

HCCA Compliance 101, Fifth Edition Compliance Glossary

Americans with Disabilities Act (ADA): The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that prohibits discrimination based on disability. It affords similar protections against discrimination to people with disabilities as the Civil Rights Act of 1964, which made discrimination based on race, religion, sex, national origin, and other characteristics illegal, and later included discrimination based on sexual orientation.

Anti-Kickback Statute (AKS): Prohibits solicitating, receiving, offering, or paying any remuneration directly or indirectly in cash or in kind in exchange.

attestation: The affirmation by signature, usually on a printed form, that the action outlined has been accomplished by the individual signing (e.g., the individual has read the code of conduct and agreed to adhere to its principles).

attorney-client privilege: A legally accepted policy that communication between a client and attorney is confidential in the course of the professional relationship and that such communication cannot be disclosed without the consent of the client. Its purpose is to encourage full and frank communication between attorneys and their clients.

audit, baseline: A systematic inspection of records, policies, and procedures with the goal to establish a set of benchmarks for comparison for future inspections.

audit, concurrent: An ongoing inspection of records, policies, and procedures at a given point in time in which identified potential problems are investigated as they arise (e.g., prepublished financial statements).

audit, retrospective: A comprehensive inspection of records, policies, and procedures done usually in anticipation of launching a compliance program. All potential problems are identified and then investigated (e.g., published financial statements, historical audit).

benchmarking: The measurement of performance against “best practice” standards.

best practices: Generally recognized superior performance by organizations in operational and/or financial processes.

business associate: A person or entity, other than a member of the workforce of a covered entity, who performs functions or activities on behalf of or provides certain services to a covered entity that involve access by the business associate to protected health information. Also a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate.

business associate agreement: A written contract between a covered entity and a business associate.

Caremark International Derivative Litigation: The 1996 US civil settlement of Caremark International Inc. in which an imposed corporate integrity agreement precluded Caremark from providing healthcare in certain forms for a period of five years. Also suggests that the failure of a corporate director to attempt in good faith to institute a compliance program in certain situations may be a breach of a director’s fiduciary obligation.

Centers for Medicare & Medicaid Services (CMS): A federal agency within the U.S. Department of Health & Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards.

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