

Disclaimer

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- ALL HIPAA training must be organized through the Compliance Office. To do so please contact Bethany Bondy at bbondy2@utnet.utoledo.edu.
- Any updates made to this document will be made accessible at this location.

The University of Toledo

Corporate Compliance and HIPAA Training

Presented by:

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Before we get started

■ Documents in front of you!

- Copy of presentation
- IT security objectives
- Training certificate
 - Sign and turn in to supervisor
- Sign-in sheet
 - Print and sign name, date, and turn in to Bethany
- A Guide to Communicating HIPAA with a Patient's Family, Friends, and Others Involved in the Patient's Care.
- Compliance Brochure
- Employee Compliance Guide
 - Sign last page and give to supervisor

Corporate Compliance

- **Compliance** = acting consistently with applicable laws
 - codes of conduct, stressing:
 - honesty
 - integrity
 - ethical behavior
- **Who is responsible for Compliance? Everyone!**
 - Directors
 - Board Members
 - Clinical Staff
 - Medical Staff
 - Management
 - Volunteers
 - Non Clinical Staff
 - Vendors and Suppliers
 - Consultants
 - Students

**Do the Right Thing
Ask before you act!**

Regulating Organizations

Just To Name A Few...

Joint Commission

Fraud Waste and Abuse

Medicare and Medicaid

HIPAA/FERPA

EMTALA

Construction Law

NCAA

Research Laws

Ohio Ethics Law

Federal Financial Aid

Deficit Reduction Act

- Educate on reporting of incidents
 - Contact your supervisor
 - Contact a Department head
 - Contact the Compliance Department
 - Anonymous Reporting Line
 - Call a Regulatory agency: DOJ, OIG, ODH
 - Joint Commission for Quality of Care – Patient

Deficit Reduction Act

- Two important conditions
 - Whistleblower protection
 - False Claims Act
 - State law
 - Recovery - \$\$\$\$\$\$\$\$\$\$
Example: Jim Sheehan-New York

When “the right thing to do” is not clear...

- Ask yourself:
 - Is it a fair and honest?
 - Is it in the best interest of the institution?
Patients?
 - How would it look on the front page of **The Blade**?
 - How **good** do you look in **orange**?



Compliance Risk Areas:

- Confidentiality of Patient Information (HIPAA)
- Documentation and Coding
- Billing and Reimbursement
- Illegal Provider Relationships
- Anti-Dumping Regulations
- Managed Care

Health Insurance Portability and Accountability Act HIPAA

Health information should be protected
from:

- ❖ people not involved in the patient's care
- ❖ People without a business purpose

Standards for the Privacy of Health Information

Applies to health information:

- written
- spoken
- electronic
- Other

Health information includes but not limited to:

- medical records
- claims information
- payment information
- almost all information related to a person's health care

Standards for the Privacy of Protected Health Information (PHI)

Applies to health information:

- written
- spoken
- electronic
- Other

Health information includes but not limited to:

- medical records
- claims information
- payment information
- almost all information related to a person's health care

PHI is any health information that could identify an individual patient, including

- NAME, ADDRESS, or PHONE number
- HEALTH INSURANCE number
- SOCIAL SECURITY number

PHI may be written, electronic, spoken, or in any other form-**such as pictures**

Other Uses of PHI

- ❖ Teaching
 - ❖ Must be de-identified-all PHI must be removed or blackened out.
- ❖ Business Associates
 - ❖ Example: Vendors
 - ❖ Must abide by all policies and procedures of the hospital, including all HIPAA laws
- ❖ Marketing
 - ❖ Marketing that uses PHI requires patient authorization
 - ❖ Selling patient information is not allowed
- ❖ Fundraising
 - ❖ The definition of "health care operations" includes fundraising *for the benefit of a hospital or health system*

Authorization Forms

- ❖ Are required when disclosure of PHI is NOT for treatment payment or health care operation.
- ❖ Treatment may not be refused if a patient refuses to sign an authorization form
- ❖ Exceptions:
 - ❖ Not necessary if an overriding public interest exists
 - ❖ Public health and other governmental activities
 - ❖ Reporting abuse and neglect
 - ❖ Judicial and law enforcement purposes-**MUST** have a subpoena!

“Reasonable Precautions”

- ❖ Providers must take *reasonable* steps to make sure PHI is kept private

❖ Things you can do...

- o You can call out a patient's name in a waiting area. You *cannot* associate the patients' name with their diagnosis or other PHI.
- o You can talk about a patient's condition, treatment, progress, status over the phone or in a joint treatment area.
- o You can talk about a patient's care at hospital nursing stations.
- o You can perform bedside report/exchange with precautions. Pull the curtain!

Minimum Necessary Information

- ❖ Minimum necessary information = the minimum amount needed to do the task required
- ❖ The minimum necessary information standard does not apply to:
 - ❖ providers accessing or disclosing for a treatment
 - ❖ patient requests to access, inspect or copy PHI
 - ❖ Secretary of the Department of Health and Human Services requests
 - ❖ uses or disclosures required by law
 - ❖ uses or disclosures required by the Privacy Rule

What must we do?

Secure PHI.

Lock/shut doors when you leave (even for a minute)

If you happen to notice PHI that is left out, close it, cover it, put it away, turn it in to someone.

Keep computer passwords private.

Access only information you need to do your job.

Dispose of PHI properly-Shred bins

Protect Faxed PHI

Patient Rights

HIPAA gives patients the right to:

- ❖ Request amendments to PHI
 - ❖ 3364-100-90-07 Right to Access and Amend PHI
- ❖ Receive accounting of disclosures
 - ❖ 3364-100-90-11 Accounting and Documentation of Disclosures of Protected Health Information other than Treatment, Payment or Healthcare Operations
- ❖ Request restrictions on disclosures
 - ❖ provider must agree to restrictions
 - ❖ exception for emergency situations
 - ❖ 3364-100-90-03 Patient Request for Restrictions on Health Information
- ❖ Access, inspect and copy PHI
 - ❖ 3364-100-90-07 Right to Access and Amend PHI
- ❖ Exceptions
 - ❖ psychotherapy notes
 - ❖ any information that could be harmful
 - ❖ information for use in a civil or criminal trial or proceeding
 - ❖ certain lab information
- ❖ Request that communication of PHI be transmitted through alternative means
 - ❖ 3364-100-90-06 Patient Request to Receive Communications of Protected Health Information (PHI) by Alternative Means/Locations

Notice of Privacy Practices

- ❖ Providers must give patients "Notice of Privacy Practices," describing:
 - ❖ how health information may be used and disclosed
 - ❖ the individual's rights
 - ❖ the Provider's responsibilities
 - ❖ how to file a complaint
 - ❖ who to contact for more information
 - ❖ how patients will be notified of privacy policy changes
- ❖ The Privacy Notice must be posted in a clear and prominent location in the provider's service site and on their web-site

Civil and Criminal Penalties

Civil penalties

\$100/violation; person should have known better

Civil/Criminal penalties

\$50,000 ± 1 year prison; intentional inappropriate use

\$100,000 ± 5 years; under false pretenses

\$250,000 ± 10 years; malicious harm, commercial/personal gain



“Anti-Dumping” Regulations

- **EMTALA** (The Emergency Medical Treatment and Active Labor Act)- the “anti-dumping statutes”:
 - Requires hospitals with an emergency department to provide an appropriate screening examination and emergency treatment, regardless of the patient’s ability to pay
 - EMTALA does *not* apply to:
 - Individuals who come to off-campus outpatient clinics that do not routinely provide emergency services
 - Individuals who have begun to receive scheduled, non-emergency outpatient services, such as lab tests, at the main campus

Documentation and Coding

Documentation = the written account of a provider's encounter with a patient

- must be *legible, accurate, complete*

Coding = used for billing to identify diagnoses, services, supplies, and products

Documentation and Coding must match

Billing and Reimbursement

- Tens of **Billions** of Dollars are lost annually to *improper payments* for:
 - medically unnecessary services
 - up-coding for higher reimbursements than warranted
 - separate billing for outpatient/inpatient services for the same period
 - incorrect billing, such as for a “discharge” rather than “transfer”
 - duplicate billing
 - billing items or services that patients didn’t receive
 - non-allowable items
 - overpayment refunds withheld

Illegal Provider Relationships

- Beware business relationships which may violate US laws:
 - Anti-Kickback law
 - Prohibits payment in any form (cash, gifts, discounts, loans, etc.) in exchange for patient referrals
 - Stark (self-referral) Law
 - Prohibits referrals to another healthcare entity with which the physician or his family has an ownership or compensation arrangement, or any other financial interest in that entity
 - Joint Venture Laws
 - Prohibit participation in multi-provider networks which inhibit free and fair competition among providers

Labor Laws

- Comply with all federal, state and local labor laws
 - Understand definitions, penalties, complaint and investigative processes
 - Address labor law questions to your supervisor or HR or legal department
- Employment Discrimination and Related Issues
- Contact Human Resources for any employment related issues:
 - Union
 - Benefits

Conflicts of Interest



- Conflict of Interest
 - occurs when personal interests influence professional judgment

Reporting Process

- 1st – Report to your supervisor
- 2nd – Report to a Department Head- Human Resources
- 3rd – Report to the Compliance Officer – 419-383-6933
- 4th- Report using the Anonymous Reporting Line- Ethicspoint at 1-888-416-1308 or at www.utoledo.ethicspoint.edu.

Quality of Care Issues

- Report incidences as described in the last slide – if you do not get any response:
- Call the Joint Commission at:
1-800-994-6610 or
complaint@jointcommission.org

If issues are not addressed

- Report to Department of Justice, Ohio
Department of Health, Office of Inspector
General.
 - Whistleblower Protections
 - False Claims Act
 - State laws

Information Security

- Computers and Passwords
 - Complex passwords
 - Do not share passwords
 - Never allow anyone to use your computer account

Information Security

■ E-mail

- Ohio Supreme Court has ruled your e-mails are public record;
- E-mails are not secure, it can be forged and it does not afford privacy;
- Do not open unexpected attachments;
- Take precaution not to send anything by e-mail that you wouldn't want disclosed to unknown parties.
- Do not send sensitive data via e-mail, such as SSN.

Information Security

- Secure Mobile & Cellular Devices

Do not store sensitive information on portable devices;

Use internal firewalls and strong authentication when transmitting information via wireless technologies.

Conclusion

- We all have an responsibility to:
 - Obey Federal, State and Local laws, rules and regulations
 - Obey our institution's Code of Conduct and policies and procedures
 - Report activities we think may violate one or more of these to your:
 - Supervisor (unless you are uncomfortable doing so),
 - The Compliance Office, or
 - The Anonymous Reporting Line
- We have a strict policy of non-retaliation, so you are protected when you report

Contact Information and Resources

- Anonymous Hotline

EthicsPoint: 1-888-416-1308

<http://secure.ethicspoint.com/domain/en/report>

Contact Information:

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- Policies

<http://utoledo.edu/policies>

Compliance Website

<http://www.utoledo.edu/offices/compliance>

And now for your test!