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Oracle Health
Definitions and Rules Booklet

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Effective Date: March 15, 2025

Definitions and Metrics

3-Way Call: is defined as the annual volume of 3-way calls, where a 3-way call is defined as a way of adding a third party to your conversation without the assistance of a telephone operator.

500,000 ECG Studies (per Source): is defined as 500,000 recordings of heart electrical signals collected from a single source.

Accounts: is defined as a location on a network server, used to store a computer username, password, and other information for the purpose of allowing a user to connect to a network, another computer, website, or application.

Accredited Health Care Org: is defined as a client facility that is distinctly licensed as a health system for an accreditation program administered by The Joint Commission.

Active Clinical Trial: is defined as the number of trials in medical research conducted to allow safety (information about adverse drug reactions and effects of other treatments) and efficacy data to be collected for health interventions (e.g., drugs, diagnostics, therapy protocols, etc.).

Active Patient Census: is defined as the rolling 3 month average number of Active Patients as determined by Oracle Health's records.

Active Users: is defined as the total number of unique users that actively uses the application per month.

Address Corrections: is defined as the annual volume of address correction transactions for patient statements.

Address Search: is defined as the annual volume of address search transactions for patient statements.

Address Verifications: is defined as annual volume of all address verifications, where each address verification is defined as a response transaction for the submission of one address record for purposes of verifying an address.

Adjusted Patient Days: is defined as the annual sum derived by multiplying total acute days by the ratio of total gross patient revenue to gross inpatient revenue.

Admissions: is defined as the total number of annual facility admissions.

Admissions and Outpatient Visits: is defined as the sum of annual admissions plus annual outpatient visits, where an outpatient visit is defined as a visit by a patient who either receives ambulatory services or is lodged in the hospital less than 24 hours while receiving medical, dental, or other services.

Adult ICU Beds: is defined as the total number of staffed bed set up for patient care in the following dedicated intensive care units medical/surgical, cardiac, and any other dedicated intensive care unit not elsewhere classified.

Ambulatory Facilities: is defined as the total number of ambulatory facilities to use a specific application.

Anatomic Pathology Procedures: is defined as the total number of anatomic pathology (AP) case number accessioned annually, including cases for all AP disciplines implemented. Examples of AP disciplines include surgical pathology, gynecologic cytology, non-gynecologic cytology, bone marrow, and autopsy.

Annual Encounters: is defined as the total number of annual interactions with a health care provider, where the patient receives any type of service.

Annual eVisits: is defined as the total number of single patient encounters performed each year by a physician or other qualified health professional with an established patient using a web-based or similar electronic-based means of communication.

Annual Gigabytes: is defined as the total number of gigabytes used/provided each year, where 1 gigabyte equals one billion bytes.

Annual Surgical Procedures: is defined as the total number of procedures performed each year during inpatient and/or outpatient surgical operations.

API Calls: is defined as the number of API Calls to a unique service endpoint in any 12 consecutive-month period. In the case that a result set is broken into pages, each individual page is considered a unique transaction.

For the purposes of Oracle Health Cloud APIs, API Call is defined as an Application Programming Interface consumed by any application built on Oracle Health during a month of the service.

Assisted Living Bed: is defined as a staffed bed in a facility in which a patient resides and is provided assistance with everyday tasks.

Beds: is defined as the maximum number of beds for which a hospital holds a license.

Behavioral Health Outpatient Visits: is defined as the total number of outpatient behavioral health visits.

Behavioral Health Beds: is defined as the total number of bed designated for inpatient behavioral health.

Births: is defined as the total number of annual births excluding fetal deaths.

Blood Bank Transfusion Procedures: is defined as the total number of blood bank transfusion procedures ordered, where a single orderable procedure may contain one or more resultable items. Examples of orderable procedures include ABO/Rh, antibody screen, antibody ID, and crossmatch. "Supergroups", orderable items that contain one or more other orderable items, are counted based on their component procedure orders.

Call: is defined as the total number of end user calls permitted to the Oracle Health Consumer Care help desk per month.

Case: is defined as each inpatient case recorded in the Client's quality report, where an inpatient is defined as a patient that is lodged in the hospital for 24hrs or more.

Catalog Order Bundle: is defined as a group of orders put together at the request of clients in order to speed ordering. An example of an Order Bundle is one containing a variety of lab tests.

Central Processing Unit: is defined as a chip that contains a collection of one or more cores on which the software is running. Regardless of the number of cores, each chip counts as 1 CPU.

Change of Address Updates: is defined as the annual volume in change of address updates for patient statements. For purposes of Flywire, the Change of Address Updates shall be measured on a monthly basis.

Channel: is defined as the total number of logical or virtual connections to a foreign system environment that is a communications pathway.

Claims: is defined as the annual volume of claims for payment by a medical provider for a given medical service or item. For purposes of SSI, Trzetto, 3M, Fintrhive, Waystar, ResMed, Experian and Optum, Claims shall be measured on monthly basis.

Claims Attachments: is defined as the annual volume of supplemental documents providing additional medical information to the claims processor that cannot be accommodated within the claim format. These attachments include, but are not limited to Certificates of Medical Necessity (CMNs), discharge summaries and operative reports. For purposes of SSI, Claims Attachments shall be measured on a monthly basis.

Claims Electronic Attachments: is defined as the monthly volume of supplemental documents providing additional medical information to the claims processor that cannot be accommodated within the claim format. These attachments include, but are not limited to Certificates of Medical Necessity (CMNs), discharge summaries and operative reports.

Claims EOB Attachments Additional Pages: is defined as the monthly volume of supplemental documents providing Explanation of Benefits (EOB) information to the claims processor that cannot be accommodated within the claim format.

Claims Paper: is defined as the monthly volume of paper claims for payments by a medical provider for a given medical service or item.

Claims Scrubbed: is defined as the annual volume of claims for payment by a medical provider to be screened prior to submission to a Payer. For purposes of SSI and FinThrive, Claims Scrubbed shall be measured on a monthly basis.

Claims Status Checking: is defined as the monthly volume of inquiries from a provider to a health plan to determine the status of a healthcare claim.

Client: is defined as a single contractually designed organization.

Collections Optimization: is defined as the monthly volume of optimized payment collections processed by the application.

Concurrent Users: is defined as the total number of concurrent users who have a right to access the application simultaneously.

Connection: is defined as a link between two disparate sources, (EMR, PHR, state networks, regional networks, and other communities, etc.) that enables the discovery of patients and clinical data.

Connector: is defined as each connector connecting the software product with an external product. A unique connector is required for each distinct product with which the software product is required to interface.

Contract Loads: is defined as the total number of payer contract to be loaded to use a specific application.

Contracted Member: is defined as the total number of unique person that qualifies for one or more registries and that are subject to a client identified at-risk arrangement and/or formal program. Examples of an at-risk arrangement would include, but not limited to, an Accountable Care Organization, Medicare Shared Savings Program, Medicare Advantage Program, Clinically Integrated Network, Gain-share or At-risk commercial payor contract, or other similar type programs.

Correspondence Letters: is defined as the total monthly volume of correspondence letters distributed to patients.

Count CMS Certs and Tax Ids: is defined as the count of CMS Certification Numbers plus the count of Tax ID Numbers a client agreed to participate with in the CMS BPCI-A program.

Coverage Discovery Transactions: is defined as the monthly volume of transactions processed by the application.

Covered Lives: is defined as the total number of people (and their dependents) enrolled in a particular health insurance program.

CPT User Per Release: is defined by the American Medical Association (AMA) and per release, typically annually, of the code set by the AMA.

Credit Search: is defined as the monthly count of all credit searches to determine a patient's unique likelihood of payment.

Data Feeds: is defined as a connection from Oracle Health to a client domain and/or a connection from Oracle Health to a public health department.

Database: is defined as an organized collection of data.

Days: is defined as a period of twenty-four hours as a unit of time.

Developmentally Disabled Beds: is defined as the total beds designated for a disability which originates before age 18, can be expected to continue indefinitely, and constitutes a substantial handicap to the disabled's ability to function normally.

Device: is defined as a unique device that is used in conjunction with the Oracle Health application being licensed. Devices include, but are not limited to, instruments, personal computers, handheld devices, or other pieces of mechanical or electronic equipment.

Diagnostic Procedure: is defined as any exam or course of action that is used to identify a disease.

Discharge: is defined as a completed inpatient hospitalization. A hospitalization may be completed by death, or by releasing the patient to the customary place of residence, a nursing home, another hospital, or another location.

Document: is defined as a written, printed, or electronic matter that provides information in the form of text and/or graphics.

Document Imaging Interface: is defined as each interface to the Experian Document Imaging System.

Domain: is defined as a single enterprise environment where software is loaded.

Each: is defined as every one of a solution, service, transaction, or technology item, regarded and identified separately.

ECG Procedures: is defined as the total number of annual orderable electrocardiogram (ECG) procedure.

ED Visits: is defined as the total number of annual visits to the emergency unit of a medical facility.

Electronic Patient Statements: is defined as the monthly volume of electronic statements distributed to patients.

Electronic Remittance Advices: is defined as the total annual volume of electronic remit advices received from Payers.

Eligibility Requests: is defined as the total annual volume of inquiries regarding patient insurance and benefit coverage verification. For purposes of SSI and Waystar, the Eligibility Requests shall be measured on a monthly basis.

Eligibility Transactions: is defined as the total monthly volume of claims eligibility inquiry transactions regarding patient insurance and benefits coverage verification.

Employee: is defined as a person hired to work for a business or firm in return for payment.

Endoscopy Procedure Carts: is defined as the total number of video endoscopy processors, including those installed into surgical operating rooms, endoscopy lab rooms, or mobile carts.

Endpoint: is defined as a remote computing device that communicates back and forth with a network to which it is connected. Examples of endpoints include desktops, laptops, smartphones, tablets, servers, and workstations.

ERA Payments: is defined as the total monthly volume of electronic remittance advice (ERA) payments to the healthcare provider. An ERA explains how a health plan has adjusted claim charges based on factors like contract agreements, secondary payers.

Facilities: is defined as the total number of physical locations that will use a specific application.

Fax Number: is defined as the total monthly volume of fax numbers processed by the application, where a fax number is defined as a phone line used to send documents to another device or digital solution.

Fax Pages: is defined as the total monthly volume of fax pages processed by the application.

Forms: is defined as the total number of forms and processed per annum, where a form is a document or document image used to collect and record information.

Full Time Equivalent (FTEs): is defined as total full-time personnel, or the part-time equivalent. Each part-time personnel is counted as 0.5; therefore, two part-time personnel equate to one full-time personnel.

General Lab Procedures: is defined as the total number of general laboratory procedures ordered each year. A single orderable procedure may contain one or more resultable items. Examples of orderable procedures include electrolytes, blood metabolic profile, cell count, differential, microscopic urinalysis, macroscopic urinalysis, physical therapy, and partial

thromboplastin time. "Supergroups", orderable items that contain one or more other orderable items, are counted based on their component procedure orders.

Gigabyte: is defined as a unit of data storage capacity that is roughly equivalent to 1 billion bytes.

Gigabyte Per Day: is defined as the total number of gigabytes utilized per day, where a gigabyte is a unit of data storage capacity that is roughly equivalent to 1 billion bytes.

Group of 5 Payers: is defined as up to 5 payers where a payer is defined as an entity including, but not limited to, clearing houses, print facilities and insurance carriers that receive transactions submitted by Client through the transaction services as identified from time-to-time by Oracle Health.

Hour: is defined as a period of time equaling 60 minutes.

ICU Beds: is defined as the total number of staffed bed set up for patient care in the following dedicated intensive care units/surgical, cardiac, neonatal, pediatric, and any other dedicated intensive care unit not elsewhere classified.

IK Number: is defined as each institution code (IK), which is a unique nine-digit number sequence for billing and correspondence between service providers and social insurance institutions. All contractual partners who provide services for the social insurance, including but not limited to hospitals, will receive an IK.

Immunization Registry: is defined as a registry system connection with a single electronic medical record (EMR) domain, where the registry system is used to consolidate immunization records from multiple sources into a single record for public health initiatives.

Implementation: is defined as each professional services deployment of the application.

Infusion Chairs: is defined as the maximum number of stations in a site available to Client at any one time for delivering drugs to patients by infusion. Infusion chairs include chairs, recliners, and beds.

Inpatient Admissions: is defined the total number of facility admissions each year, where each admission is a patient lodged in the hospital for 24 hours or longer.

Inpatient Rehab Admissions: is defined as the total number of admissions each year for inpatient rehabilitation.

Insert: is the annual volume of inserts in statements that are distributed to patients.

Instance: is defined as a single deployment of the application.

Interface: is defined as each software code interface between one application program and another program.

Interface Connection: is defined as each software code interface between one application program.

Invoice: is defined as the total monthly volume of invoices, where an invoice is defined as a commercial document issued by a seller to a buyer relating to a sale transaction and indicating the products, quantities, and agreed-upon prices for products or services the seller had provided the buyer. Payment terms are usually stated on the invoice.

Jurisdiction: is defined as any public health department (e.g., state, local, city, tribal, territory) to which Client facilities are required by law or for accreditation purposes to report public health surveillance data.

Licensed BH Professional: is defined as a professional health care provider who has an active and current license to deliver behavioral health care including psychiatrists, psychiatric nurses, nurse practitioners or physician assistants, license social workers, and psychologists. It specifically does not include nursing assistants or aides, care technicians, psych technicians, or other non-psychiatry medical doctors.

Loop Bundle: is defined as a group of up to five pathways from the GetWell pathway library.

Mail Forwarding: is defined as the annual volume of mail received at one address that has to be sent to a different address, required for patient statements.

Mailbox: is defined as an addressable endpoint (i.e., email address), capable of both sending/receiving direct messages and the storage of such direct messages.

Matched Member: is defined as a unique person for whom data is located.

For the purposes of Clinical Document Exchange, a Matched Member is defined as a unique member for whom standard Consolidated Clinical Document Architecture (C-CDA) data is retrieved for a specified calendar year (current or prior calendar years).

The calendar year is determined by the visit start date for which the data was retrieved. A member is considered matched if their data has not been previously retrieved for a visit in that specified calendar year, regardless of the health plan under which the member was covered. If a member has been matched for a calendar year, any C-CDA data subsequently retrieved for a visit start date within that same calendar year, regardless of the year the data is retrieved, will not be counted as an additional matched member.

Medical Record: is defined as each retrieval of a patient's health and medical history record queried from each data source per person.

Member: is defined as a person identified by Client for inclusion in one or more programs.

Microbiology Procedures: is defined as the total number of microbiology cultures or sensitivities ordered each year, including cases for all microbiology disciplines implemented. Examples include bacterial cultures, virology cultures, mycology cultures, mycobateriology cultures and parasitology cultures. "Supergroups", orderable items that contain one or more other orderable items, are counted based on their component procedure orders.

Minutes: is defined as a period of time equal to sixty seconds.

MIPS Eligible Clinician: is defined as the total number of the licensed providers included/participating in the Merit-Based Incentive Payment System (MIPS) defined annually by the Quality Payment Program.

Mobile Resources: is defined as the maximum number of vehicles, couriers, phlebotomists, or other mobile or field-based employees or resources to be tracked or for whom routes will be optimized.

Molecular Procedures: is defined as the total number of molecular-based infectious disease, molecular diagnostics, and cytogenetics procedures ordered each year. "Supergroups", orderable items that contain one or more other orderable items, are counted based on their component procedure orders.

Month: is defined as one of 12 units of time into which one year is divided, each having 28-31 days.

Named Member: is defined as an individual member record created in the Oracle Program.

Net Patient Revenue ($M): is defined as the total annual patient revenues less patient discounts, expressed in millions. This is the total money received for treating patients from a payer, excluding charitable donations or other revenues, less contractual allowances or discounts on patient accounts.

Non-Contracted Member: is defined as the total number of unique persons who qualifies for one or more registries that are not subject to a client identified at-risk arrangement and/or formal program.

Note Generated: is defined as a draft clinical note generated using Oracle Health Clinical Digital Assistant based on provider and patient conversations.

Notifications: is defined as the total number reminders sent annually to remind patients of scheduled appointments. For purposes of Intrade Workforce Software, the Notifications shall be measured on a monthly basis.

Nuance Physician Site License: is defined as all 300+ medical personnel, including physicians and therapists, within the clinical centers and sites identified in this Ordering Document.

Nursing Home Bed: is defined as the total number of beds dedicated to the care of patients in a facility designed for recovery from a hospital, treatment, or assistance with common daily activities.

Oncology Providers: is defined as the total number of prescribing providers practicing in the field of medical oncology (including physicians, fellows, nurse practitioners, and physician assistants).

Operating Budget ($M): is defined as the total annual value of all direct, indirect, and administrative costs of operation of programs, divisions, or services operated by Client and by other persons or organizations permitted to access and use the software products within the scope of the license. Expressed in millions.

Operating Expense ($M): is defined as the total annual facility expenses, excluding bad debt, expressed in millions.

Operating Rooms: is defined as the total number of units in a medical facility where surgical operations are performed.

Orders: is defined as Oracle will place orders in the local currency of the applicable Oracle Entity using an Ordering Document. Ordering Documents will specify the quantity and type of Products and Services ordered, the delivery address, and the date of delivery or subscription or Service commencement. Supplier will confirm its acceptance of an Ordering Document within 3 business days after receipt of the Ordering Document. All Ordering Documents not rejected in writing within such 3 business day period will be deemed accepted. Upon acceptance of an Ordering Document, Supplier will ship, electronically deliver or grant access to any Products (including Documentation, and associated license keys, if applicable) to Oracle. Supplier will provide Oracle with, as applicable, shipment confirmation, tracking information, and download instruction confirmation in a format agreed upon by the parties. Ordering Documents may be changed by Oracle without penalty until the date of the shipment or issuance of the download instructions.

Outpatient Visits: is defined as the total number of annual outpatient visits per year, where an outpatient visits is any visit made during a person's reference period to a hospital outpatient department, such as a unit of a hospital, or a facility connected with a hospital, providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight.

Pages: is defined as the total monthly volume of pages processed by the application.

Paper Claims: is defined as the annual volume of pages processed by the application.

Participants: is defined as the total number of annual employees and/or dependent who receives any and/or all of services provided.

Patient: is defined as a person receiving or registered to receive medical treatment.

Patient Payments: is defined the annual count of completed transactions that processes error-free, whether reversed or not, through the transaction partner and successfully charge the payer's card. For purposes of Experian and Flywire, Patient Payments shall be measured on a monthly basis.

Patient Statement Postage: is defined as the monthly volume of patient statement postage incurred by the application.

Patient Statements: is defined as the annual volume of statements distributed to patients. For purposes of Flywire, Patient Statements shall be measured on a monthly basis.

Patient Statements Additional Pages: is defined as the monthly volume of statement additional pages distributed to patients.

Patient Visits: is defined as each unique patient encounter by venue per month.

Patients: is defined as the total number of persons receiving or registered to receive medical treatment.

Patients Treated: is defined as all patients, both inpatient and outpatient, treated during a single calendar year, where a patient is defined as a person receiving or registered to receive medical treatment in the institutions supported by the systems, applications, and products (SAP). Patients are only counted once, no matter how many times they are treated in such institutions within the year.

Patients Treated (1000): is defined as 1000 patients, both inpatient and outpatient, treated during a single calendar year, where a patient is defined as a person receiving or registered to receive medical treatment in the institutions supported by the systems, applications, and products (SAP). Patients are only counted once, no matter how many times they are treated in such institutions within the year.

Patients Treated (10000): is defined as 10000 patients, both inpatient and outpatient, treated during a single calendar year, where a patient is defined as a person receiving or registered to receive medical treatment in the institutions supported by the systems, applications, and products (SAP). Patients are only counted once, no matter how many times they are treated in such institutions within the year.

Payer: is defined as entities including, but not limited to, clearing houses, print facilities, and insurance carriers that receive transactions submitted by Client through the transaction services as identified from time-to-time by Oracle Health.

Payer Notifications: is defined as the total number of annual inpatient admissions per payer (insurance company).

Payment Plan Migrations: is defined as the monthly volume of payment plan migrations processed by the application.

Percentage of Net Receipts: is defined as the monthly percentage of revenue collected.

Pharmacy ePrescribe Transactions: is defined as the monthly volume of transactions processed by the application.

Physicians: is defined as a licensed physician affiliated with the physician office or group.

Prior Authorizations: is defined as the monthly volume of prior authorizations, where a prior authorization is defined as a process used by some health insurance companies in the united States to determine if they will cover a prescribed procedure, service, or medication.

Production Environments: is defined as a single Oracle Health environment onto which Oracle products are loaded.

Project: is defined as a series of tasks including, but not limited to, the design of protocols, data collection and analysis, and reporting of results.

Providers: is defined as the total number of health professionals legally allowed to write prescriptions - physician (M.D., D.O.), physicians' assistant, or other advanced practitioner.

Quarter: is defined as a 3-month period of a year.

Radiology Procedures: is defined as the total number of exams or courses of action ordered each year that use medical imaging to diagnose and treat diseases.

Referral: is defined as the total annual volume of referrals, where a referral is defined as an act of referring someone or something for consultation, review or further action.

Registry: is defined as a list of members defined by measures.

Rehab Ambulatory Visits: is defined as the total annual number of ambulatory (clinic) rehabilitation service visits to include, occupational, vocational, and speech therapies.

Rehab Outpatient Visits: is defines as the total monthly outpatient rehabilitation service visits to include occupational, vocational, speech therapies, etc.

RelayHealth Claims and Eligibility Transactions: is defined as the total monthly volume of claims eligibility inquiry transactions regarding patient insurance and benefit coverage verification.

Returned Mail Handled: is defined as the annual volume of patient statement returned mail processed by the application. For purposes of Flywire, Returned Mail Handled is measured on a monthly basis.

Scheduled Appointments: is defined as the total combined number per annum of booked healthcare events among patients, practitioners, related persons, and/or devices for a specific date/time.

Seats: is defined as the total number of users who has the right to access the software application. Users are not person-specific, meaning that if a user left the organization, the seat used by that person could then be used by another individual within the organization.

Server: is defined as a physical computer or computer hardware system dedicated to running one or more services.

Service Population: is defined as the number of people that are serviced by the health care delivery system and its entities. This can be all the people in the surrounding counties where the health system is located, or across state boundaries.

Shifts: is defined as a 12-hour period providing end-user conversion support assistance for physicians, nurses, and ancillary staff using Oracle Health solutions.

Staffed Members: is defined as the total number of clinical or non-clinical employees affiliated within an organization or given care area.

Statement Envelope Message: is defined as the monthly volume of patent statement envelope messages processed by the application.

Statement Postage: is defined as the annual volume of patient statement postage incurred by the application.

Statement Reporting: is defined as the monthly volume of patient statement reporting processed by the application.

Statement Additional Page: is defined as the annual volume of statement additional pages distributed to patients.

States: is defined as a politically-organized body of people occupying a defined or sovereign territory within the United States of America.

Submitter IDs: is defined as the total number of departments or facilities requiring independent invoices.

Surgical Operations: is defined as the total annual surgical operations. Each patient (inpatient or outpatient) undergoing surgery is counted as having one surgical operation, regardless of the number of surgical procedures performed while the patient is in the operating or procedure room.

Terabyte: is defined as a unit of digital information equal to 1 trillion bytes.

Text Messages: is defined as the monthly volume of text messages processed by the application.

Total Lab Procedures: is defined as the total number of laboratory exams or courses of action ordered for each year for the following, as applicable to the solutions quoted: Anatomic Pathology Procedures, Blood Bank Transfusion Procedures, Cytogenetics Procedures, General Lab Procedures, HLA Procedures, Infectious Disease Procedures., Microbiology Procedures and Molecular Diagnostics Procedures.

Transactions: is defined as the annual volume of transactions processed by the application. For purposes of Nuance and Vertama, Transactions shall be measured on a monthly basis.

Transplant Case: is defined as the total number of annual transplant surgeries.

Transports: is defined as the total monthly volume of ambulance runs, where an ambulance run means the response of an ambulance vehicle and personnel to an emergency or non-emergency for the purpose of rendering medical care or

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transportation, or both, to someone sick, or incapacitated, including canceled calls, no transports, and standby events where medical care may be rendered.

Users: is defined as the total number of individuals registered in the System with a unique sign-on and authorized by Client to use the Licensed Software, Sublicensed Software, or Services as set forth in the Agreement.