

MCS HEALTHCARE HOLDINGS, LLC

MCS Policy No: MCS-Policy-061	Page 1 of 4
Related Department: Compliance	Effective Date: 4/25/2018
Unit: Privacy	Most Recent Revision Date: 4/25/2018
Policy Title: Uses and Disclosures to Carry Out Treatment, Payment, or Health Care Operations Policy	Applies to: <input checked="" type="checkbox"/> MCS Advantage, Inc. <input checked="" type="checkbox"/> MCS Life Insurance Company <input checked="" type="checkbox"/> MCS General Insurance Company
Approved by: Corporate Compliance Committee	

POLICY

1. MCS may use and disclose an individual’s protected health information (PHI) for treatment, payment and health care operations without first obtaining from the individual consent or a written authorization, provided that the use or disclosure falls within one of the categories below:
 - a. MCS may use or disclose an individual’s PHI for its own treatment, payment, or health care operations.
 - b. MCS may disclose an individual’s PHI for the treatment activities of a health care provider.
 - c. MCS may disclose an individual’s PHI to another covered entity (CE) or a health care provider for the payment activities of the entity that receives the PHI.
 - d. MCS may disclose an individual’s PHI to another CE for the health care operations of the entity that receives the PHI if:
 - i. Each entity either has, or had, a relationship with the individual who is the subject of the information, and the PHI pertains to the relationship; and
 - ii. The disclosure is for a quality-related health care operations activity, or for the purpose of health care fraud, and abuse detection or compliance.
 - e. In case that MCS opts to participate in an organized health care arrangement (OHCA), MCS may disclose PHI about an individual to another CE that participates in the OHCA for any joint health care operations of the OHCA.

DEFINITIONS

ACTright – mechanism implemented by MCS to receive, record, respond and track compliance, FWA and/or security and privacy issues. It is a web based application customized for MCS and designed to gather data from the Hotline, Web Reporting and MCS internal reporting by its users. It is a confidential line and allows anonymity if desired.

Business Associate (BA) – A person or entity, other than an MCS employee, that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, MCS.

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BA functions and activities include: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; repricing; and data aggregation

Compliance 360° – A web access application that allows consistency in the drafting, review, approval and indexing of policies and procedures, among other benefits.

Covered Entity (CE) – A health plan, a health care clearinghouse, or a health care provider who transmits health information in electronic form in connection with a transaction for which the Secretary of HHS has adopted standards under HIPAA.

Department of Health and Human Services (HHS) – The cabinet-level department of the United States federal government tasked with the goal of protecting the health of all Americans and providing essential human services.

Disclosure – Refers to the release, transfer, access to, or divulging of information in any other manner outside the entity holding the information.

Employee - Individual working on full-time or part-time basis for an MCS entity.

Health care operations – Refers to certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

Individual – Refers to the person subject of the Protected Health Information.

Office of Civil Rights (OCR) – Refers to the organization within the U.S. Department of Health and Human Services (HHS) responsible for enforcing the HIPAA Privacy and Security Rules. OCR investigates civil rights, health information privacy, and patient safety confidentiality complaints to identify discrimination or violation of the law and take action to correct problems.

Owner or Operational Owner – MCS employee who has the primary responsibility for a contract, process, program, or project.

Payment – Generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

Protected Health Information (PHI or ePHI) – Means individually identifiable health information that relates to the past, present, or future health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Individually identifying information includes, but is not limited to, any of the following:

1. Name
2. Address
3. Date of Birth
4. Social Security Number
5. Telephone
6. Email address
7. License number
8. Occupation
9. Medical records number

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10. Account numbers
11. ID numbers
12. Diagnosis
13. Treatment
14. Any other unique identifying characteristics or codes
15. Diagnosis code/text
16. Others

Policy – A concise statement regarding the company’s position in response to regulatory or contractual mandates or other guides from federal or commonwealth agencies.

Procedure - Critical steps for carrying out operations to achieve the policy intent. Each sentence starts with a verb. For example, “Review the file for accuracy and completeness.” Each step must describe only one action, should be succinct and to the point. Each step is numbered.

Treatment – Generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

User – A person with privilege to use a system or any resource of information system infrastructure no matter what his/her status is (employee or contractor).

Workforce – Refers to employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.

REFERENCES

Federal

- 45 CFR 501
- 45 CFR 164.506

State

- N/A

RELATED MCS PROCEDURE(S):

- MCS-POLICY-028: “Authorization for Use and Disclosure of PHI”
- MCS-POLICY-065: “Minimum Necessary Policy”
- CA-COMP-085: “Disciplinary Actions for Non-Compliance of HIPAA Regulations”

ATTACHMENTS

- N/A

POLICY REVISIONS:

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DATE	CHANGE(S)	REASONS
4/25/2018	New Policy	To document compliance with 45 CFR 164.506

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