



Troy Medicare Policy and Procedure

Title: HIPAA Privacy Rule		Policy Number: CMP013	
Primary Department: Compliance	LOB: Medicare Advantage	Author: S Scott	
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Interactive Related Department(s)			
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POLICY PURPOSE

Troy Health, Inc. (dba Troy Medicare) is committed to protect individually identifiable and protected health information held by Troy or transmitted by other covered entities or its business associates.

The purpose of this policy is to outline the Privacy Rule requirements and describe how protected health information and individually identifiable information is safeguarded. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains standards to use and disclose an individual’s health information by organizations subject to the Privacy Rule.

Troy Medicare is committed to complying with federal and state rules and regulations.

SCOPE

This policy applies to all employees, Board of Director members, FDRs, contractors, and consultants.

REFERENCES

- Health Insurance Portability and Accountability Act of 1996, modified in March 2002, codified at 42 CFR §§ Part 160 and Part 164, Subpart A and E.
- HITECH Act – additional provisions to strengthen the privacy and security protections for health information established under HIPAA.
- CFR 45 Part 5b

RESPONSIBLE PARTIES

- Chief Compliance and Privacy Officer

DEFINITIONS

- **Business Associate** – an organization, on behalf of a covered entity, creates, receives, maintains, or transmits PHI for a function or activity as described under 45 CFR §164.501 and providing administrative services to a covered entity under a business associate agreement.
- **Covered Entity** – the Privacy Rule applies to health plans, health care clearinghouses, and any health care provider who transmits or shares any health information for the purpose of providing health care services.
- **Disclosure** – the release, transfer, provision of access to, or divulging in any matter outside the entity holding the information.
- **Healthcare** – the care, services, or supplies related to the health of an individual, which includes preventive, diagnostic, therapeutic, rehabilitative, maintenance, palliative care, and counseling.
- **Healthcare clearinghouse** – a public or private entity, including a billing service, repricing company, community health management information system, or community health information system that does either of the following functions:
 - Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.
 - Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.
- **Individually Identifiable Health Information (IIHI)** – a subset of health information, including demographic information collected from an individual, and:
 - is created or received by a health care provider, health plan, employer, or healthcare clearinghouse.
 - Relates to the past, present, or future physical or mental health condition of the individual, and identifies the individual, or there is a reasonable basis to believe that the information can be used to identify the individual.
- **Protected Health Information (PHI)** – individually identifiable information that is transmitted by electronic media, maintained in electronic media, or transmitted in any other form or medium.

POLICY

Troy Medicare is committed to safeguard PHI and IIHI in accordance with the HIPAA Privacy Rule. These standards were set to protect certain health information from inappropriate disclosure of individuals' health information (PHI) and to address the standards used to use and disclose PHI as a "Covered Entity".

The major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of information needed to provide and promote health care operations. The rule permits important uses of PHI, while protecting the privacy of people who seek insurance coverage and health care. The rule is designed to be flexible to allow a variety of uses and disclosures.

Permitted uses and disclosures of PHI

1. For treatment of the member, which includes direct member care, coordination of care, consultations, and referrals to other health care providers
2. Payment of health care bills, which includes any activities required to bill and collect for health care services provided to members
3. Health care operations, which includes business management and administrative activities, quality improvement, compliance, competency, and training
4. Disclosures required by law
5. Public Health and other governmental reporting

“Minimum Necessary” Rule: The Covered Entity must use or share only the minimum amount of PHI necessary, except for requests made:

1. For treatment of the member
2. By the member, or as requested by the member to others
3. By the Secretary of the US Dept. of Health and Human Services
4. As required by law
5. To complete standardized electronic transactions, as required by HIPAA

For other uses and disclosures of PHI, the Covered Entity must get a signed authorization from the member.

The authorization must:

1. Describe the PHI to be used or released
2. Identify who may use or release the PHI
3. Identify who may receive the PHI
4. Describe the purposes of the use or disclosure
5. Identify when the authorization expires
6. Be signed by the member or someone making health care decisions for the member

Notice of Privacy Practices. As required, Troy Medicare advises members of our Notice of Privacy Practices which describes how the member’s PHI can be used and/ or shared. Troy Medicare has posted the Notice of Privacy Practices on its website.

Members’ HIPAA Rights

1. The right to ***request restrictions*** of PHI uses and disclosures
2. The right to ***request alternative forms of communications*** (i.e., mail to PO Box, not street address; no message on answering machine, etc.)
3. The right to ***access and copy*** the member’s PHI
4. The right to an ***accounting of disclosures*** of PHI
5. The right to ***request amendments*** to PHI
6. The right to ***opt-out*** of a facility directory
7. The right to be ***notified*** when the privacy of the member’s PHI has been breached as defined by law

Enforcement

As a Covered Entity, Troy Health will maintain records and submit compliance records in a timely manner as requested by federal regulatory agencies, cooperate with complaint investigations and compliance reviews.

PROCEDURE

Protecting PHI

- Refrain from discussing PHI in public areas, such as elevators and reception areas, unless doing so is necessary to provide treatment to one or more members. · Be careful when sharing PHI when family members are present or on the phone. PHI cannot be disclosed unless the member has had the opportunity to agree with or object to the disclosure.
- Do not download, copy, or remove from company premises any PHI, except as necessary to perform your job.
- Upon termination of employment, or upon termination of your authorization to access PHI, you must return to Troy Medicare all copies of PHI in your possession. · Faxing is permitted under HIPAA, but you must use a cover sheet containing a confidentiality statement.
 - o Information that should not be faxed
 - Drug dependency
 - Alcohol dependency
 - Mental illness or psychological information
 - Sexually transmitted disease (STD) information
 - HIV status

If information is faxed to the wrong number, please notify your supervisor immediately and report to the Privacy Officer so the fax can be retrieved as soon as possible.

Do not leave PHI where the information may be accessible to the public or to other employees or individuals who do not need access to the PHI.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

- None

APPROVALS

Sally Scott

Department Head

Dec 2, 2024

Date

Christina Ja

Policy Committee

Dec 2, 2024

Date

Revision History:

Date	Author	Revision Notes
1.1.2023	S Scott	Initial policy
12.21.2023	E Young	Annual review, no revisions
11.19.2024	S Scott	Annual review, no revisions