



Definitions of HIPAA-related Terms

Authorization – An individual's permission to use or disclose his or her PHI for purposes other than treatment, payment or health care operations, and other limited purposes.

Business Associate - A person or entity that performs or assists in the performance of a function or activity on behalf of a covered entity and uses PHI in the process of performing that function or activity.

Consent – An individual's permission to use or disclose his or her PHI for the following purposes: treatment, payment or health care operations, and other limited purposes.

Deidentified Information – Health information that does not include any of the following:

- Name
- All geographic subdivisions, except the first three digits of zip code
- All elements of dates directly related to individuals, except for year (i.e., birth date, admission date)
- Phone number
- Fax number
- E-mail address
- Social Security Number
- Medical record number
- Plan beneficiary number
- Account number
- License number
- Vehicle identifiers
- Device identifiers
- URLs
- Biometric identifiers
- Face photographic images
- Any other unique identifying number, characteristic or code

Group Health Plan – An employee welfare benefit plan (insured or selfinsured), to the extent that it provides or pays for medical care to employees or their dependents, directly or through insurance, reimbursement or otherwise (please refer to the Privacy Regulations for the limited exclusions). The group health plan is the covered entity under HIPAA and is a separate legal entity from the plan sponsor.

Health Care Operations – Activities in the following six categories, to the extent the activities are related to covered functions:

1. Quality assessment and improvement
2. Reviewing the competence or qualifications of health care professionals, evaluating provider performance and training providers
3. Underwriting, premium rating and other activities related to the creation, renewal or replacement of a health plan
4. Conducting or arranging for medical review, legal services and auditing functions
5. Business planning and development activities
6. Business management and general administration, including (but not limited to):
 - Customer service
 - Resolution of internal grievances

Payment – Activities undertaken to collect premiums or to determine or fulfill the plan’s responsibilities for coverage and benefits; and activities undertaken by a health plan or provider to be reimbursed for health care. The following are some examples of payment activities:

- **Determination of eligibility or coverage, including coordination of benefits and adjudication or subrogation of health benefit claims**
- **Risk adjusting amounts based on enrollee health status and demographic characteristics**
- **Billing, claims management, collection activities, obtaining payment under a contract for reinsurance and related data processing**
- **Utilization review activities**

Plan Sponsor – The employer group that establishes and maintains the group health plan.

Protected Health Information (PHI) – PHI is any information that is created or received by a health care provider, health plan, employer or health care clearinghouse; and relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

The following are some examples of PHI:

- **Member demographic information, including member’s name, member’s Social Security Number, member’s date of birth, member’s address and member’s full zip code**
- **Claims or cost information with either a member’s Social Security Number or member name**
- **Telephone conversation that identifies a member**
- **Standard reports, including, the cost by member report, census listing report and the PCP listing report (member level)**

Summary Health Information – A summary of claims history, claims expense or type of claims experienced by individuals. The information must be deidentified (as defined by the Privacy Regulations), but the full zip code may be included.

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.

For more detailed definitions, we suggest you refer to the HIPAA Privacy Regulations.