7.15 Terms, Acronyms, and Definitions

Name	Acronym	Definition
Affirmation Statement	NA	A document that when electronically signed and submitted by an authorized representative of the facility affirms, to the best of the signer's knowledge, all data submitted are complete and accurate The primary contact must access the Affirmations Statement from the Data Deliverables / Affirmations tab through the Portal.
Caveat		If data errors are discovered after the validation period closes or WHAIC releases the data the facility may notify WHAIC of data errors to be documented in future datasets.
Clinical Classification Software	CCS	The clinical classification software for ICD-10 is one of a
Critical Access Hospital	САН	Critical access hospital" means a hospital that is designated by the department as meeting the requirements of $\frac{42 \text{ USC } 1395\text{i}-4}{4}$ (c) (2) (B) and is federally certified as meeting the requirements of $\frac{42 \text{ USC } 1395\text{i}-4}{4}$ (e).
Data Profile		A summary of all submitted data and a summary of the number of records received by WHAIC from a facility.
Data Type		Inpatient, Outpatient, Outpatient Surgery, Observation, Emergency Room.
Direct Data Entry	DDE	Direct data entry is performed by a handful of small ASCs that do not have access to a vendor to create a claim file to submit data. User should hit enter before entering data to populate most of the required fields.
Enhanced Ambulatory	EAPG	Enhanced Ambulatory Patient Groups (EAPGs) is a visit- based patient classification system used to
Patient Groupings	ED/ER	organize and pay services with similar resource consumption across multiple settings. The department of a hospital responsible for the provision of medical and surgical care to patients
Emergency Department (ED)	EDJER	arriving at the hospital in need of immediate care. Emergency department personnel may also respond to certain situations within the hospital such cardiac arrests. The emergency department is also called the emergency room or ER.
		1. Offers inpatient, overnight care on a 24-hour-a-day basis, or on an as-needed basis in the case of a critical access hospital. 2. Devotes itself primarily to the maintenance and operation of facilities for the diagnosis and treatment of, and medical or surgical care for, 3 or more nonrelated individuals, designated "patients" in this chapter, suffering from illness, disease, injury, or disability whether physical or mental, or who are pregnant. 3. Regularly makes available at least clinical laboratory services, diagnostic x-ray services and treatment facilities for surgery, obstetrical care, o other definitive medical treatment, except as otherwise provided for critical access hospitals in this chapter. https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/124
Inpatient	INP	A patient is admitted to a room for an overnight stay or for numerous days with continuous genera nursing services in an area of an acute care facility. Examples of treatment areas for admission: ICU Labor and Delivery, Cardiology Units or General Medicine Units.
Medicare Advantage		The definition by Medicare.Gov is that it is a plan that beneficiaries can collect Medicare benefits through private insurance companies approved by and under contract with Medicare
Non-OHO		A term used by WHAIC to represent data types for patients in the hospital setting: Inpatient, Emergency Room, Outpatient Surgery and Observation encounters.
Observation	OBS	Observation status is an administrative classification of patients seen and/or treated in a hospital setting who have unstable or uncertain conditions potentially serious enough to warrant close observation, but usually not so serious to warrant admission to the hospital. These patients may be placed in beds usually for less than 24 hours without formal admission to the hospital. These hospital patients are neither inpatient nor outpatient. Patients are placed in a hospital bed (often in an inpatient unit) after displaying signs or symptoms that require additional medical work up or evaluation in order to provide a more definitive diagnosis—but do not need the level of services provided in an inpatient setting. Observation stays are usually limited to 24 hours then the physicia must determine whether patients' condition warrants an inpatient admission or discharge.
Ordering Physician		A physician or, when appropriate, a non-physician practitioner who orders non-physician services for the patient. See Pub. 100-02, Medicare Benefit Policy Manual, chapter 15 for non-physician practitioner rules. Examples of services that might be ordered include diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, durable medical equipment, and services incident to that physician's or non-physician practitioner's service. The ordering/referring requirement became effective January 1, 1992, and is required by §1833(q) of the Act. All claims for Medicare covered services and items that are the result of a physician's order or referral shall include the ordering/referring physician's name.

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		• Effective for claims with dates of service on or after October 1, 2012, all claims for physical therapy, occupational therapy, or speech-language pathology services, including those furnished incident to a physician or nonphysician practitioner, require that the name and NPI of the certifying physician or nonphysician practitioner of the therapy plan of care be entered as the referring physician in Items 17 and 17b.
Other Hospital Outpatient Data (OHO)	ОНО	Also known as OHO. Records that do not fall in the category of inpatient, outpatient surgery, observation, or ER. These records have associated revenue codes and distinct place of services based on the location or service.
Outpatient	OP	A patient that receives a diagnosis and/or treatment at a hospital but does not stay overnight. Examples of treatment in this environment: observation care, emergency department, clinic, radiology, or laboratory service.
Outpatient Surgery	OPS	This term is also referred to as ambulatory surgery, same-day surgery or day surgery in which patients have a surgical procedure that <u>does not</u> require an overnight hospital stay. Outpatient surgery can be a distinct unit within a hospital or a freestanding ambulatory surgery facility.
Patient		The person is receiving health care services. The term patient in this guide is intended to convey the case where the Patient loop (Loop ID-2000C) is used. In Loop ID-2000C, the patient is not the same person as the subscriber, and the patient is a person (for example, spouse, children, others) who is covered by the subscriber's insurance plan and does not have a unique member identification number. However, the patient receiving services can be the same person as the subscriber. In that case all information about that person is carried in the Subscriber loop (Loop ID-2000B).
Place of Service	POS	The location of where a service is rendered to a patient. Patients can be inpatient or outpatient and based on revenue code and the hierarchy in the WIpop manual, WHAIC will assign the location.
Primary Record		Demographic and patient claim details of services rendered and by whom.
Rendering Provider		If the practitioner rendering the service is part of a billing group (even two people), report the individual practitioner's National Provider Identifier (NPI) in the Rendering Physician # area (2310B loop, segments NM108 [XX] and NM109 [NPI], of the 837P electronic claim or Item 24J of the CMS-1500 paper claim form).
Reference Lab		Any lab performing clinical laboratory diagnostic tests (or the interpretation /report of such tests, or both) without a face-to-face encounter between the individual and the lab billing for the test and/or interpretation/report.
Referring physician		A referring physician is a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program. Ordering physicians is defined as a physician or when appropriate a non- physician practitioner who orders services for the patient.
Revenue Record		This is unique to the WIpop system. Revenue Center codes, HCPCS/CPT/HIPPS Rates, number of units and total charges.
Social Determinants Of Health	SDOH	Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. https://health.gov/healthypeople/objectives-and-data/social-determinants-health
Service Provider / Billing Provider NPI		In many instances the Service Provider is an organization; therefore, the Service / Billing Provider NPI reported would belong to an organization health care provider. The Service Provider may be an individual only when the services were performed by, and will be paid to, an independent, non-incorporated individual. When an organization health care provider has determined that it has subparts requiring enumeration, that organization health care provider will report the NPI of the subpart as the Service Provider. The subpart reported as the Service Provider. MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner.
Summary Profile		A summary of the number of records submitted to WHAIC, broken down by quarter, year to quarter and month. Also includes tables, graphs and a 12-month overview of total records.
Student		An individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program. A student is never considered to be an intern or resident.
Validation		The action taken by the facility to check or prove the validity or accuracy of the data submitted.
Value Code		A code structure to relate amounts or values to identify data elements necessary to process this claim as qualified by the payer organization. It has two pieces - a code and an amount. Examples include Units of Blood furnished; Patient Liability Amount; Professional Component Charges which are combined billed; etc.
AHA		American Hospital Association
AHIMA		American Health Information Management Association
AMA		American Medical Association

Name	Acronym	Definition
ASC		Ambulatory Surgery Center
CAH		Critical Access Hospital
CDC		Center for Disease Control
CM		Clinical Modification (i.e., diagnosis codes)
CMS		Center for Medicaid and Medicare Services
CPT		Current Procedural Terminology
CRM		Contact Relationship Management
DHS		Wisconsin Department of Health Services
EAPG		Enhanced Ambulatory Payment Group
EDAS		Electronic Data Affirmation Statement
FASC		Free Standing Ambulatory Surgery Center
FAQ		Frequently asked questions
FL		Field Length
FY		Fiscal year
HCPCS		Health Care Procedural Coding Set
HIPAA		Health Insurance Portability and Accountability Act
IC		Information Center
ICD-10		International Classification of Disease tenth revision
INP		Inpatient
IPPS		Inpatient Prospective Payment System
IT		Information Technology
NCCI		National Correct Coding Initiative
NCHS		National Center for Health Statistics
NPI		National Provider Identifier
NUBC		National Uniform Billing Committee (UB-04)
OBS		Observation Records
ОНО		Other Hospital Outpatient data
OIG		Office of Inspector General
ОР		Outpatient
OPPS		Outpatient Prospective Payment System
OPS		Outpatient Surgery
PBL		Provider Based Location
PCS		Procedural Coding System
PHI		Protected Health Information
PII		Patient identifiable information
POA		Present on Admission
PoO		Point of Origin
SPR		Summary Profile Report
ТОВ		Type of Bill
UCID		Unique Case Identifier (64 Character – WHAIC Specific)
WHA		Wisconsin Hospital Association
WHAIC		Wisconsin Hospital Association Information Center
Wlpop		Wisconsin inpatient and outpatient (data submission system)