What is Healthcare Compliance?

Healthcare Compliance

- meeting expectations
- abiding by applicable legal requirements
- deterring and detecting violations of the law
UMMC Compliance Program

- Responsible for the day to day conduct of compliance activities.

- Applies to all UMMC workforce, which includes all UMMC students, employees, physicians, staff and volunteers.

- Compliance Program violators will be subject to disciplinary actions. Disciplinary actions will be taken in accordance with UMMC’s Policy on Sanctions for Plan Violations.
  
  ➢ Review the Policy.
ATTACHMENT 2

POLICY ON SANCTIONS FOR PLAN VIOLATIONS

It is the policy of UMMC to provide for disciplinary actions to be taken against UMMC employees who violate the provisions of the Compliance Plan. The following list of employee infractions and violations apply to the UMMC Compliance Program. These are supplemental to existing employee disciplinary guidelines.

I. Employee Action

Employees willfully providing materially false information to UMMC, or a government agency, patient, insurer, or the like.

Employees willfully disclosing Protected Health Information (PHI) to unauthorized individuals or entities.

Employees intentionally misusing the Compliance Hotline or other reporting mechanism by knowingly and willfully providing false information to the Office of Integrity and Compliance or the Compliance Committee.

Employees willfully viewing Protected Health Information for reasons other than treatment, payment, health care operations, approved Research or those required by law.

Employees negligently providing incorrect information to UMMC, or a government agency, patient, insurer, or the like.

Employees violating any relevant State or Federal Law, Rule, or Regulation.

Employees failing to report another employee’s violations of duty pursuant

Disciplinary Action

Employees willfully providing materially false information to UMMC, or a government agency, patient, insurer, or the like.

First Offense: Disciplinary Action shall range from 10 working days or 80 working hours without pay up to and including termination. Egregious* situations may result in suspension pending termination.

Second Offense: Termination

Employees negligently providing incorrect information to UMMC, or a government agency, patient, insurer, or the like.

Disciplinary Action shall range from counseling up to and including termination. Egregious* situations may result in suspension pending termination.

Employees failing to report another employee’s violations of duty pursuant

Subsequent or repeat violation shall result in a progressive application of disciplinary sanctions.
Employees failing to detect and/or report conduct by an employee that a reasonable person should know is criminal and could reasonably be expected to be detected.

Employees failing to take action as prescribed under this Compliance Plan or to comply with duties expressed or implied as set forth in this Compliance Plan.

Employees engaging in any conduct prohibited by the terms of this Compliance Plan.

Employees unintentionally or carelessly revealing patient information to oneself or others for reasons other than treatment, payment, health care operations, approved research or those required by law.

II.

In the event that periodic audits reveal any noncompliant behavior or improper or mistaken billing incidents, all mistaken payments shall be returned to the appropriate payer(s) and a report shall be made to the appropriate subcommittee. Depending on the nature and severity of the conduct revealed through the audit procedure, the disciplinary action as listed above may be instituted. Appropriate reports mandated by Federal or State law shall be made as required.

Certain factors as listed below may be considered as mitigation in any proposed disciplinary action: (a) whether the employee promptly reported his/her own violation, (b) whether the report constitutes UMMC's first awareness of the violation and the employee's involvement, and (c) whether the employee cooperated fully in investigating and/or correcting the violation.

Any employee disciplinary action resulting from a violation of this Compliance Plan should be coordinated through the Office of Integrity and Compliance and the Department of Human Resources. Any such disciplinary action must be reviewed by the Compliance Committee to determine if the Compliance Program needs to be revised.
*For purposes of this policy, egregious is defined as behavior or activity obviously inconsistent with what is right or proper. Examples of an egregious situation include, but are not limited to, the following:

1) Accessing a medical record to satisfy your own curiosity related to an issue brought to your attention through social media, a news broadcast, newspaper, or other media source.
2) Accessing a large volume of patient information or multiple patients' records without a need to know.
Code of Conduct

- Conduct business according to high ethical standards.
- Comply with applicable laws, rules, regulations, and requirements of third party payers.
- Sets standards to evaluate situations in a consistent manner.
- Principles based on common sense, courtesy, ethical and legal conduct.
- Code of Conduct
III CODE OF CONDUCT

It is the policy of UMMC that all of the business of UMMC be conducted according to high ethical standards, including compliance with applicable laws, rules, and regulations, and the requirements of third party payers. In support of this stated policy, a Code of Conduct is essential for UMMC to prosper and receive the desired trust and respect of its patients, physicians and other health care providers, third party payers, the UMMC workforce, and agents. Set forth in this Code of Conduct is a set of standards to evaluate situations in a consistent manner and arrive at uniform decisions. The underlying principles of these standards are based on common sense, courtesy, ethical and legal conduct that are essential to govern the business of UMMC. It is important that the entire UMMC workforce understand these standards and abide by them daily.

In furtherance of these principles, UMMC subscribes to the following Code of Conduct:

**PRINCIPLE 1 - Legal Compliance:**
*We will strive to ensure all activity by or on behalf of the organization is in compliance with applicable laws.*

The following Standards are intended to provide guidance to the UMMC workforce and subcontractors to assist them in their obligation to comply with applicable laws. Knowledge (first or second hand) or suspicion of any violation of any law, regulation or rule must be reported to the Compliance Hotline (1-877-310-0424) or other approved reporting mechanisms.

- We shall not solicit, receive or offer to give anything of value to anyone in exchange for referral of patients. Bribes or kickbacks of any kind intended to induce referrals are prohibited.

- We shall not make false statements or representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.

- We shall submit claims for reimbursement accurately and only for services rendered.

- We shall not enter into any agreements with competitors to share or fix prices.

- We shall maintain complete and accurate health records to support all medical decisions and the necessity for diagnostic testing.

- We shall collect all applicable copayments and deductibles in accordance with policy.
. We shall strive to ensure that our contracts conform with all applicable laws by having them reviewed and approved as required by UMMC policies.

. We shall store, dispense and transport all drugs and biologicals in accordance with accepted guidelines.

. We shall adhere to sound environmental and safety practices, including the proper handling of medical or hazardous waste.

. We shall respect our obligations as individuals and as health care providers, and neither express nor imply a promise of performance which we cannot reasonably expect to fulfill;

. We shall assure that all practices of write-offs, discounts, or forgiveness of debt are based solely on justifiable business practices and conform to federal and state statutes.

**PRINCIPLE 2 - Quality of Care:**
**We are committed to providing the highest quality of care and delivering services in an ethical, professional manner.**

. We shall treat all patients with dignity, respect, and compassion at all times.

. We shall provide high quality care to all patients without regard to race, color, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.

. We shall honor the patients’ right to give informed consent. We understand that informed consent is a continuing process and not just a form.

. We shall honor the right of patients, or their legal designees, to participate in decision making regarding their care, including refusing treatment to the extent permitted by law and being informed of the consequences of such action.

**PRINCIPLE 3 - Confidentiality:**
**We shall strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards.**

. We shall protect the confidentiality of patient information in accordance with all applicable laws and regulations. We shall refrain from revealing any personal or confidential information concerning patients or members unless supported by legitimate business or patient care purposes.
Information and ideas of UMMC are important to organizational success. Information pertaining to our competitive position or business strategies, trade secrets, payment and reimbursement information, and information relating to negotiations with the UMMC workforce or third parties should be protected and shared only with the UMMC workforce having a need to know such information in order to perform their job responsibilities.

We shall hold all investigatory information, data, and reports collected and/or made in connection with compliance issues in the highest confidence and not disclose such information outside of the confines of the activities of the UMMC Compliance Program, except as is otherwise required by applicable law.

We shall ensure that information received in confidence is not used for personal gain and divulge no such information with the intent of giving or receiving an unfair advantage in a personal business transaction.

**PRINCIPLE 4 - Valuing The UMMC Workforce:**
We value our workforce and are committed to their protection and professional success.

- We shall afford all people equal employment and advancement opportunities without regard to race, color, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.

- We shall treat each other with respect, dignity, and fairness. Sexual harassment, sexual advances, request for sexual favors or other verbal or physical conduct of a sexual nature that would create a hostile working environment are absolutely prohibited.

- We shall exhibit acceptable behaviors, which are those behaviors that enhance the quality with which we meet the mission of UMMC. Such behaviors include but are not limited to, those that help promote quality in the work place, integrity, innovation, diversity in the work place and teamwork.

- We shall refrain from displaying inappropriate behaviors in the work place. Inappropriate behaviors are those that are disruptive to the work place and disturb day-to-day professional and interpersonal relationships and surroundings. Examples of such behaviors include:
  
  Active behaviors such as:
  - Angry or loud arguing;
  - Verbal/written threats or actions;
  - Cursing or derogatory comments;
- Displaying disrespect to others, intimidating words or actions, bullying;
- Pounding on desk, door, or wall; or
- Destroying property or any physical violence such as grabbing, striking others.

Passive behaviors such as:
- Refusing to complete assigned tasks;
- Uncooperative attitudes with others;
- Reluctance or refusal to answer questions;
- Failure to return phone calls;
- Failure to return pages or messages; or
- Impatience in dealing with others.

**PRINCIPLE 5 - Conflicts of Interest:**
We shall avoid conflicts or the appearance of conflicts of interest between our private interest and the fulfillment of our duties.

- No member of the workforce may represent UMMC in any transaction in which he or she or a member of their immediate family has a personal interest.
- We shall not disclose or use confidential, special or inside information of or about UMMC for personal profit or advantage.
- UMMC workforce shall disclose all potentially conflicting activities in the annual Conflict of Interest disclosure statement and upon acquiring a new interest.
- We shall avoid any real or potential conflicts of interest and disclose to UMMC to the fullest extent possible, any significant proprietary or financial interest in any organization with which UMMC does business, as defined in, but not limited to, the Mississippi Code of 1972, sections 25-4-101 through 25-4-119, and the UMMC Faculty and Staff Handbook.

**PRINCIPLE 6 - Business Relationships:**
Business transactions with vendors, contractors and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

- **Gifts.** We shall not solicit tips, personal gratuities or gifts from patients or vendors. We shall not accept gifts, favors, services, entertainment or other things of value to the extent that decision-making of UMMC might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of
influencing the decision making process of any purchaser, supplier, customer, government official or other person by UMMC is absolutely prohibited. The UMMC workforce may retain gifts from vendors that will not influence decision making which have a nominal value of less than $50 per gift and $300 per year in the aggregate. If there is any concern whether a gift should be accepted, the Office of Integrity and Compliance should be consulted.

- We shall recognize that character is the greatest personal asset in business and give it major consideration in the selection of individuals and companies with whom we do business.

- We shall take no action which would otherwise be suspect merely because it appears to be customary in a particular location or particular area of business activity.

**PRINCIPLE 7 - Protection of Assets/Research:**

All UMMC workforce shall strive to preserve and protect the organization’s assets by making prudent and effective use of UMMC resources and properly and accurately reporting its financial condition.

- UMMC has established control standards and procedures to ensure that assets are protected and properly used and that financial records and reports are accurate and reliable. All workforce of UMMC share the responsibility for maintaining and complying with required internal controls.

- All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction.

- All UMMC workforce are expected to refrain from converting assets of the organization to personal use. All property and business of the organization shall be conducted in the manner designed to further UMMC’s interest rather than the personal interest of an individual. UMMC workforce are prohibited from the unauthorized use or taking of UMMC’s equipment, supplies, materials or services.

- We shall collect and report scientific research validly and accurately.

UMMC requires that all workforce of UMMC abide by the principles set forth in this Code of Conduct. Failure to abide by the principles set forth in this Code of Conduct and the guidelines for behavior which this Code of Conduct represents may lead to disciplinary action.

Any suspected violation of this Code of Conduct must be reported to a member of
the UMMC Compliance Committee, the Office of Integrity and Compliance, the Compliance Hotline (1-877-310-0424), or in accordance with any other authorized and posted reporting mechanism. The Compliance Hotline is intended to identify and address improper conduct as quickly as possible. All UMMC workforce may make reports to a member of the UMMC Compliance Committee, the Office of Integrity and Compliance, the Compliance Hotline, or in accordance with any other authorized and posted reporting mechanism, without fear of retaliation. Reports of suspected violations may be made anonymously.

It is important that this Code of Conduct be understood and practiced daily by all UMMC workforce. All UMMC workforce must understand that UMMC will take action to uphold and enforce these standards. This Code of Conduct is adopted in conjunction with the adoption of the UMMC Compliance Plan and implemented as part of the UMMC Compliance Program. This Code of Conduct will be distributed to all current UMMC workforce to read and acknowledge, with the acknowledgment kept on file with UMMC. During annual compliance training, each member of the workforce will repeat the procedure and electronically acknowledge the retraining by UMMC. Furthermore, within four weeks of initiating employment with UMMC, or during orientation, new members of the workforce will read the Code of Conduct and electronically sign the acknowledgment.

The following will be considered violations of UMMC's Code of Conduct:

- Violations, or attempts to commit any violations, of the Compliance Program;

- Dishonest acts, or attempts to commit any dishonest acts; and

- All improper or dishonest acts and matters, which have significance with respect to the integrity of books, records, or management of UMMC.
Major Enforcers and Regulators of Healthcare Compliance

- Office of the Inspector General (OIG)
- Office for Civil Rights (OCR)
- Centers for Medicare and Medicaid Services (CMS)
- Department of Health and Human Services (DHHS)
- Drug Enforcement Administration (DEA)
Healthcare Fraud and Abuse
Healthcare Fraud

Knowingly and willfully providing false information in an attempt to

- Defraud any private insurance or governmental healthcare benefit program; or

- Obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program.
Healthcare Fraud Examples

- Intentionally billing for services not rendered;
- Requesting, offering, or receiving a kickback or bribe;
- Intentionally using an incorrect or inappropriate provider number in order to get paid;
- Selling or sharing patients’ Medicare or Medicaid numbers so false claims can be filed; or
- Falsifying information on applications, medical records, billing statements, cost reports or any statement filed with the government.
Healthcare Abuse

- Includes any practice not consistent with providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

Abuse may directly or indirectly result in:

- unnecessary increased costs;
- improper payment;
- restrictions to patient choices; or
- payment for services which fail to meet professionally recognized standards of care or that are medically unnecessary.
Examples of Abuse

- Using procedure or revenue codes that describe more extensive services than those that were actually performed;
- Routinely submitting duplicate claims;
- Billing for unnecessary medical services. For example, always billing for complete lab profiles when only a single test is necessary to establish a diagnosis; or
- Billing for items or services grossly in excess of those needed by the patients.

*Although many types of practices may be considered abusive, they may evolve into fraud.*
Fraud and Abuse laws

- Anti-kickback Statute
- Stark Law
- False Claims Act
- Civil Monetary Penalties Law
Prohibits offering, paying, soliciting, or receiving financial incentives to induce referrals of items or services.

*Referrals from anyone

*Any items or services

Intent must be proven (knowing and willful)

Criminal and Civil Penalties

Exceptions: Voluntary safe harbors

Applicable to all Federal healthcare programs

Anti-Kickback Statute
Safe Harbors

- Certain exceptions to the Anti-Kickback rules.
  - “Safe harbors”
STARK LAW

Prohibits physicians from referring patients to entities providing designated health services

Referrals from a physician

Designated health Services

*Intent required for civil monetary penalties for knowing violations

Civil Penalties

Applicable to Medicare/Medicaid
Stark Law Exceptions

Common Physician Self-Referral Law Exceptions

Arrangements that are related to ownership/investment and compensation
For example: In-office ancillary exceptions, certain contracted physician services, academic medical center exception, etc.

Arrangements that relate only to ownership/investment interests
For example: Publicly-traded securities, mutual funds, etc.

Arrangements related to only compensation
For example: Rental of office space, physician recruitment, bona fide employment relationships
False Claims Act (FCA)

The False Claims Act:
-Prohibits the submission of false or fraudulent claims to the government.

False claims:
- Claims that the provider knew or should have known were false or fraudulent.
  ‘Should have known’ means deliberate ignorance or reckless disregard of the truth.
False Claims Act (FCA)

False claims include claims where the service:
- Is not rendered
- Is already covered under another claim
- Is miscoded
- Is not supported by the patient’s medical record
Physicians pay more than $1.5 million to government for kickback scheme

Four physicians each agreed to a settlement with the US Government after being accused of participating in a kickback scheme causing false claims to be submitted to Medicare in violation of the Federal False Claims Act, the Physician Self-Referral law (“Stark”), and the Anti-Kickback Statute.

Violation Scenarios

Rialto Capital Management and current owner of Indiana hospital to pay $3.6 million to resolve false claims act allegations arising from kickbacks to referring physicians

The Department of Justice announced that Rialto Capital Management LLC and its former affiliate RL BBIN KRE LLC have agreed to pay $3.6 million to resolve allegations that Rialto and the Kentuckiana Medical Center (KMC) violated the Anti-Kickback Statute, the Stark Law, and the False Claims Act by engaging in illegal financial arrangements with two doctors who referred patients to KMC.

Violation Scenarios

Aurora Health Care, Inc. agrees to pay $12 million to settle allegations under the False Claims Act and Stark Law

Aurora Health Care, Inc. has agreed to pay $12 million to the United States and State of Wisconsin to settle allegations that Aurora violated the False Claims Act by submitting claims to Medicare and Medicaid in violation of the Stark Law.

Civil Monetary Penalties Law (CMPL)

- Authorizes penalties and assessments on persons who defraud Medicare or Medicaid or engage in certain other wrongful conduct.
- Authorizes persons to be excluded from Federal health care programs and directs appropriate state agency’s to exclude persons from participating in any state health care programs.
Qui Tam

✓ Incentives to report fraud
  ✓ Qui Tam provision – ‘whistleblower’
  ✓ Strong financial incentive to report – whistleblowers can receive up to 30% of a false claims act recovery.
How to Report a Suspected Compliance Violation

1) Discuss with your supervisor

2) Online reporting at

3) Contact the Office of Integrity and Compliance directly at 601-815-3944

4) Contact Compliance Hotline at 877-310-0424
WHAT CAN I DO?
Workforce Obligations

Your job is critical!

Ask questions!

Be knowledgeable of applicable policies and procedures!

Report suspected violations!
Compliance Policies

Compliance Policies – UMMC Document Center
documents.umc.edu > Administration Documents > OIC

Compliance Policies – OIC Website
UMMC Intranet > A-Z Index > Compliance
HARASSMENT
IN THE WORKPLACE
Harassment is…

Verbal or physical conduct that isolates, degrades, or shows hostility or aversion toward an individual based on that person’s protected group.

Hostile Environment…

Exists when harassing behaviors:

• Create an offensive work environment.
• Affect ability to work.
• Are extreme or pervasive.
Federal Laws…

Civil Rights Act of 1964

Title IX of the Education Amendments of 1972

State Laws and Company Policies…

Can go even further and protect people based on:

- Marital Status
- Physical Appearance
- Political Affiliation
- Regionalism
- Illnesses such as HIV/AIDS
Title IX of the Education Amendments of 1972

For UMMC’s Sexual Misconduct, Sexual Assault and Sexual Harassment policy and procedures, please see the UMMC policy directory.

UMMC has a designated Title IX Coordinator to coordinate UMMC’s compliance with and respond to inquiries concerning Title IX. The contact number for the Title IX Coordinator is 601-815-7978.

A person may also file a complaint with the Department of Education's Office for Civil Rights regarding an alleged violation of Title IX by visiting www2.ed.gov/about/offices/list/ocr/complaintintro.html or calling 1-800-421-3481.
If You Feel Harassed…

- Talk to the offender.
- Be specific.
- Ask offender to stop.
- Involve HR as necessary.
- Follow company guidelines.

If You Think You Have Offended…

- Think before you speak.
- Apologize.
- Do not repeat the behavior.
Take Responsibility

• Respect each person.
• Think before you speak.
• Report all incidents of harassment.
• Apologize if you offend someone.
• Avoid joking about sensitive topics.
• Policy on Harassment.
HIPAA Privacy Training
for Non-Employees

Presented by the
Office of Integrity and Compliance
This training will help you be familiar with the following:

• What is HIPAA?
• How does HIPAA apply to UMMC?
• Why is HIPAA important?
• What information is protected?
• What can be used to identify a patient?
• How can PHI be used and/or disclosed?
• What patient rights are required by HIPAA?
• How does HIPAA affect you and your job?
• What steps can you take to protect PHI?
• When should you ask questions?
• How can you report concerns?
What is HIPAA and how does it apply to UMMC?

HIPAA is a federal regulation which requires the University of Mississippi Medical Center (UMMC) to protect patient information, establish boundaries on the uses and disclosures of patient information, hold violators accountable, and provide processes which enable UMMC to meet patients’ privacy rights.

According to the regulation, UMMC is a covered entity and held to the requirements of HIPAA. This includes employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UMMC is under the direct control of UMMC, whether or not they are paid by UMMC.

The Privacy Rule also applies to UMMC’s business associates which we contract with to carry out some of our activities and involves creating, receiving, maintaining, or transmitting protected health information (PHI). UMMC must have evidence of an agreement specific to the services being provided which is called a Business Associate Agreement (BAA).
Why is patient privacy important to UMMC?

Privacy is more than a legal and regulatory issue.

It is a:

• A respect issue for all UMMC patients and employees.
• A trust issue. All patients must be able to trust UMMC and its employees to protect their patient information from inappropriate access, use, or disclosure.

An individual’s perception of a lack of respect and/or privacy can result in hesitancy to disclose vital information to take care of the patient or uncooperative actions. Lack of trust can also lead to decreased patient satisfaction.
What information is protected under HIPAA?

Patient information covered under HIPAA is called Protected Health Information (PHI) and can be in any form - written, spoken, printed, or electronic.

Protected health information is clinical information, such as an individual’s diagnosis, in combination with some type of information that allows you to identify that individual.

For example, a diagnosis on a progress note that contains the patient’s name would be considered PHI.
What are some examples of PHI?

- Documentation created by physicians, nurses, and other health care providers and assembled in medical records;
- Conversations about an individual's care or treatment between health care providers;
- Information about patients in UMMC’s computer system; and
- Billing information about an individual’s health care.
What can be used to identify a patient?

- Patient’s Name
- Address or zip code
- Month and date of service or other relevant date
- Date of Birth
- Telephone and/or fax number
- E-mail address
- Social Security Number
- Medical Record or patient account numbers
- Vehicle identifiers or serial numbers
- Health plan beneficiary number
- Device identifiers or serial numbers
- Biometric identifiers, including finger & voice prints
- Full face photographic images or other images
- Web Locators (URLs) or Internet Protocol (IP) addresses
- Any other unique identifying number, characteristic, or code
How can UMMC use and disclose PHI?
What is the difference between use and disclosure?

**Use:**
Information is used by UMMC’s workforce. An example of information being used is when a clinician reviews a patient’s record.

**Disclosure:**
Information is disclosed when it is shared with others. An example of information being disclosed is when information is sent to a health plan.
What is HIPAA authorization?

An authorization is a detailed document that gives UMMC permission to use protected health information for specified purposes, which are typically other than treatment, payment, or health care operations, or to disclose protected health information to a third party specified by the individual.
UMMC can use and/or disclose PHI without permission from the patient for the following:

Except for psychotherapy notes, the privacy standards allow UMMC to disclose information without an authorization for the following purposes:

- For the **treatment** of the individual;
- To obtain **payment** for services rendered by UMMC;
- To carry out the health care **operations** of UMMC; and/or
- For **public interest and benefit activities**.
Other Uses and/or Disclosures

For most other uses/disclosures, UMMC must get authorization (permission) from the patient or the patient’s legal personal representative listing the information to be used or disclosed.
When can UMMC use or disclose PHI for research purposes?

As a general rule, researchers are permitted to use PHI for research purposes when a signed authorization, that satisfies section the Privacy Rule, is obtained.

There are four (4) exceptions to this rule in which an authorization would not be required.

1. If the covered entity receives appropriate documentation that an Institutional Review Board has granted a Waiver of the Authorization requirement;
2. For research solely on decedents’ information with certain representations and, if requested, documentation obtained from the researcher that satisfies section 164.512(i)(1)(iii);
3. For reviews preparatory to research with certain representations obtained from the researcher; or
4. If the PHI has been de-identified in accordance with the standards and the information is released in the form of a limited data set, with certain identifiers removed and with a data use agreement.
How.... does HIPAA affect YOU and your position at UMMC?
What is the Need to Know standard?

Part of protecting our patients’ privacy is to ensure that employees access and use only that information which they “need to know” in order to perform their job duties.

If an employee does not have a job related reason to know a patient’s information, they should refrain from accessing it.

You should only share information about patients with other individuals who have a need to know.
What is the Minimum Necessary standard?

Each individual should only access, use and disclose information that is minimally necessary to fulfill a job related purpose.
How do these standards apply to you?

Under the requirements of the HIPAA, UMMC grants access to information systems on a need-to-know and need-to-share basis.

UMMC has a defined designated record set for which HIPAA applies to and includes the UMMC Electronic Health Record System - Epic.

The following slides provide information on Epic access.
Accessing Epic information of family, friends, VIPs, or individuals of interest:

UMMC workforce are NOT permitted to access the health information of family, friends, VIPs, or individuals who are of public interest unless it is part of your job responsibilities and you have a legitimate job related need to do so.

**Why is this important to you?**

Access to information about family members and friends should be based on a job related need to know and is reviewed the same as all other access. There should be a clear connection to the access. For example, scheduling access should be tied back to an appointment that is created. The areas of the medical record that are accessed should be aligned with your job duties as it would for any other patient.

If possible, when responsibilities require you to access the information of family members or friends, the task should be handed off to other team members. It is easy to cross the line, so be diligent in your efforts to adhere to your job duties.
Individuals accessing their own patient record:

You may be given access to and use of UMMC information systems to carry out your job responsibilities. In order to do your job, you should only access and use information you have a job related need to know.

Why is this important to you?

Except for accessing information in MyChart (patient portal outside of Epic access), members of the UMMC workforce are NOT permitted to access information in their own medical record. The next slide provides reasons why employees should not access their own record.
Reasons why individuals should not access their own record:

- Results may be pending or need to be discussed first with a provider.
- The integrity of the record could be compromised by accidental changes.
- You may be accessing information that otherwise would be denied.
- Not all members of the workforce have access as an employee or the same access.
- Typically, your job responsibilities would not require you to access your own information.

You can set up access to information via MyChart. You can not function as an employee and a patient at the same time.
Why is it important for you to be aware of the need to know and minimum necessary standards for accessing or viewing patient information?

As a health care provider, UMMC must comply with HIPAA standards.

By law, UMMC is required to have a Sanctions Policy to address privacy violations.

If you do not have a legitimate need to access information you are violating the patient’s privacy and UMMC policies.

Depending on the circumstances and the outcome of an investigation, UMMC may be required to provide your name to the Office for Civil Rights and notify the patient/legal representative of the unauthorized access/use.
What are some examples of inappropriate access?

- Finding an address to send someone a card or take them a meal
- Checking on the status of someone because they go to church or school with you
- Accessing a record of an individual you know lives on the same street as you
- You don’t know how to use Epic, and you are practicing
- You were bored and didn’t have anything better to do
- Your kids go to school with the individual
- You want to know if someone is telling the truth about being sick
- You are curious about the patient
- You want to know for personal reasons why someone was in the hospital
- Seeing if there is a photo in the record because the news did not have one
What... patient rights are required by HIPAA?

- Right to receive a Notice of Privacy Practices (NPP) from UMMC to explain uses and/or disclosures of PHI.
- Right to access and obtain a copy of their medical record.
- Right to request an amendment to their health information.
- Right to receive an accounting of disclosures.
- Right to request that restrictions be placed on the use of his/her PHI even for the purposes of treatment, payment, and healthcare operations.
- Right to file a complaint.
- Right to agree or object to being included in the hospital directory.
- Right to request confidential communications.
What.... steps can you take to protect PHI?

Do these:

- Send patients or family members to the Business Office if medical records need to be obtained.
- Secure the computer screen before you leave it.
- Turn monitors away so that the screen visibility is reasonably limited.
- Documents with PHI should be turned over when walking to a meeting then properly disposed when no longer needed.
- Think about the volume of your voice when discussing PHI.
- Send visitors and/or family members to registration areas if they are trying to locate a patient.
- If you see PHI in the trash, remove it and report the concern to your supervisor. This includes patient labels or documents with PHI on them. Labels should be marked through and made unreadable prior to disposal.
- Report concerns to the Office of Integrity and Compliance.
What… steps can you take to protect PHI?

Do NOT do these:
- Do not ask someone to look up a patient or an address in a computer system because you know them and are concerned.
- Do not discuss with other employees when you are aware of a patient you know in the hospital or clinic. (Unless it is a “need to know” basis.)
- Do not take pictures of patients.
- Do not post PHI on social media unless formally authorized to do so. When applicable, a patient’s written authorization is included in this process.
- Do not leave PHI, such as diets or reports, unattended in open public areas.
- Do not share with family or friends when patients are in the hospital or clinic.
- Do not leave PHI visible to others on a computer screen and walk away.
When.... should you ask questions?

If you do not understand your responsibilities with protecting privacy you should ask questions.

If you are not sure whether or not something you have seen or heard is a privacy violation you should ask questions.
HIPAA Policies

HIPAA Privacy policies are available in the UMMC Document Center on the UMMC Intranet.

Document Center > Administration Documents > OIC > HIPAA
How can you report concerns or possible violations?

WAYS TO REPORT:
1) Discuss with your supervisor
2) Online reporting at https://www.umc.edu/Compliance/Report-suspected-violation.html
3) Contact the Office of Integrity and Compliance directly at 601-815-3944
4) Contact Compliance Hotline at 877-310-0424
Frequently Asked Questions
FAQ #1

Question: What do I do if a visitor asks for the location of a patient?

Answer:
If a visitor asks for the location of a patient, you should call the UMMC directory at 601-984-1000 and allow the visitor to ask the location of the patient or send him/her to the appropriate registration area.

This is done because you may not be aware of certain objections or restrictions regarding visitors or disclosures of information the patient or UMMC has in place.
Question: Should I leave PHI visible on the computer screen when I walk away to carry out my job responsibilities?

Answer:
No. Return computers to screen saver status when work has been completed and/or planning to leave the computer unattended. If you are in Epic, secure your workstation prior to walking away.

Monitors should be turned so that the visibility of the screen is reasonably limited by unauthorized viewers. Privacy screens should be in use.
FAQ #3

Question: If a patient requests access to or copies of his or her medical record where should they go to do so?

Answer:
All patient requests to view or to receive copies of his or her medical record should be sent to the Release of Information area.

If the patient is on campus, he or she can stop by the Business Office to provide appropriate information and/or schedule a time to view information.

Patients can also access information via MyChart.
FAQ #4

Question: What should I do if a patient reports receiving information of another patient?

Answer:
Capture all of the information the patient reports to you such as whose information it is, when it was received, who provided it, and what type of information is included. Record the patient’s contact information.

Questions to Ask:
1. Does the patient still have the copy of information?
2. Did the patient disclose the information to anyone?

Direct the patient to return the information immediately or shred the information.

Contact the Office of Integrity and Compliance to report all of the above information.
FAQ #5

Question: How do I dispose of PHI? Who do I contact if I need assistance with the shred receptacle in my area?

Answer:
No patient information should be thrown into the trash. Patient information that is to be discarded should be shredded, either manually or by a shredder. Items should be placed in the shred bin, not laying on top.

Labels containing PHI should be made unreadable before disposal.

You can contact Physical Facilities by email to facilitate any shredding needs. physicalfacilities-environmentalservices@umc.edu
Question: How do I access MyChart (patient portal) for viewing my information, such as appointments?

Answer:
To access the UMMC MyChart patient portal go to https://www.ummchealth.com/mychart/.

You can also download the secure MyChart app in the App Store or Google Play.

To view your information, you should not access MyChart from within Epic.
Do you have questions?

Submit questions to
ComplianceQuestions@umc.edu