

Volume 2 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *implementation requirements* and the *business rules* related to the use of the available transactions and the local system requirements.

### **Volume 3 – Technical Rules**

Volume 3 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *general processing* and the *technical rules* related to the use of the available transactions and the *local system requirements*.

### **Volume 4 – HL7 Message Catalog**

Volume 4 identifies transaction details and message responses, such as:

- Network Transmissions and Responses
- Health Level 7 (HL7) Standards
- Message Formats and Data Definitions
- Input and Output Message Segments and Fields

### **Volume 5 – Security**

Volume 5 provides security objectives, requirements and guidelines and a framework for developing policies and implementing local security controls.

### **Volume 6 – Glossary**

Volume 6 lists a glossary of terms persistent through out *healthnetBC*.

## **1.2 The Audience**

The compliance standards documentation is intended for software developers, health care providers, administrators and other health care professionals who share responsibility for implementing compliant software in their organization.

## **1.3 This Document**

This volume contains descriptions for common terms used in all documents associated with this library.

## 2 GLOSSARY

GLOSSARY	
TERM	DEFINITION
Access Control	The process of determining if a user is authorized to execute a particular transaction.
Adjudication Date	The date, as determined by the processor, on which the claim, transaction or request being responded to has been adjudicated.
Adverse Drug Reaction	A negative reaction to a particular drug or excipient. This definition includes allergic reactions to a drug.
Agency	See <i>healthnetBC</i> Participant.
AHFS Codes	American Hospital Formulary Service Codes
Application ID	An Application ID identifies a particular application or component within a Network Facility ID. The combination of a Network Facility ID and Application ID is unique across the <i>healthnetBC</i> network.
Application Programming Interface (API)	In order to invoke a function within a computer, the function may need some specific data in order for the function to be carried out. The specific data requirements, sizes, number, and order form the API for that function. Another computer program only need know the API requirements for a function in order to utilize it. In <i>healthnetBC</i> , there is an API in order to utilize the function that formats, encrypts and sends a transaction request to <i>healthnetBC</i> .
ASHP	American Society of Health-System Pharmacists
Authorized Contact	An individual within an organization who is responsible for ensuring that all security and confidentiality provisions of <i>healthnetBC</i> are satisfied on an ongoing basis.
Authorizers	Individuals within organizations who have the authority to grant, or authorize the granting, of access to sending systems that provide access to <i>healthnetBC</i> services.
Authenticate	The process of proving to the sending system that you are who you say you are and not someone else. This may consist of providing a sending system User ID and password. It could also be a swipe card, fingerprint scanner, or other identity proving system.
Authenticated User ID	A unique personal identifier for someone who submits transactions over <i>healthnetBC</i> . It is not a 'positional' or group identifier. Values for this field are placed in the security field of the MSH segment. Values in this field may refer to the sending system User ID that the user uses when they login to their sending system.
Batch Function	A batch function is usually referring to the ability to collect multiple requests for service and then requesting the entire 'batch' to be processed at once. The results of the batch process are then reviewed to verify the success or failure of each individual request.
BC Resident	A person who: Has the right to reside in Canada; Makes his or her home in British Columbia; and Will be physically present in British Columbia at least 6 months in a calendar year.
Canada Post Corporation (CPC) Compliant	An indicator that an address is correct and properly formatted according to the standards published by Canada Post.

GLOSSARY	
TERM	DEFINITION
Canadian Drug Identification Code (CDIC)	Numbers assigned by the Health Protection Branch of the Canadian Federal Government. See DIN/GP#.
Canadian Pharmacists Association (CPhA)	National voluntary organization of pharmacists self-mandated to promote the profession of pharmacy.
Carrier	An organization providing insurance for prescription costs. This definition includes both Pharmacare and Third Party Carriers.
CC	See Continuing Care
CDIC	Canadian Drug Identification Code. See DIN/GP#.
Claim	A request to a carrier, for payment of the costs of providing a product or service.
Claim Response	Standard CPhA Response codes attached to a claim to provide information on the status of the claim.
Client	Person, in the role of client for a particular situation. For example, this person is a client of my practice, but this person is not a client. See Person.
Client Registry System (CRS)	A component of the Health Registry, CRS stores information to keep track of persons (patients/clients) served by the MoHS. The Client Registry is the control point for issuing of new PHNs.
Clinical Information System (CIS)	CIS is the software used by a provider to place an electronic order and/or receive an electronic result report. This software includes practice management software and order entry/results reporting software used in a hospital setting for inpatient, outpatient and clinic orders and results.
COB Router	Co-ordination Of Benefits Router. A specialized computer on PharmaNet used to forward claims to the insurance provider with 'first payer' responsibility.
College of Pharmacists of British Columbia	The licensing and regulatory body for the profession of pharmacy and its practice environment, obtaining authority from the <u><i>Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODS)</i></u> CPBC. Responsible for the administration of the Act and accountable to the public. Membership of the College comprises all pharmacists registered in British Columbia.
College of Physicians and Surgeons of British Columbia (CPSBC)	A governing and licensing body for physicians and surgeons.
Combination Transactions	When more than one transaction are coupled and transmitted together in the same transaction to <i>healthnetBC</i> .
Combined Transaction Set	Usually transactions are sent individually to <i>healthnetBC</i> . In some cases, like the processing of a prescription, two transactions are actually sent in a single transaction request. The combination of a TAC transaction and a TDU transaction is a combined transaction set.
Continuing Care (CC)	Acute/Continuing Care is a single program within Ministry of Health. The CC mainframe computer system (IMS) contains information that is maintained and updated at health units around the province. The Ministry uses its CC information to pay Providers for CC related services.

GLOSSARY	
TERM	DEFINITION
Copay to Collect	The dollar amount paid by a person per claim, Adjudicated Cost - Plan Pays. Note: For claims other than on-line provider claims the Copay to Collect includes any cardholder reimbursement, thus reflecting the amount paid by a person in the pharmacy, based on the adjudicated amount.
CPBC	See College of Pharmacists of British Columbia
CPC Compliant	See Canada Post Corporation Compliant
CPhA Codes	Standard codes created by the Canadian Pharmaceutical Association, including transaction codes, intervention codes, response codes, etc.
CPhA	See Canadian Pharmaceutical Association
CRS	See Client Registry System
DAD	See Document Attribute Dictionary
Days Supply	The number of days of treatment contained in the prescription
Demographic Information	Often referred to as “tombstone” information and includes name, date of birth, gender, address, telephone number, and date of death (if applicable)
DES	Data Encryption Standard. A commonly used standard method for encrypting and decrypting data. DES was developed by the U.S. National Institute of Standards and Technology.
Developer's Toolkit	The HNSecure Developer's Toolkit consists of sample programs that provide sending system software with an interface routine, a network gateway and security services, including transaction encryption/decryption and authentication of network end points.
DIA	Department of Indian Affairs
DICOM	Data standard...
DIN/GP#	A unique number assigned to a drug product by Health Protection Branch. Each DIN is unique to a drug, strength, dosage form and manufacturer.
DIS Module	The portion of the PharmaNet system that provides Providers with tools to monitor medications with respect to potential drug therapy hazards, and public safety. Its primary focus is to provide information through Drug Use Evaluation (DUE), drug monographs, person clinical and medication history, adverse drug reactions.
Discontinued Date	The date that defines when the person is deemed to have stopped taking a drug due to adverse drug reactions, dosage change, or other reason.
Document Attribute Dictionary (DAD)	A file containing the details of the official documents that are recorded on the Health Registry to substantiate declarations made by persons. The DAD contains, for each document type, the details of up to 50 attributes that may be mandatory or optional input by the user.
Drug	A substance or combination of substances used or intended to be used to diagnose, treat, mitigate or prevent a disease, disorder or abnormal physical or mental state, or a symptom of them, or to restore, correct or modify organic functions, in man or animal, and includes a substance or combination of substances named or included by reference in the <u>Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODS)</u> <sup>CPBC</sup> , Schedule A or Schedule B.



GLOSSARY	
TERM	DEFINITION
Drug Identification Number (DIN)	A unique number assigned to a drug product by Health Protection Branch. Each DIN is unique to a drug, strength, dosage form and manufacturer.
Drug Monographs	Clinical data that provides the Provider with additional information on the proper use and side effects of the medication being dispensed.
Drug Utilization Evaluation (DUE)	Drug interaction and dosage checking.
DUE	See Drug Utilization Evaluation
DVA	See Veterans' Affairs Canada (VAC).
Eligibility	Eligibility for publicly funded health care is available to any resident of British Columbia who meets the criteria of the Medicare Protection Act. To establish eligibility, residents are required to enroll with the Ministry of Health and agree to pay any applicable Medical Services Plan (MSP) premiums.
Employee	An individual, within an organization authorized as an Employer, who maintains specific person records using data accessed through applications, databases, services and interfaces provided by <i>healthnetBC</i> .
Employer	An organization to which the Ministry provides restricted access to specific person records on its databases.
Encrypted	A formula and a unique, secret "key" value encrypts information into encoded data. A copy of the formula and the value of the "key" decodes the data back into useable information. Encrypted data is considered to be secure from interpretation by unauthorized users. All PharmaNet data is encrypted as it travels on the network.
Facility	A physical structure where health services are provided. See HealthNet Participant.
Facility ID	See Network Facility ID
Facility Password	A secret sequence of letters, numbers and other symbols needed to unlock the encrypted private key associated with a particular Network Facility ID.
Fan Out	See <i>healthnetBC</i> Participant Message
First DataBank (FDB)	First DataBank, supplies all relevant clinical drug data.
Gateway	A gateway is a device that connects different networks together. It handles the transfer of data between the networks and any conversion required to enable data extracted from one network to be read in the other network. In the case of HNSecure, it is a device that takes clear text data and converts it to the encrypted protocol used by HNSecure.
GCN Sequence Number	A random number specific to all drug products with the same generic ingredient(s), route of administration, drug strength(s) and dosage form.
Generic Equivalent	A drug of equal quality that contains, in the same dosage form, the same amount of the same active ingredients as the drug prescribed.
Health Level 7 (HL7)	Health Level 7 (HL7) is an application protocol for electronic data exchange in health care environments. The HL7 protocol is a collection of standard formats that specify the implementation of interfaces between computer applications and different vendors. This communication protocol allows health care institutions to exchange key sets of data among different application systems.

GLOSSARY	
TERM	DEFINITION
Health Registry Keyword	A keyword is a password assigned by a person to restrict access to their personal information. The Health Registry keyword restricts access to demographic and lab test data. The Health Registry keyword does not restrict access to PharmaNet data (see PharmaNet Patient Keyword).
Health Registry Standard	The Health Registry Standard defines access methods (HL7 transactions) to the Ministry of Health's central repository (Health Registry system) for persons (patients/clients). Each person who comes into contact with the provincial health system is registered on the Health Registry with a unique Personal Health Number (PHN). The suite of Health Registry HL7 transactions include the ability to search the Health Registry, retrieve a PHN + person demographics (name, address), create a new PHN if the person is not already defined to the Health Registry and to determine a person's eligibility for BC health care services. Refer to the Application Services, Professional and Software Compliance Standards, Health Registry Standard for more information on HRS transactions.
Health Service Provider	An individual who delivers a health service to a person, e.g. doctor, nurse, pharmacist, technician, etc.
<i>healthnetBC</i> Help Desk	See Help Desk.
<i>healthnetBC</i> Operator ID	An identifier for non-practitioners that is placed in the Practitioner ID field of the ZZZ segment. See the document <i>healthnetBC, PharmaNet Practitioner and Operator Data Interface Specifications</i> for more information.
<i>healthnetBC</i> Participant	A corporate body or group or an individual that is involved with health care delivery. A <i>healthnetBC</i> Participant may have several roles, e.g. acting as both a supplier and receiver for medical information. A <i>healthnetBC</i> Participant may be an umbrella for several business units or a business unit responsible for the delivery of specific health care functions, e.g. lab, emergency department, admitting, pharmacy. A <i>healthnetBC</i> Participant is responsible for providing the Ministry with details on who has access to information using <i>healthnetBC</i> . Each <i>healthnetBC</i> Participant must use one or more Network Facilities.
<i>healthnetBC</i> Participant Message	A function that is used to transmit urgent messages to appropriate locations. Messages are routed to all users or to a specified list (e.g. locations within a geographic region, specific software users or specific agencies).
Help Desk	A support service provided by the Ministry of Health Services to PharmaNet participants and software vendors. The Help Desk is staffed 24 hours daily.
HNCLIENT	HNCLIENT is a background network gateway and security service that includes HNAPI, a software interface routine. HNCLIENT provides the sending system ("client") software interface into <i>healthnetBC</i> . It supports all the functions required to establish secure connections to any receiving system ("server") software in the <i>healthnetBC</i> network. A developer's toolkit is provided by the Ministry to simplify the development of secure <i>healthnetBC</i> sending system software.

GLOSSARY	
TERM	DEFINITION
HNGARD	HNGARD is a central <i>healthnetBC</i> security and directory/key server that provides the services necessary to establish secure connections between sending system (“client”) software and receiving system (“server”) software in the <i>healthnetBC</i> network.
HNGATE	HNGATE is the Ministry of Health gateway that provides access to new and existing applications and databases developed by the Ministry of Health. HNGATE will also be used by receiving system (“server”) software developed by a variety of institutions willing/able to provide secure access to clinical or health related administrative applications and databases which they manage and control.
HNSecure	HNSecure is the Ministry’s standard security protocol. HNSecure has three main components. Sending system software uses one component, called HNCLIENT, to encrypt transactions and authenticate network end points for each transaction. The second component is HNGATE, which provides gateway/router services and acts as the front end for receiving system software. The third component, called HNGARD is a network directory service. It tracks registered HNSecure facilities, confirms that the facility on each transaction is registered and directs transactions to the appropriate sending system or receiving system.
Hospital Information System (HIS)	HIS is the (integrated) set of software applications used within a hospital (or health authority) to manage the financial, clinical and person administration functions of the organization. An HIS typically includes LIS, person registration, admission, location and ward based order entry and result reporting functions.
Host Processing Error	The service request by the user could not be completed because of a system level error. This is in contrast to an application level error.
HRS (Health Registry System)	The Health Registry System is the central administrative repository for persons in the province. The database contains demographics, eligibility, contract, and document information. The suite of HRS HL7 transactions include the ability to search, retrieve and update the information on the Health Registry. .
In-patient Pharmacy	A hospital pharmacy that dispenses medications to persons who are lodged and treated in a hospital.
Ingredient	An active component or excipient in a drug product. The active ingredient normally determines the generic name of a drug. Examples of excipient, or non-active ingredients, are fillers (such as lactose) or dyes.
Interaction (Drug-Drug, Drug-Lab, Drug-food)	When the combination of ingredients of a drug product and another drug, substance or situation results in a change to the normal efficacy of a drug (may be an increase or decrease in response.)
Interaction Advisory	An advisory message triggered when the combination of ingredients of a drug product and another drug, substance or situation results in an adverse reaction.
Intervention Codes	CPhA approved codes supplied for informational purposes. For example, submitting reversals, claiming fees for special services related to refusing to fill, or documenting therapeutic interventions.
ISP	Internet Service Provider. An institution or organization that provides access to the Internet in some form, usually for a fee.
Keyword	See PharmaNet Patient Keyword. See also Health Registry Keyword

GLOSSARY	
TERM	DEFINITION
LCA	Low Cost Alternative. Least expensive brand(s) of drug in a specific generic class.
Lab Test Status	Lab test status describes the state of the test within the lab test process flow (e.g. ordered, collected). Lab test status is different from specimen status.
Lab Test Standard (LTS)	The BC Lab Test Standard defines the business and technical requirements for the electronic exchange of lab test data in BC. This standard expands beyond the traditional point-to-point exchange of information and accounts for all information exchanges from the time an order is issued until the time a final result is received. Completion of a lab test may involve a number of participants. Participants in this standard are public and private labs, agencies that perform lab tests and authorized providers.
Laboratory Information System (LIS)	LIS is the laboratory software that receives orders, manages lab test data throughout the lab test processing cycle, and generates and distributes result reports. An LIS may also be used to place orders to and receive result reports from other labs.
Licensed Individual Provider	An individual authorized by a competent authority or regulatory body to act in a capacity that provides health related goods or services.
Local Software	Not used. See Sending System.
Local System	The computer hardware and software utilized to support business services for a <i>healthnetBC</i> participant. See also Sending System.
Local System User ID	See User ID
Long Term Care (LTC)	A kind of health care provided to people (“residents”) requiring continuous care.
LTC Resident	A person registered within a long-term care facility.
LTS	See Lab Test Standard.
LTS Keyword	See Health Registry Keyword.
Medical Administration Record (MAR)	A form on which is recorded the administration of all doses of medication to a resident, in accordance with the resident medication profile record.
Medical Services Plan (MSP)	A Ministry of Health program offering universal health care coverage for BC residents.
Medication Profile	See Patient Medication Profile.
MoHS	Ministry of Health Services
Network Facility	One or more computers, or computer systems, connected to the <i>healthnetBC</i> system. A Network Facility identifies where <i>healthnetBC</i> transactions can be sent from or received by. All individuals using a Network Facility must have a <i>healthnetBC</i> identifier that is unique for that network facility.
Network Facility ID	Used in these Compliance Specifications as the sending or receiving “facility ID” or as a “network facility ID”. This term refers to a computer facility uniquely identified by <i>healthnetBC</i> that will send or receive <i>healthnetBC</i> transactions. (E.g. hospital emergency department, hospital pharmacy, community pharmacy). There may be many facilities within one Provider. See also <i>healthnetBC</i> Participant.
Non-prescription Medications (NPM)	Medications that can be obtained without a doctor’s prescription.

GLOSSARY	
TERM	DEFINITION
OCG	Office of the Comptroller General is a branch of the Ministry of Finance that issues payments.
Off-line Claims and Reversals	Claims and reversals arriving at Pharmacare from pharmacies or cardholders.
Off-Line	In Pharmacare, scripts that are sent in on paper or diskette are processed in an "off-line" mode. There is a time lag between the arrival of the script and the recording of the information on the person and pharmacy records. There is no DUE checking performed on off-line claims.
O-Med	Office Use Medications. Prescription and non-prescription medications dispensed by pharmacies to medical clinics, physicians, dentists, veterinarians and midwives. The medications are given to persons in small or individual doses during office visits. Office use medications do not include medical supplies, non-pharmaceuticals or stock transfers to other pharmacies.
On-Line Adjudication	Processing of a script immediately, to determine eligibility (pharmacy, prescriber, practitioner, pharmacist, and drug), the drug cost and professional fee claimed, and cardholder portion. With on-line adjudication, the script adjudication result is sent to the pharmacy's system immediately.
Order	An order consists of a valid lab test requisition and one or more specimens. An order is equivalent to one and only one requisition. An order may contain one or more test requests. One order-filler may refer or redirect an order to another order-filler only once.
Order-Filler	Order-Filler is a laboratory that accepts lab test requests, performs lab tests and reports the lab test results to the order placer.
Order-Placer	Order-Placer is the provider or lab that issues a lab test request to an order-filler.
Organization	See <i>healthnetBC</i> Participant
Out-Patient Pharmacy	A hospital pharmacy that dispenses medications to ambulatory persons.
Over-The-Counter (OTC)	See Non-pharmaceutical Supplies.
Participant Messaging	See <i>healthnetBC</i> Participant Message
Patient	Person, in the role of patient for a particular situation. For example, this person is a patient at the hospital, but this person is not a patient at this time. See Person.
Patient Record (as defined by PPODS).	Information associated with that patient including PHN, demographics, medical, clinical information, prescription history and any adverse drug reaction data.
Patient Medication Profile	For the purposes of this document and PharmaNet, that portion of the patient record containing specific patient information in regard to drug therapy. The profile includes all medications prescribed and dispensed for the patient.
Patient Drug Monographs	Counseling information written for the patient on the proper use and side effects of the medication being taken.

GLOSSARY	
TERM	DEFINITION
PharmaNet Patient Keyword	A special password, determined by the patient, used to control access to their personal medication history, patient profile, and request for a printed patient profile. It is eight characters (letters or numbers, or a combination) in length, and is chosen by the Cardholder. See also Health Registry Keyword.
PCIS Module	The function of the PCIS module is to handle the claims processing and payment elements of the PharmaNet system. Its key components are (i) Adjudicate Claims, (ii) Claim Reversal, (iii) Manage Payments, and (iv) Off-Line Claims.
Person	Individual person, who can assume multiple roles over time. For example, a person may be a patient for a period of time at a hospital. Usually synonymous with patient or client, depending on context.
Personal Health Number (PHN)	A unique identification number assigned to every person (patient/client) who receives a service from a health service provider. There should be only one Personal Health Number assigned to a person. This number is used to store and retrieve all person information, including their demographics, medication history and eligibility for publicly funded health care.
Pharmacist ID	Pharmacist Identification number refers to the dispensing pharmacist's diploma number.
Pharmacy ID	A unique Identification number issued by Pharmacare consistent with CPhA Standards.
PharmaNet	A province wide network linking all pharmacies into a central set of data systems. Additional clients to PharmaNet include, emergency departments, hospital admitting, medical practice offices and clinics.
PIN	See Product Identification Number.
Plan	Definition of eligibility and adjudication rules by a carrier.
Plan Pays	The total amount payable, by the insurer, to the provider for product, services and taxes for a specific claim.
Positive Identification	See 'Primary Identification' and 'Secondary Identification'.
PPODS	<u>Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODS)</u> CPBC
Practitioner ID	A unique number assigned to a professional by his or her respective college. For non-practitioners this field may contain the <i>healthnetBC</i> Operator ID.
Practitioner ID Reference	Uniquely identifies each college or association.
Practitioner	An individual authorized to practice medicine, dentistry, veterinary medicine, or a prescribed health care profession in which a practitioner of that profession is authorized to prescribe drugs or devices.
Prescriber	Any health professional authorized to prescribe medications or treatment to a person. In BC, prescribers include physicians, dentists, podiatrists, veterinarians, pharmacists (in limited cases) and midwives (in limited cases).
Prescription	An authorization from a practitioner to dispense a specified drug or device for use by a designated individual or animal.

GLOSSARY	
TERM	DEFINITION
Primary Identification	A primary identification document is a trusted document that is the first document that an individual receives either through registration of birth or at the time of entry into Canada: 1) Birth Certificate 2) Canadian Citizenship ID Card 2) Canadian Record of Landing 4) Canadian Issued Student Authorization 5) Canadian Issued Employment Authorization 6) Canadian Issued Visitor Authorization 7) Diplomatic Passport 8) Federal Minister's Permit, approved by BC Minister of Health.
Product Identification Number (PIN)	If the product or compound does not have a DIN or GP #, a product identification number (PIN) is assigned by Pharmacare on behalf of the Ministry of Health. PIN's may be unique to a specific product or to a group of similar products.
Profile	See Patient Medication Profile.
Provider	A party that performs services or provides goods of interest to the BC health sector. See also Licensed Individual Provider.
Push	Push is the action of a participant sending an unsolicited transaction to another participant such as a lab sending a result report to a (push-enabled) participant when it becomes available. A push-enabled participant has appropriate software and communications capability to receive an unsolicited transaction.
Pull	Pull refers to an action whereby a participant sends a transaction to another participant requesting (soliciting) a response, e.g., a provider requests a result report from a lab.
Receiving System	The computer hardware and software utilized to support business services for a <i>healthnetBC</i> participant. This system receives input transactions from a sending system, processes them, and returns an output transaction to the sending system.
Recipient	Recipient is the ordering provider or any other provider identified on an order who is to receive the result report for the order.
Redirected Order	A redirected order is an order (requisition and specimen) that is redirected by one lab to another lab for evaluation. The lab redirecting the order records the order as "redirect to lab x" and has no further responsibility for the order. The lab that receives the redirected order is responsible for issuing the result report to the provider.
Reference Based Pricing	PharmaCare's drug reimbursement policy that limits reimbursement of expensive drugs when similar, less expensive drugs are available.
Referral	A referral is a new order consisting of one or more test requests requested by a provider, submitted by one lab to another lab for evaluation. The referring lab is responsible for issuing the result report to the provider.
Referred Order	A referred order is a new order consisting of one or more test requests requested by a provider, sent by one lab to another lab for analysis. The lab that receives the referred order and accepts it is responsible for issuing the result report to the original lab, which will in turn report the results to the ordering provider and designated recipients.

GLOSSARY	
TERM	DEFINITION
Requisition	A requisition is the documented request of a provider or lab for one or more lab test requests. A requisition may be recorded electronically or on paper. A requisition is equivalent to one and only one order.
Resident	See LTC Resident and BC Resident.
Responsible Provider	A responsible provider is the licensed individual provider identified by an organization as the individual responsible for the organization's compliance to the Compliance Standards. See also Licensed Individual Provider.
Result	A result is the observed outcome of a test. A result pertains to one and only one test. A result may have only one state at any point in time (e.g. preliminary, final, amended).
Result Report	A result report is the official documented outcome of one or more test requests on an order. A result report is produced by the order filler and issued to the order placer. A result report may be recorded electronically or on paper. A result report is related to a requisition.
Reversals	The submission of a transaction to cancel or reverse original transactions through adjudication and DIS.
Router	A network device that is responsible for actually routing the transactions it receives to the desired destination. Each transaction contains information that describes the source of the transaction and the desired destination. In TCP/IP communications, the IP addresses are used to specifically identify destinations and sources.
Secondary Identification	<p>A secondary identification document is a trusted document containing either a photograph or signature (or both) that identifies an individual as being who he or she claims to be and supports the personal information supplied by the individual:</p> <ol style="list-style-type: none"> <li>1) Driver's License</li> <li>2) Passport</li> <li>3) Native Status Card</li> <li>4) Canadian Forces ID Card</li> <li>5) Canadian Police Identification Card</li> <li>6) Provincial or Territorial Identification Card</li> <li>7) Naturalization Certificate</li> <li>8) Consular Identity Card</li> <li>9) Parole Certificate Identification Card</li> <li>10) Correctional Service Conditional Release Card</li> <li>11) Firearms Acquisition Certificate</li> </ol>
Segment	The basic building block of <i>healthnetBC</i> transactions. A segment is a group of data elements usually related to each other. A <i>healthnetBC</i> transaction consists of a number of different segments that, when combined, request a specific service or set of services to be performed.
Sending System	The computer hardware and software utilized to support business services for a <i>healthnetBC</i> participant. This system sends input transactions to a receiving system; the receiving system processes the transaction and then returns an output transaction to the sending system.
Service Level Agreement	Contract between the Ministry of Health and each Software Vendor specifying roles, responsibilities, service standards, and escalation procedures.



GLOSSARY	
TERM	DEFINITION
Service Level and Confidentiality Agreement	A contract between the Ministry of Health and each <i>healthnetBC</i> participant that defines the roles and responsibilities of the parties with respect to data security and confidentiality, and compliance to standards and service levels.
SIG Codes	Latin name for 'Directions'. Although SIG codes are not mandated or governed, most pharmacies use 'universal' SIG codes (i.e. UD means 'take as directed').
SNA Application	An application program running within an SNA host computer is identified by an application ID. In the context of the MSH segment, this is placed into the Sending Application field when the application program requests a service from the network. <i>healthnetBC</i> also places this value in the Receiving Application field of the response to the request.
Software Support Organization	An individual or organization providing a product to a <i>healthnetBC</i> participant for the purpose of accessing <i>healthnetBC</i> applications. (SSO)
Software Vendor	See Software Support Organization.
Special Services Fees	Refers to the special services consistent with contractual agreements between providers and plan administrators.
Specimen Status	Specimen status describes the state of the specimen (contaminated, etc.). Lab test status is different from specimen status.
SSO	See Software Support Organization.
Stand Alone Transaction	When a single transaction set is transmitted.
Standing Order	A standing order is an order placed by a physician for a specific test (or tests) to be repeated a specific number of times, or periodically (e.g. monthly) for a specified duration.
Support Person (Pharmacy)	A non-pharmacist who, under the direct supervision of a pharmacist, performs technical functions related to the dispensing, distribution or sale of drugs or the operation of a pharmacy.
Tertiary Documents	Tertiary or supporting documents are documents which are neither primary or secondary and may be used to substantiate the identity of individuals: <ol style="list-style-type: none"> <li>1) Marriage Certificate</li> <li>2) Change of Name Document</li> <li>3) Provincial Health Insurance Card</li> <li>4) Social Insurance Card</li> <li>5) Baptismal Certificate</li> <li>6) Educational Institution Registration Acceptance</li> <li>7) Client Statement-12 Month Work or Vacation Leave</li> <li>8) Client Statement-24 Month Work Leave</li> <li>9) Client Statement-BC Based</li> <li>10) Physicians Statement-Health Leave</li> <li>11) Immigration Document</li> <li>12) Undertaking of Assistance</li> <li>13) Death Certificate</li> </ol>
Test	A test is a distinct evaluation of a specimen to be performed by an order-filler. Only a test may have a result. A test has one and only one result at any point in time.

GLOSSARY	
TERM	DEFINITION
Test Request	A test request is a distinct test (e.g. hemoglobin) or a group of tests identified by a distinct name (e.g. CBC) that identifies the evaluations requested by an order placer. One or more test requests may be requested on an order. A test request may be referred by one lab to another lab as a new order. A test request may be redirected by one lab to another as a new order.
Test Result	A test result is the observed outcome of a test. A test result pertains to one and only one test. A test result may have only one state at any one point in time (e.g., preliminary, final, amended).
TIFF	Tagged Image File Format. One of the many different types of file format used on personal computers. This particular type is a graphics file (a picture).
Trace Number	A unique number assigned by the sending system or receiving system software to specifically identify the transaction request and therefore enable the correlation to a response. Using this definition, the trace number should be unique for each transmission from a client.
Transaction	In PharmaNet, a prescription processed through the pharmacy's own computer system is converted into a standardized set of computer messages called a "transaction".
TAC Transaction	Adjudicate Claims
TCP Transaction	Patient Keyword
TDR Transaction	Drug Monograph Information
TDI Transaction	Daily Totals Inquiry
TDU Transaction	Drug Utilization Inquiry and Update
TID Transaction	Patient Identification
TIP Transaction	Prescriber Identification
TMU Transaction	Medication Update
TPA Transaction	Patient Address Update
TPH Transaction	Personal Health Number Assignment
TPI Transaction	Patient Clinical Information Update
TPM Transaction	Profile Mailing Request
TPN Transaction	Patient Name Search
TRP Transaction	Patient Profile Request (Full)
TRR Transaction	Patient Profile Request (Most Recent 15)
TRS Transaction	Patient Profile Request (Filed Elsewhere)
TACTDU Transaction	Adjudicate Claims & Drug Utilization Evaluation Update & Patient Profile Request
TACTDUTRP Transaction	Adjudicate Claims & Drug Utilization Evaluation Update & Patient Profile Request
TACTDUTRR Transaction	Adjudicate Claims & Drug Utilization Evaluation Update & Patient Profile Request
TACTDUTRS Transaction	Adjudicate Claims & Drug Utilization Evaluation Update & Patient Profile Request

GLOSSARY	
TERM	DEFINITION
Unsolicited Transactions	The basic premise of <i>healthnetBC</i> is that a client requests a response from a server. At no time will a transaction arrive at a client without a corresponding response. The sending system software issues a transaction to a server, and the server responds to the client. <i>healthnetBC</i> does not support unsolicited transactions (push transactions). In some <i>healthnetBC</i> standards (such as a Lab Test), where a “push” is apparent, the server (Lab) performs the role of the client.
User ID	Refers to the sending system User ID that is used to gain access to the sending system or the Health Registry Web application. See Authenticated User ID, <i>healthnetBC</i> Operator ID, Pharmacist ID, and Practitioner ID.
VAC	Veteran’s Affairs Canada. Formerly DVA - Department of Veteran’s Affairs.
Version Number	Version number identifies specific levels of software. A piece of software is usually modified and or updated throughout its useful life. Each time a piece of software is modified significantly, a new version number is assigned to it. This aids in determination of which specific level of software is being used.
X.12	An EDI standard developed by the American National Standards Institute (ANSI). Often called ANSI X12 or ASC X12.