



## Policies and Procedures

<b>Policy Title</b> Data Use and Access			
<b>Department Responsible</b> Compliance and Integrity	<b>Policy Code</b> THN – 1.55	<b>Effective Date</b> May 2016	<b>Next Review Date</b> May 2017
<b>Title of Person Responsible</b> Compliance Officer	<b>Approval Council</b> Triad Healthcare Network Board of Managers		<b>Approved Date</b> May 24, 2016

### PURPOSE

Participation in federal programs is a tremendous responsibility and Triad Healthcare Network, LLC (THN) and Accountable Care Organization (ACO) is committed to maintaining a culture that promotes integrity and compliance with all federal and state laws and regulations. This policy outlines the process for accessing and using beneficiary data.

### DEFINITIONS

TERM	DEFINITION
ACO	A legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, is identified by a Taxpayer Identification Number (TIN), and is formed by one or more ACO participants.
ACO Participant	An entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under 42 C.F.R. § 425.118.
ACO Provider/Supplier	An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. § 425.118.
Business Associate (BA)	A BA is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.
Covered Entity (CE)	A CE is defined in the HIPAA rules as (1) health plans, (2) health care clearinghouses, and (3) health care providers who electronically transmit any health information in connection with transactions.
Disclosure	Is the release, transfer, and provision of access to or divulging in other manner of information outside the entity holding the information.
Data Use Agreement (DUA)	An agreement between the ACO and CMS that must be executed prior to the disclosure of data from The Centers for Medicare & Medicaid Services (CMS) systems to help ensure that protected health information disclosures will comply with the requirements of the Privacy Act, Health



TERM	DEFINITION
	Information Portability and Accountability Act (HIPAA) Privacy and Security Rules, and CMS data release policies.
HIPAA (Privacy Rule)	The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.
Health Information Technology for Economic and Clinical Health (HITECH) Act	This ACT adds to the HIPAA requirements and imposes data breach notification requirements for unauthorized uses and disclosures of "unsecured protected health information (PHI)."
Protected Health Information (PHI)	PHI under US law is any information about health status, provision of health care, or payment for healthcare that is created or collected by a "Covered Entity" (or a Business Associate of a Covered Entity), and can be linked to a specific individual.

**POLICY**

THN employees, members of the Board of Managers (when acting on behalf of the Company), ACO Participants, ACO Providers/Suppliers, and others acting on behalf of THN (Workforce) will comply with the CMS DUA requirements, the Privacy Act, HIPAA Privacy and Security Rules and CMS data release policies. Data may only be shared and used within the legal confines of THN, its ACO Participants, and its ACO Providers/Suppliers.

**RESPONSIBILITIES**

It is the responsibility of the Workforce to abide by this policy and help ensure that beneficiary data is protected. The Workforce will:

- Execute the required CMS DUA agreement (s);
- Treat all medical and financial information is treated as confidential;
- Share any medical and financial information with persons authorized to receive or requires such information;
- Make reasonable attempts to limit the information shared to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. This does not apply to the following situations:
  - Uses or disclosures to or requests by health care physicians or other providers;
  - Uses or disclosures to the patient as provided in the regulations;
  - Disclosures made to the Secretary of Health and Human Services that are permitted by the regulations;
  - Uses or disclosures required by law; and
  - Uses or disclosures required for compliance with regulations.
- Investigate any potential unauthorized or non-permitted disclosures, following all regulations and notification requirements, as required.



## REFERENCE DOCUMENTS/LINKS

- 42 CFR 425.302
- 42 CFR 425 Subpart F
- CMS Data Use Agreement [DUA](#)
- U.S. Department of Health & Human Services Health Information Privacy [Site](#)
- This policy may be supplemented with Cone Health policies and procedures.

## ATTACHEMENT

N/A

## PREVIOUS REVISION/REVIEW DATES

Date	Reviewed	Revised	Notes
N/A	N/A	N/A	This is a new policy.