

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

Subject: <u>USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS</u>	No. HIPAA-29
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Approved by: <u>Margaret Jackson, MA, RN</u>	Effective Date: <u>12/2016</u>
<u>William P. Walsh, MBA, MSW</u>	Standards: for Privacy of Individually Identifiable Health Information- 45 CFR Parts 160 and 164, 164.506
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I. PURPOSE

To ensure that the uses and disclosures for treatment, payment and healthcare operations that do not require patient consent are clearly defined to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

Uses or disclosures of PHI to carry out treatment, payment and healthcare operations are permitted without a patient's HIPAA consent. A general consent for these purposes is provided when the patient signs the insurance consent form.

III. DEFINITIONS

None

IV. RESPONSIBILITY

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. PROCEDURE/GUIDELINES

Protected Health Information (PHI)- Individually identifiable health information transmitted or maintained in any form or medium, including demographic information collected from an individual, that:

- A. Is created or received by a healthcare provider, health plan or healthcare clearinghouse; and
- B. Relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of healthcare to the individual; and
 - 1. That identifies the individual; or
 - 2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Treatment- The provision, coordination or management of healthcare and related services by one or more healthcare providers, including the coordination or management of healthcare by a healthcare provider with a third party; consultation between healthcare providers relating to the patient; or the referral of a patient for healthcare from one healthcare provider to another.

Payment- Activities, such as determination of eligibility or coverage, billing, claims management, review for medical necessity and appropriateness of care, utilization review, pre-certification of services, undertaken by:

- A. A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or
- B. A healthcare provider or health plan to obtain or provide reimbursement for the provision of healthcare.

Healthcare Operations- Operational and administrative activities of the covered entity, such as:

- A. Quality assessment and improvement activities- including outcomes evaluation, development of clinical guidelines, contacting of providers/ patients about treatment alternatives.
- B. Reviews and evaluations of healthcare professionals and providers- including training of healthcare and non-healthcare professionals and students; accreditation, certification, licensing or credentialing activities.
- C. Creation, renewal or replacement of health insurance contracts- including underwriting, premium rating and securing a contract for reinsurance of risk.
- D. Medical or legal review and auditing functions- including fraud abuse detection and compliance programs.
- E. Business planning and development- including cost management and planning analyses and formulary development and administration.
- F. Business management and administrative activities-including management activities relating to compliance with privacy standards, customer service, resolution of internal grievances, due diligence in regard to the sale or consolidation of the covered entity, fundraising and creation of de-identified health information.

Use- The sharing, employment, application, utilization, examination or analysis of individually identifiable information **within** an entity.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

Disclosure- The release, transfer, provision of access to, or divulging in any other manner of information **outside** the entity.

A. Uses & Disclosures for Treatment, Payment and Operations (TPO):

1. Use & disclosure of PHI is permitted for SUNY Downstate’s own TPO.
2. Disclosure of PHI is permitted for treatment activities of another healthcare provider.
3. Disclosure of PHI to another covered entity or healthcare provider is permitted for the payment activities of the entity that receives the information.
4. Disclosure of PHI to another covered entity is permitted for the healthcare operation activities of the entity that receives the information, if:
 - a. Each entity either has or had a relationship with the individual who is the subject of the PHI being requested;
 - b. The PHI pertains to such relationship; and
 - c. The disclosure is for a purpose listed in (A) and (B) of the definition of healthcare operations or for the purpose of healthcare fraud and abuse detection or compliance.
5. Disclosure of PHI made to any covered entity participating in SUNY Downstate’s organized health care arrangement (OHCA) is permitted for any healthcare operation activity of the OHCA.

B. Notice of Privacy Practices- Patients will be given SUNY Downstate’s Notice of Privacy Practices which describes the uses and disclosures permitted for treatment, payment and healthcare operations without the patient’s consent. That patient will also be required to sign the HIPAA Privacy Form to acknowledge receipt of the Notice. See policy on Notice of Privacy Practices.

VI. ATTACHMENTS

None

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information- 45 CFR Parts 160 and 164, 164.506

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
	Yes	No	
12/07	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2013	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2016	Yes	(No)	Shoshana Milstein /AVP, Compliance & Audit
12/2016	Yes	(No)	Shoshana Milstein /AVP, Compliance & Audit