UW Medicine

UW Medicine Compliance Glossary

Glossary Term	Definition
1. Abuse or Neglect	Injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child or vulnerable adult by any person under circumstances which indicate that the child's or vulnerable adult's health, welfare, and safety is harmed. (Source: Revised Code of Washington (RCW) 26.44.020(1), RCW 74.34.020(2) and (16))
2. Active Billing Period	The time period marked by the first and last dates that the study subject will receive billable study-related services.
3. Administrative Safeguards	Administrative actions, policies and procedures to manage the selection, development, implementation and maintenance of security measures to protect electronic protected health information (PHI), and to manage the conduct of UW Medicine's workforce in relation to the protection of that information. (Source: 45 C.F.R. § 164.304)
4. Auditing	A formal, systematic, and disciplined review (of compliance-related documentation, processes and/or practices, and controls to evaluate and improve effectiveness and mitigate organizational risk) completed by compliance officials, independent of the operation being evaluated, under the direction of the responsible compliance officer.
5. Authorization	A written detailed document that gives UW Medicine permission to use and/or disclose PHI for specified purposes, which are generally other than treatment, payment or healthcare operations (TPO), or to disclose PHI to a third party specified by the individual. (Source: U.S. Department of Health & Human Services (HHS) FAQ 264 - What is the difference between "consent" and "authorization" under the HIPAA Privacy Rule?)
6. Billing Ended	The date on which there are no further study-related services that could generate a UW Physicians (UWP), Patient Financial Services (PFS) or Clinical Research Budget and Billing (CRBB) billable charge to either a study subject or the study budget.
7. Billing Grid	A document that is the product of coverage analysis, which indicates whether the clinical research study protocol-required services, items and tests will be billed to a research budget or to the patient/third party payer. The billing grid also lists practice sites planned for study visits.
8. Breach	The acquisition, access, use or disclosure of PHI in a manner not permitted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) which compromises the security and privacy of PHI. (Source: 45 C.F.R. § 164.402) See also COMP.105 Breach Notification.
9. Breach Discovery Date	The first day on which the breach is known (or should have reasonably been known) to have occurred by any workforce member or agent of UW Medicine (other than the person committing the breach). See also COMP.105 Breach Notification. (Source: 45 C.F.R. § 164.404(a)(2))

Glossary Term	Definition
10. Business Associate	A non-UW Medicine entity or individual that performs a service or activity for or on behalf of the University of Washington or UW Medicine involving the use or disclosure of PHI. Examples include consultants, vendors, external auditors, etc. (Source: 45 C.F.R. § 160.103, HHS Guidance: Business Associates)
11. Campus	The physical area immediately adjacent to a hospital's main buildings other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the Centers for Medicaid and Medicare Services (CMS) regional office to be part of the hospitals' campuses. Excludesother areas or structures of the hospital's main building that are not part of the hospital, such as physician offices, rural health centers, skilled nursing facilities, or other entities that participate separately under Medicare, or restaurants, shops, or other nonmedical facilities. (Source: 42 C.F.R. § 413.65(a)(2) and §489.24(b))
12. Capacity	The ability of the hospital to accommodate the individual requesting examination or treatment of the transferred individual. Capacity encompasses such things as numbers and availability of qualified staff, beds and equipment and the hospital's past practices of accommodating additional patients in excess of its occupancy limits. (Source: 42 C.F.R. § 489.24(b))
13. Category A and B Investigational Device Exemption (IDE) device Coverage Rules	Medicare's policy that defines coverage of Investigational Device Exemption (IDE) device-related clinical research studies for Medicare beneficiaries. The rules also define coding requirements for claims billed to Medicare in the context of these studies. Under these rules, Medicare may cover certain research-related clinical services, items, and tests that are provided to study subjects in clinical research studies that meet certain conditions and after Medicare pre-authorization is obtained. (Source: Medicare Benefit Policy Manual, Chapter 14 - Medical Devices, and Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services)
14. Chief Privacy Officer	See UW Medicine Chief Privacy Officer.
15. Child	Any person under eighteen years of age. (Source: RCW 26.44.020(2)) See also Minor.
16. Claim	Any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient. (Source: 31 U.S.C. § 3729(b)(2))
17. Class of Person(s)	Individual(s) within a group who have the same role and responsibilities (for example: nurse practitioners, physicians, medical students, health information technicians II).
18. Clinical Research Budget and Billing (CRBB)	The central UW School of Medicine support office that serves as a resource to assist faculty and staff in coverage analysis for clinical trials, billing grid development, as well as research billing for clinical trials and Medicare-approved registries.
19. Clinical Trial Policy (CTP)	Medicare's policy for the coverage of routine costs of qualifying clinical trials, as well as reasonable and necessary items and services used to diagnose and treat complications arising from participation in all clinical trials. The CTP defines routine costs as well as the requirements, indications and limitations for coverage of routine costs. (Source: National Coverage Determination (NCD) for Routine Costs in Clinical Trials (310.1))

Glossary Term	Definition
20. Comes To The Emergency Department (ED)	Means that the individual: • Has presented at a hospital's dedicated emergency department, and requests examination or treatment for a medical condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition. • Has presented on hospital property, other than the dedicated emergency department, and requests examination or treatment for what may be an emergency medical condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment. • Is in a ground or air ambulance owned and operated by the hospital for purposes of examination and treatment for a medical condition at a hospital's dedicated emergency department, even if the ambulance is not on hospital grounds. However, an individual in an ambulance owned and operated by the hospital is not considered to have "come to the hospital's emergency department" if— (i) The ambulance is operated under communitywide emergency medical service (EMS) protocols that direct it to transport the individual to a hospital other than the hospital that owns the ambulance; for example, to the closest appropriate facility. In this case, the individual is considered to have come to the emergency department of the hospital to which the individual is transported, at the time the individual is brought onto hospital property; (ii) The ambulance is operated at the direction of a physician who is not employed or otherwise affiliated with the hospital that owns the ambulance; or • Is in a ground or air nonhospital-owned ambulance on hospital property for presentation for examination and treatment for a medical condition at a hospital's dedicated emergency department. However, an individual in a nonhospital-owned ambulance off hospital property is not considered to have come to the hospital's emergency department, even if a member of the ambulance staff contacts the hospital by telephone or telemetry communications and informs the hospital that they want to transport the individual to the hospital for examination and treatment. The hospital may direct the ambulance to another facility if it is in "diversionary status," that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the hospital's diversion instructions and transports the individual onto hospital property, the individual is considered to have come to the emergency department. (Source: 42 C.F.R. § 489.24(b))
21. Compliance Officer Liaison (CO Liaison)	Authorized to carry out the eight elements of the compliance program for own department and content area outside the jurisdiction of the UW Medicine Compliance Program.
22. Compliance Official	Designated institutional official authorized with scope and jurisdiction over healthcare compliance content areas and issues. See UW Medicine Compliance Program.
23. Correctional Facility Officials	An officer or employee of any federal, state or local agency (including an Indian Tribe) who is empowered by law to investigate or conduct an official inquiry into a potential violation of law OR prosecute or otherwise conduct a criminal, civil or administrative proceeding arising from an alleged violation of law. (Source: 45 C.F.R. § 164.501) See also Law Enforcement Official.
24. Correctional Institutions	Any penal or correctional facility, jail, reformatory, detention center, work farm, half-way house or residential community program center operated by a federal, state, local government agency or Indian Tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. (Source: 45 C.F.R. § 164.501)

Glossary Term	Definition
25. Cost Transfer Invoicing (CTI)	A process by which departments charge the costs of services or supplies between University of Washington (UW) budget entities.
26. Coverage Analysis	The process by which it is determined whether a research protocol qualifies for coverage under Medicare's Clinical Trial Policy or Investigational Device Exemption (IDE) rules, allowing study services to be billed to Medicare. A completed coverage analysis is also a key element in the creation of a study's billing grid. The Coverage Analysis consists of three parts: 1. Determine whether the study meets the definition of a qualifying clinical trial, 2. Document which study-related services may be considered "routine costs," 3. CMS rules allow for reimbursement of specified "routine costs"
27. Coverage with Evidence Development (CED)	The Centers for Medicare & Medicaid Services (CMS), as part of the National Coverage Determination (NCD), may cover an item or service in the context of an approved clinical study or with the collection of additional clinical data. (Source: Coverage with Evidence Development)
28. Covered account	See UW APS 35.2 Identity Theft Prevention: Red Flag Rules. (Source: 16 C.F.R. § 681.1(b)(3))
29. Covered Entity	Health plans, healthcare clearinghouses, and healthcare providers who electronically transmit health information in electronic format in performance of a Covered Function. • Healthcare professional (example: hospital or physician) • Healthcare plan (example: managed care program) • Healthcare clearinghouse (example: third-party billing center) (Source: 45 C.F.R. § 160.103)
30. Covered Functions	Functions performed by a Covered Entity that make the entity a health plan, healthcare provider, or healthcare clearinghouse. (Source: 45 C.F.R. § 164.103)
31. Data Breach	See Breach.
32. Data Custodian	See UW IT Data Trustees and Custodians.
33. Decedent(s)	A deceased person.

Glossary Term	Definition
34. Dedicated Emergency Department	Any department or facility of the hospital, regardless of whether it is located on or off the main hospital campus, that meets at least one of the following requirements: (1) Is licensed by the State in which it is located under applicable State law as an emergency room or emergency department; (2) Is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year in which a determination under this section is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. (Source: 42 C.F.R. § 489.24(b))
35. De-Identified PHI	The result of de-identifying PHI in accordance with COMP.103 Use and Disclosure of PHI, Section VI.B. See also 102.G4 PHI Guidance. (Source: 45 C.F.R. § 164.514(a))
36. Designated Institutional Official	UW Medicine workforce member authorized to carry out certain responsibilities based on his/her scope and jurisdiction.
37. Designated Record Set (DRS)	See definition at *UW Medicine Policy: Definition, Retention & Disclosure of the Legal Medical Record and Designated Record Set*, *NWH Legal Medical Record Definition, Retention, Disclosure & Designated Record Set*, *VMC Medical Record Policy*.
38. Disclosure	Release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information. (Source: 45 C.F.R. § 160.103)
39. eCare	Secure patient portal system to view medical records online: *http://www.uwmedicine.org/patient-care/ecare*.
40. Effort	For the purposes of sponsored projects, effort is the time faculty spend on all of their university activities, including research, instruction, administration, service and clinical activity. (Source: UW School of Medicine Policy and Guidelines for Professional Services – September 2009)
41. Electronic Health Record	An electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. (Source: https://www.cms.gov/Medicare/E-Health/EHealthRecords/index.html)
42. Electronic Media	1. Storage material on which data is or may be recorded electronically; including devices in computers (hard drives) and any removable/ transportable digital memory medium, such as magnetic tape or disk, optical disk or digital memory card; 2. Transmission media used to exchange information already in electronic storage media, for example: the internet, extranet or intranet, leased lines, dial-up lines, private networks and the physical movement of removable/transportable electronic storage media. • Certain transmissions, including those via paper, facsimile, voice and telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.
43. Electronic Protected Health Information (ePHI)	Any protected health information (PHI) that is produced, saved, transferred, or received in an electronic form.

Glossary Term	Definition
44. Emergency Medical Condition (EMC)	1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances or symptoms of substance abuse) such that absence of immediate medical attention could reasonably be expected to result in: (a) placing the health of the individual (or, with respect to a pregnant patient, the health of the patient or the fetus) in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part. 2. With respect to a pregnant patient who is having contractions, that there is inadequate time to affect a safe transfer to another hospital before delivery or the transfer may pose a threat to the health or safety of the patient or fetus. (Source: 42 C.F.R. § 489.24(b))
45. Enrollment	The point at which an individual has signed the informed consent document and has satisfied all requirements to participate in a given research study. Enrollment status characterizes the subject's relationship in a study at a given time, and is one of the following: consented, enrolled or off-study.
46. Enterprise	UW Medicine and UW Medicine Affiliated Covered Entity.
47. Entity	Each separate UW Medicine or UW Medicine Affiliated Covered Entity organization with a legal and separately identifiable existence.
48. Federal Healthcare Programs	Include programs such as Medicare, Medicaid, Tricare, Champus, and any other plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part by Federal Government.
49. First Tier, Downstream and Related Entities (FDR)	First Tier, Downstream or Related Entity (FDR). • **First Tier Entity**: any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organizations (MAO) or Medicare Prescription Drug Plan (Part D) sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the Medicare Advantage (MA) program or Part D program. • **Downstream Entity**: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. • **Related Entity**: any entity related to an MAO or Part D sponsor by common ownership or control and 1. Performs some of the MAO or Part D plan sponsors management functions under contract or delegation; 2. Furnishes services to Medicare enrollees under an oral or written agreement; *or* 3. Leases real property or sells materials tot eh MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (Source: Prescription Drug Benefit Manual, Chapter 9, and Medicare Managed Care Manual, Chapter 21)
50. Good Faith Belief	Belief based on actual knowledge or reliance on a "credible representation by a person with apparent knowledge or authority." (Source: 45 C.F.R. § 164.512(j)(4))
51. Health Oversight Agency	A public agency, Indian tribe or entity acting pursuant to a public agency's authority, that is authorized by law to oversee the healthcare system or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant. • Examples of health oversight activities include, but are not limited to, oversight of healthcare plans, healthcare professionals, healthcare delivery systems, medical devices and pharmaceuticals. • Does not include private-sector accrediting organizations. (Source: 45 C.F.R. § 164.501)
52. Healthcare	Any care, service, or procedure provided through medical or clinical services.

Glossary Term	Definition
53. Healthcare Compliance	Content areas within the scope of UW Medicine compliance department(s).
54. Healthcare Component(s)	An organization that performs covered functions and activities that would make it a covered entity or business associate if it were a separate legal entity. (Source: 45 C.F.R. § 164.105(a)(2)(iii)(D)) The UW Medicine Affiliated Covered Entity comprises the following Healthcare Components: 101.G1 UW HIPAA Designation.
55. Healthcare Operations	Certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. For HIPAA purposes, these activities are limited to the activities listed in the definition of "health care operations" at 45 C.F.R. § 164.501. See also 103.G1 TPO Guidance and HHS Guidance: Uses and Disclosures for TPO.
56. Hospital Property	The hospital campus, including the parking lots, sidewalk and driveways that access hospital facilities but excluding other areas or structures of the hospital's campus that are not part of the hospital, such as public streets, physician offices, rural health centers, skilled nursing facilities, or other entities that participate separately under Medicare, or restaurants, shops or other non-medical facilities. (Source: 42 C.F.R. §489.24(b))
57. Human Subject	See UW Research: https://www.washington.edu/research/glossary/hs/.
58. Hybrid Covered Entity	A single legal entity that is a covered entity and whose business activities include both covered and non-covered functions. The UW is a hybrid covered entity under HIPAA, comprised of healthcare and non-healthcare components. The healthcare components and components engaged in supporting the healthcare mission are subject to HIPAA regulations. Pursuant to 45 C.F.R. § 164.103 and 45 C.F.R. § 164.105(a)(2)(iii)(D), the UW's designation includes the entities listed in 101.G1 UW HIPAA Designation.
59. Identification of Overpayment	The date upon which a potential billing error has been determined to constitute an overpayment and the amount of the overpayment has been quantified.
60. Identity Theft	See UW APS 35.2 Identity Theft Prevention: Red Flag Rules.
61. Imminent	The state or condition of being likely to occur at any moment or near at hand, rather than distant or remote. (Source: RCW 70.02.010)
62. In Loco Parentis	In the place of a parent. (Source: Black's Law Dictionary)

Glossary Term	Definition
63. Incident	Includes but is not limited to: potential unauthorized access, use, disclosure, modification, destruction, availability, reporting, theft, etc. of patient information, institutional information, information systems, computerized devices, or infrastructure technology.
64. Individually Identifiable Health Information	A subset of a patient's health information , including demographic information, that: 1. Is created or received by a healthcare professional, health plan, employer or healthcare clearing house; *and* 2. Relates to the past, present, or future: physical or mental health or condition of a patient, the provision of healthcare to a patient, or payment for the provision of healthcare to a patient; *and* a. Identifies the patient; *or* b. Provides a reasonable basis to believe the information can be used to identify the patient (Source: 45 C.F.R. § 160.103) See also 102.G4 PHI Guidance.
65. Industry-Funded	Research and development activities that are funded (monetary or non-monetary) by commercial agencies and organizations.
66. Information Regarding Human Immunodeficiency Virus (HIV) Testing and Sexually Transmitted Diseases (STDs)	A type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections. (Source: RCW 70.02.010 (22))
67. Inmate	A person incarcerated in or otherwise confined to a correctional institution. (Source: 45 C.F.R. § 164.501) The definition of inmate does not include an individual released on parole, probation, supervised release, and/or otherwise no longer in lawful custody.
68. Inpatient Admission	When a physician or other qualified provider submits an order to place the patient in a bed with the category "inpatient," typically but not always involving two or more overnight stays.
69. Investigation	A systematic or formal inquiry to discover and examine the facts of an incident or allegation, so as to determine if there is a violation of UW Medicine compliance policies or related state/federal regulations.
70. Investigational Item or Service	A Food & Drug Administration (FDA) approved or unapproved item or service which is administered during the research study. In the Medicare Clinical Trials Policy, coverage of investigational items or services depends on the type of study and whether the item or service is otherwise covered outside of the study. For Medicare Category A and B investigational devices, coverage depends on the category of the device and whether it has been pre-approved by Medicare.
71. Knowingly	A person or organization: 1. Has actual knowledge that the information is false; 2. Acts in deliberate ignorance as to the truth or falsity of the information; *or* 3. Acts in reckless disregard of the truth or falsity of the information. (Source: 31 U.S.C. § 3729)

Glossary Term	Definition
72. Labor	The process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A patient experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and State law, certifies that, after a reasonable time of observation, the patient is in false labor. (Source: 42 C.F.R. §489.24(b))
73. Law Enforcement Officials	An officer or employee of any federal, state or local agency(including an Indian Tribe) who is empowered by law to investigate or conduct an official inquiry into a potential violation of law or prosecute or otherwise conduct a criminal, civil or administrative proceeding arising from an alleged violation of law. (Source: 45 C.F.R. § 164.501)
74. Legal Medical Record (LMR)	See definition at *UW Medicine Policy: Definition, Retention & Disclosure of the Legal Medical Record and Designated Record Set*, *NWH Legal Medical Record Definition, Retention, Disclosure & Designated Record Set*, *VMC Medical Record Policy*.
75. Limited Data Set	See COMP.103 Use and Disclosure of PHI, Section VI on Limited Data Sets.
76. Marketing	Communication regarding a product or service that encourages recipients of the communication to purchase or use the product or service, unless the communication is made to describe a health-related product or service (or payment for such product or service) that is provided by UW Medicine. See 103.G9 Marketing Activities Guidance.
77. Medical Screening Examination (MSE)	The process required to reach the point at which it can be determined whether an emergency medical condition (EMC) exists, as a matter of reasonable medical probability. The process may range from a simple examination (such as a brief history and physical) to a more detailed examination that may include laboratory tests, diagnostic imaging, or other diagnostic tests or procedures, and/or use of on-call physician specialists. The MSE is a continuous process reflecting appropriate monitoring in accordance with a patient's needs. Ultimately, the purpose of the MSE is to determine whether or not an emergency medical condition exists. (Source: 42 U.S.C. § 1395dd; see also: CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases)

Glossary Term	Definition
78. Mental Health Records	Documentation of mental health treatment by mental healthcare professionals in the Designated Record Set that is subject to heightened confidentiality (see COMP.103 Use and Disclosure of PHI, Section II). This includes information typically shared with a patient and by definition is part of a mental health note. Examples of information found in the designated record set include: a. Strategies for promoting treatment adherence and optimizing disease management; b. Medication prescription and monitoring; c. Counseling session start and stop times; d. Objective behavioral assessments upon which clinical treatment decisions are made; e. The modalities and frequencies of treatment furnished; f. Results of clinical tests; *and* g. Any summary assessment of the following items: diagnosis, functional state, treatment plan, patient's presenting symptoms, prognosis, and progress to date. Examples of notes that are included in the designated record set include: a. Physician progress notes; b. Nursing notes; c. Case management notes; d. Individual and group therapy notes; *and* e. Other mental health notes. (Source: RCW 70.02.010(21)) This information does not include Psychotherapy Notes.
79. Minimal Risk for Research	See UW Research: https://www.washington.edu/research/glossary/minimal-risk/
80. Minimum Necessary	Minimum necessary refers to the limited PHI required to accomplish the intended purpose of the use, disclosure or request. See COMP.103 Use and Disclosure of PHI, Section I. (Source: 45 C.F.R. § 164.502(b) (Minimum Necessary Standard), 45 C.F.R. § 164.514(d), and HHS Guidance: Minimum Necessary Requirement.)
81. Minor	Person under eighteen years of age. (Source: RCW 26.28.010) See also Child.
82. Monitoring	Ongoing checking of operational processes to ensure processes are working as intended.
83. Non-Covered Research-Only	Clinical services provided in the context of the clinical research study that are not used for the direct clinical management of the study subject and should not be billed to the study subject's insurer or other third-party payer.

Glossary Term	Definition
84. Organized Healthcare Arrangement	1. A clinically-integrated care setting in which individuals typically receive healthcare from more than one healthcare professional; *or* 2. An organized healthcare system in which more than one covered entity participates, and which the covered entities are publicly known to jointly work together and participate in one of the following as a joint activity: • Utilization review; • Quality assessment and improvement; • Payment activities when the financial risk is shared. (Source: 45 C.F.R. § 160.103)
85. Overpayment	Medicare and other federally reimbursed payments that a facility, supplier, practice plan, or healthcare practitioner has received in excess of amounts payable under the Medicare or other applicable federal statute and regulations.
86. Patient Account	For purposes of the UW Medicine Identity Theft Prevention Program, patient account refers to a covered account that is offered or maintained by a UW Medicine entity for an individual in connection with the provision of healthcare services.
87. Patient Information	See 102.G4 PHI Guidance.
88. Payment	For HIPAA purposes, all activities undertaken by UW Medicine to obtain reimbursement for treatment that has been provided. (Source: 45 C.F.R. § 164.501) See also 103.G1 TPO Guidance and HHS Guidance: Uses and Disclosures for TPO.
89. Patient Portal	Secure internet system that helps patients view and manage their health information: http://www.uwmedicine.org/patient-care/ecare.
90. Personal Representative or Legally Authorized Surrogate Decision-Maker	A person authorized under State or other applicable law to act on behalf of the individual in making healthcare related decisions. (Source: HHS Guidance: Personal Representatives)
91. Physical Safeguards	Physical measures, policies and procedures to protect UW Medicine's electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion. (Source: 45 C.F.R. § 164.304)
92. Principal Investigator (PI)	The investigator with overall responsibility for the conduct of a particular research study.
93. Privacy Complaint	A patient's complaint alleging that their health information privacy rights were violated under Federal or state law. (See also COMP.104 Patient Rights Related to PHI and the UW Medicine Joint Notice of Privacy Practices.)

Glossary Term	Definition
94. Privacy Rule	Establishes a national standard of privacy protection for information about patients and defines PHI. (Source: HHS Guidance: Privacy Rule)
95. Professional Fee	The billable charge for a professional service that has not been identified as Faculty Effort under the terms of the sponsor agreement. Services identified as clinical research study effort for other institutional reporting purposes may not be billed as professional fees.
96. Professional Services	Care, services and/or procedures provided by a physician or other non- physician healthcare professional (for example, diagnosis, therapy, surgery, consultations, and home, office and hospital visits).
97. Protected Health Information (PHI)	A subset of individually identifiable health information maintained in health records and/or other clinical documentation in either paper-based or electronic format. See also 102.G4 PHI Guidance. (Source: 45 C.F.R. § 160.103)
98. Proxy Access	The provisioning of access to a patient's personal health information through the UW Medicine patient portal system, given to a person other than the patient. See also eCare.
99. Psychotherapy Notes	See COMP.103 Use and Disclosure of PHI, Section IV.
100. Public Health Authority	An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or person or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate. (Source: 45 C.F.R. § 164.501)
101. Qualified Medical Person (QMP)	The person who performs the MSE and who signs the written certification for any transfers, as determined by the hospital bylaws, rules and regulations. (See also 42 U.S.C. § 1395dd, 42 C.F.R. § 489.24, CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases)
102. Red Flag	See UW APS 35.02 Identity Theft Prevention: Red Flag Rules.
103. Registry	A collection of standardized information about a group of patients/human subjects who share a medical condition. Medicare may provide coverage for certain clinical research procedures for subjects whose data is captured in CMS-approved registries. (Source: Medicare Approved Facilities/Trials/Registries)
104. Remuneration	Direct or indirect compensation (or anything of value). See also 45 C.F.R. § 164.501 for definition related to HIPAA and OIG Guidance related to Fraud and Abuse Laws.
105. Reportable Error	Anything other than a routine processing error.

Glossary Term	Definition
106. Research	See 45 C.F.R. § 690.102 and UW Research Guidance: https://www.washington.edu/research/policies/guidance-is-it-research-2/, https://www.washington.edu/research/policies/guidance-research-at-valley-medical-center/
107. Researcher	Individuals who are authorized to conduct research at UW Medicine. (See also Research.)
108. Routine Costs	A term used by Medicare to describe the types of clinical services, items or tests it will cover under the Clinical Trial Policy for qualifying clinical trials. Routine costs must be provided in either the experimental or the control arm of a clinical trial; otherwise generally available to Medicare beneficiaries (for example, there exists a benefit category); not statutorily excluded from Medicare coverage; and not excluded from Medicare coverage by a National or Local Coverage Decision. As defined by the CMS, routine costs in clinical trials include: a. Items or services that are typically provided absent a clinical trial (for example, conventional care); b. Items or services required solely for the provision of the investigational item or service (for example, administration of a non-covered chemo-therapeutic agent), the clinically appropriate monitoring of the effects of the item or service, or the prevention of complications; *and* c. Items or services needed for reasonable and necessary care arising from the provision of an investigational item or service, in particular, for the diagnosis or treatment of complications. The following are excluded from Clinical Trials Policy coverage: a. The investigational item or service itself, unless otherwise covered outside of the clinical trial; b. Items and services provided solely to satisfy data collection and analysis needs which are not used in the direct clinical management of the patient; *and* c. Items and services customarily provided by the research sponsors free of charge for any study subject.
109. Routine Processing Error	A clerical error or inadvertent patient-specific coding, charging or billing error that does not demonstrate a pattern of recurrence, is isolated to a single or a very limited number of claims and is not of substantial value.
110. Safeguards	Precautionary measures taken to protect the privacy, security and confidentiality of UW Medicine information. (See also Administrative Safeguards, Physical Safeguards and Technical Safeguards.)
111. Social Networking	See COMP.303 Social Media Networking Policy and Guidelines.
112. Sponsored Project	Any project receiving external support (including research, scholarly work, training, workshops and services) that has defined performance requirements.
113. Stabilized	With respect to an emergency medical condition (EMC), no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during transfer or that the treating provider has determined, within reasonable medical probability, that the EMC is resolved. A laboring patient is stabilized when the child and the placenta are delivered. (Source: 42 U.S.C. § 1395dd(e)(3)(B), 42 C.F.R. 489.24(b)), CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases)

Glossary Term	Definition
114.Stable for Discharge	The hospital has provided medical services necessary to assure that no material deterioration of the condition is likely to result from discharge, as a matter of reasonable medical probability. Further, the physician has determined that the patient's continued care, including further diagnostic workup and/or treatment, can be reasonably performed as an outpatient or later as an inpatient, and the patient is provided a plan for appropriate follow-up care with discharge instructions. • A psychiatric patient is considered "stable for discharge" if the patient is not considered to be a threat to self or others. (See also: 42 U.S.C. § 1395dd, CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases)
115.Stabilizing Treatment	Medical treatment necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result or occur from/during a transfer. Additionally, stabilizing treatment is the medical treatment provided to alleviate the patient's emergency medical condition. (See also: 42 U.S.C. § 1395dd, 42 C.F.R. 489.24, CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases)
116.Study-Related Services	The clinical services, items and/or tests that are called out in the study protocol, schedule of events and/or billing grid. CMS requires identification of all study-related services which it defines as routine costs on study-related Medicare claims, including conventional care services.
117.Study Subject	(Also referred to as, "subject", "human subject" and "research participant"). For purposes of this policy, these terms refer to an individual who is either directly participating in a research study, or whose identifiable private information is being used in a research study. The UW Institutional Review Board applies two regulatory definitions of human subjects for purposes of determining whether a research activity is considered human subjects research (See also Human Subject and https://www.washington.edu/research/hsd/do-i-need-irb-review/does-your-research-involve-human-subjects/.)
118.Subcontractor	A person or organization to whom a Business Associate delegates a function, activity or service other than in the capacity of a member of the workforce of such Business Associate. (Source: 45 C.F.R. § 160.103)
119.System	An integrated set of components for collecting, storing, processing and communicating information (for example applications, databases, servers and other computing devices).
120. System Owner	System Owner: Per UW APS 2.4, System Owners are formally appointed by and report to the executive heads of major University organizations or their designee(s). The responsibilities of the system owners include: • Managing the confidentiality, integrity, and availability of the information systems for which they are responsible. This shall include developing and implementing a process for managing access to information systems for which they are responsible, and other processes or controls in compliance with University policies on information security and privacy; • Advising executive heads of major University organizations on the financial resources necessary to develop and implement information systems and controls, including those specifically required by grants or contracts; • Maintaining critical information system documentation; and • Formally appointing and delegating responsibility to system operators.
121.Technical Safeguards	The technology, policies and procedures that protect electronic PHI and control access to it. (Source: 45 C.F.R. § 164.304)

Glossary Term	Definition
122. Third Party Payer	An entity, other than a patient who receives charges for clinical services, that is responsible for some portion of the payment to the provider (for example, a hospital, clinic, physician, healthcare professional) for the services. Third party payers include insurers, healthcare service contractors, health maintenance organizations, employee welfare benefit plans, and state or federal health benefit programs.
123. TPO	Treatment, Payment or Healthcare Operations. See 103.G1 TPO Guidance. See also HHS Guidance: Uses and Disclosures for TPO.

Glossary Term	Definition
124.Transfer	Movement of an individual outside of a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital. Transfer does not include movement of an individual who leaves the facility without permission or is declared dead. However, transfer does include discharge. Additionally, the transfer of an individual to a medical facility is an "appropriate transfer" only when: (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility— • Has available space and qualified personnel for the treatment of the individual; and • Has agreed to accept transfer of the individual and to provide appropriate medical treatment; (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required as follows: • The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer; • A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or • If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its by-laws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based; and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer. (Source: 42 U.S.C. § 1395dd(e)(4), 42 C.F.R. 489.24(b))
125.Treatment	The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. (Source: 45 C.F.R. § 164.501) See also 103.G1 TPO Guidance and HHS Guidance: Uses and Disclosures for TPO.

Glossary Term	Definition
126. Unsecured PHI	PHI that is not rendered unusable, unreadable or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Health Information Technology for Economic and Clinical Health (HITECH) Act. (Source: 45 C.F.R. § 164.402)
127. Use	The sharing, employment, application, utilization, examination or analysis of individually identifiable health information within UW Medicine. (Source: 45 C.F.R. § 160.103)
128. Usual Care	Also known as conventional care. Medically reasonable and necessary items and/or services used in the direct clinical management of a study subject which would be provided absent the research study. From the National Institute of Health's (NIH) perspective, these are expenses that would be incurred even if the research did not exist. NIH expects third party payers or the study subject to pay these costs.
129. UW Medicine	UW Medicine refers to the eight UW Medicine entities, Harborview Medical Center, Northwest Hospital & Medical Center, Valley Medical Center, UW Medical Center, UW Neighborhood Clinics, UW Physicians, UW School of Medicine, Airlift Northwest.
130. UW Medicine Affiliated Covered Entity (UW Medicine ACE)	See 101.G1 UW HIPAA Designation.
131. UW Medicine Chief Privacy Officer	The individual who oversees the UW Medicine program for patient information privacy and security compliance as described in the UW Medicine Compliance Program.
132. UW Medicine Compliance Department(s)	Departments responsible for managing one or more healthcare compliance program activities and/or content areas as described in the UW Medicine Compliance Program.
133. Healthcare Professional	Individuals authorized by UW Medicine and UW Medicine ACE to provide patient care.
134. Valid Form of Identification	See COMP.102 Individual Page Safeguarding the Privacy and Security of PHI and COMP.302 Identity Theft Prevention.
135. Vendor	Any organization with which UW Medicine conducts business or provides goods or services to UW Medicine.

Glossary Term	Definition
136. Vulnerable Adult	Any person, sixty years of age or older, who has the functional, mental or physical inability to care for himself or herself, an adult living in a nursing home, boarding home, or adult family home, an adult of any age with a developmental disability, an adult with a legal guardian or an adult receiving care services in his or her own family's home. (Source: RCW 74.34.020(21))
137. Workforce	Employees, staff, healthcare professionals including those credentialed through the entity medical staff offices (physicians and non-physician providers), faculty, residents, fellows, students, trainees, observers, visiting scholars, volunteers, researchers, and all constituents of the UW Medicine entities or who perform assigned duties for UW Medicine, including those who are temporary, whether or not they are paid by UW Medicine. For purposes of HIPAA compliance, workforce also includes individuals, whose conduct in the performance of work for the UW Medicine Affiliated Covered Entity or a Business Associate (or government agency contracted under a Memorandum of Understanding), is under the direct control of the UW Medicine ACE or business associate/government agency, whether or not they are paid by the UW Medicine Affiliated Covered Entity or business associate/government agency. (See also COMP.106 Use and Disclosure of PHI by Business Associates.) (Source: 45 C.F.R. §160.103) (See also UW APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions for UW applicability.)