Harris County Hospital District **POLICY AND REGULATIONS MANUAL** **HIPAA ADMINISTRATIVE POLICY**	Use and Disclosure of Protected Health Information for Treatment, Payment and Health Care Operations Policy No: 3.11.105 Page Number: 1 of 13 Effective Date: 041403 Board Motion No:

TITLE: USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

PURPOSE:
The purpose of this policy is to provide District-wide guidelines on the Use and Disclosure of PHI to carry out Treatment, Payment, or Healthcare Operations.

This policy supports the Harris County Hospital District's (HCHD) HIPAA policy and may require development of department specific procedures.

[Key Words: Use, Disclosure, Authorization, Protected Health Information (PHI), Provider, Administrator, Workforce]

POLICY STATEMENT:
The workforce of Harris County Hospital District will Use and Disclose Protected Health Information for the purpose of carrying out Treatment, Payment, or Healthcare Operations, pursuant to Federal and state laws.

POLICY ELABORATION:

I. **DEFINITIONS**

A. Disclosure - is the release of information outside the facility.

B. Healthcare Operations - means any of the following activities of the covered entity that are related to covered functions:

1. Conducting quality assessment and improvement activities, including:

a outcomes evaluation and development of clinical guidelines provided obtaining

generalized knowledge is not the primary purpose of any studies resulting from such activities;

b Conducting population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination;

c Contacting health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

2. Reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as healthcare providers, training of non-healthcare professionals, accreditation, certification, licensing, or credentialing activities;

3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of § 164.514(g) are met, if applicable;

4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

5. Business planning and development, such as conducting cost-management and planning-related analyses to manage and operate the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and

6. Business management and general administrative activities of the entity, including, but not limited to:
   a Management activities relating to implementation of and compliance with the requirements of this subchapter;
   b Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that Protected Health Information is not disclosed to such policy holder, plan sponsor, or customer.
   c Resolution of internal grievances;
   d The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and
   e Consistent with the applicable requirements of § 164.514, creating de-identified health information or a Limited Data Set, and

fundraising for the benefit of the covered entity.

C. Healthcare provider - is a provider of care, services, or supplies related to the health of an individual who furnishes, bills, or is paid for health care in the normal course of business.

D. Organized Health Care Arrangement (OHCA) means:

1. A clinically integrated care setting in which individuals typically receive healthcare from more than one health care provider;

2. An organized system of healthcare in which more than one covered entity participates, and in which the participating covered entities:
   a Hold themselves out to the public as participating in a joint arrangement; and
   b Participate in joint activities that include at least one of the following:
      (1) Utilization review, in which health care decisions by participating covered entities are reviewed by other participating covered entities or by a third party on their behalf;
      (2) Quality assessment and improvement activities, in which treatment provided by participating covered entities is assessed by other participating covered entities or by a third party on their behalf; or

(3) Payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating covered entities through the joint arrangement and if Protected Health Information created or received by a covered entity is reviewed by other participating covered entities or by a third party on their behalf for the purpose of administering the sharing of financial risk.

3. A group health plan and a health insurance issuer or HMO with respect to such group health plan, but only with respect to Protected Health Information created or received by such health insurance issuer or HMO that relates to individuals who are or who have been participants or beneficiaries in such group health plan;

4. A group health plan and one or more other group health plans each of which are maintained by the same plan sponsor; or

5. The group health plans described in paragraph (4) of this definition and health insurance issuers or HMOs with respect to such group health plans, but only with respect to Protected Health Information created or received by such health insurance issuers or HMOs that relates to individuals who are or have

been participants or beneficiaries in any of such group health plans.

E. Payment means:

(1) The activities undertaken by:

(i) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or

(ii) A health care provider or health plan to obtain or provide reimbursement for the provision of health care; and

(2) The activities in paragraph (1) of this definition relate to the individual to whom healthcare is provided and include, but are not limited to:

(i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;

(ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;

(iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related healthcare data processing;

(iv) Review of healthcare services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

(v) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and

(vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement:

(A) Name and address;

(B) Date of birth;

(C) Social security number;

(D) Payment history;

(E) Account number; and

(F) Name and address of the healthcare provider and/or health plan.

F. Treatment means 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 a patient; or

the referral of a patient for healthcare from one healthcare provider to another.

G. Use with respect to Individually Identifiable Health Information, is the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

II. USE AND DISCLOSURE

A. HCHD may Use or Disclose a patient's PHI for its own Treatment, Payment or Health Care Operations. The following departments are responsible for the Use and Disclosure of PHI for Treatment, Payment and Operations for HCHD:
   1. All departments responsible for initiating Treatment
   2. Corporate Communications
   3. Corporate Compliance
   4. Health Information Management
   5. Patient Business Services
   6. Quality Management
   7. Research
   8. Strategic Planning
   9. Operations

B. HCHD may Disclose PHI for **Treatment** activities to a healthcare provider.

C. HCHD may disclose PHI to another covered entity or a healthcare provider for the **Payment** activities of the entity that receives the information.

D. HCHD may Disclose PHI to another covered entity for **Healthcare Operations** activities of the entity that receives the information, if

1. Each entity either has or had a relationship with the patient who is the subject of PHI being requested,

2. The PHI pertains to such relationship, and

3. The Disclosure is for the following Healthcare Operations purposes only:

    a. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalized knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing healthcare costs, protocol development and care coordination, contacting of healthcare providers and patient with information about treatment alternatives; related functions that do not include treatment; and

    b. Reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of healthcare learn under supervision to practice

or improve their skills as healthcare providers, training of non-healthcare professional, accreditation, certification, licensing or credentialing activities or;

c. The Disclosure is for the purpose of healthcare fraud and abuse detection or compliance.

E. If HCHD participates in an Organized Healthcare Arrangement (OHCA), HCHD may disclose PHI about an individual to another covered entity that participates in the OHCA for any Healthcare Operations activities of the OHCA.

F. The Uses and Disclosures included in items C and D, for purposes of Payment and Healthcare Operations, above are subject to the Policy 3.11.302, Minimum Necessary Standard for Use and Disclosure of Protected Health Information.

G. HCHD will have the appropriate administrative, physical and technical safeguards in place to protect the Privacy of PHI from intentional or unintentional Use or Disclosure that violates HCHD Privacy policies and procedures or Federal and state Privacy laws.

H. HCHD will reasonably safeguard PHI to limit the incidental Use or Disclosure made pursuant to an otherwise permitted or required Use or Disclosure.

I. In addition to the above listings, HCHD may also Use and Disclose PHI:

1. Pursuant to and in compliance with Policy 3.11.300, Authorization for Use and Disclosure of Protected Health Information for Purposes Other Than Treatment, Payment, or health Care Operations; Policy 3.11.306, Permitted Use and Disclosure of Protected Health Information Without Patient's Authorization.
2. Pursuant to an agreement that has been established between Harris County Hospital District and the patient for the patient's request to restrict PHI for:

    1. Policy 3.11.201, Use and Disclosure of Protected Health Information for Facility Directories.
    2. Policy 3.11.203, Use and Disclosure of Protected Health Information to Persons Involved in Patient's Care, for Notification and for Disaster Relief.
    3. As permitted per:
        a. Policy 3.11.306, Permitted Use and Disclosure of Protected Health Information Without Patient's Authorization,
        b. Policy 3.11.701, Processing Requests for Release of Information; or
        c. Policy 3.11.602Use and Disclosure of Protected Health Information for Fundraising.

J. HCHD is required to disclose PHI:

1. To the patient or patient's representative when requested per policies: Policy 3.11.303, Patient's Access to the Designated Record Set, and Policy 3.11.3.11.304, Accounting of Disclosures of Protected Health Information.

2. When required by the Secretary of the Department of Health and Human Services (DHHS) to investigate or determine HCHD's compliance with the HIPAA Federal Privacy requirements.

REFERENCES/BIBLIOGRAPHY:

- Policy 3.11.000, HCHD HIPAA Policy
- Policy 3.11.203, Use and Disclosure of Protected Health Information to Persons Involved in Patient's Care, for Notification and for Disaster Relief
- Policy 3.11.300, Authorization for Use and Disclosure of Protected Health Information for Purposes Other Than Treatment, Payment and Health Care Operations
- Policy 3.11.301, Use and Disclosure of Psychotherapy Notes
- Policy 3.11.302, Minimum Necessary Standard for Use and Disclosure of Protected Health Information
- Policy 3.11.303, Patient's Access to the Designated Record Set
- Policy 3.11.304, Accounting of Disclosures of Protected Health Information
- Policy 3.11.306, Permitted Use and Disclosure of Protected Health Information Without Patient's Authorization
- Policy 3.11.401, Business Associates

OFFICE OF PRIMARY RESPONSIBILITY:

Office of Privacy Administration

REVISION HISTORY:

Record revisions below:

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