



Use of PHI for Treatment, Payment and Healthcare Operations Policy

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Policy Type:	University
Responsible Executive:	VPAA
Responsible Office:	Academic Affairs
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I. Policy Statement

The University of Louisiana Monroe's Use of PHI for Treatment, Payment and Healthcare Operations Official Policy establishes the requirements for using or disclosing Protected Health Information to carry out treatment, obtain payment, or conduct health care operations in compliance with HIPAA Privacy regulations.

II. Purpose of Policy

To provide guidance to the health care facilities and providers affiliated with the ULM regarding the requirements of the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or Federal laws or regulations for using and disclosing Protected Health Information to carry out treatment, obtain payment or conduct health care operations.

III. Applicability

This policy is applicable to all faculty and staff.

IV. Definitions

Covered Entity – A health care provider who transmits billing information electronically, health care clearinghouse, or health care plan.

Disclosure - The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Health care operations - Any one of the following activities to the extent the activities are related to providing health care:

- Conducting quality assessment and improvement activities, including outcomes, evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting patients with information about treatment alternatives, and related functions that do not involve treatment;
- Reviewing the competence or qualifications of health care 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 health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- 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;

- Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost management and planning related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or covered policies, and
- Business management and general administrative activities:
 - Management activities related to HIPAA compliance,
 - Customer Service,
 - Resolution of internal grievances,
 - Sale, transfer, merger, or consolidation of covered entities,
 - Creating de-identified health information or limited data set, and fundraising for the benefit of the ULM facility.

Indirect Treatment Relationship - A relationship between an individual and health care provider in which:

- The health care provider delivers health care to the individual based on the orders of another health care provider; and
- The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services, products or reports to the individual.

Minimum Necessary - When using or disclosing PHI or when requesting PHI from another health care provider or health organization, the ULM facility personnel must limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Minimum Necessary does not apply in the following circumstances:

- Disclosures by a health care provider for treatment (students and trainees are included as health care providers for this purpose),
- Uses and Disclosures based upon a valid authorization to use and disclose PHI,
- Disclosures made to the Secretary of Health and Human Services,
- Uses and disclosures required by law, and
- Uses and disclosures required by other sections of the HIPAA privacy regulation.

Payment - Any activities undertaken either by a health plan or by a healthcare provider to obtain premiums, determine or fulfill its responsibility for coverage and the provision of benefits or to obtain or provide reimbursement for the provision of health care. These activities include, but are not limited to:

- Determining eligibility, and adjudication or subrogation of health benefit claims;
- Risk adjusting amounts due based on enrollee health status and demographic characteristics;
- Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care processing;
- Review of healthcare services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- Utilization review activities, including pre -certification and preauthorization services, concurrent and retrospective review of services; and
- Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

Psychotherapy Notes – means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session that are separated from the rest of the individual’s record.

Psychotherapy notes do not include: medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Privacy Officer – Person designated by ULM as the Privacy Officer.

Protected Health Information (sometimes referred to as “PHI”) – for purposes of this policy means individually identifiable health information, that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of the patient.

Treatment - The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.

Used with respect to individually identifiable health information: the sharing, employment, application, utilization, examination, or analysis of information that identifies, or reasonably can be used to identify, an individual within an entity that maintains such information.

V. Policy Procedure

1.0 ULM may use and disclose PHI for treatment, payment or healthcare operations purposes without the patient’s consent.

1.1 ULM may use or disclose a patient’s PHI for the patient’s treatment, obtaining payment or ULM health care operations.

1.2 ULM may disclose PHI for treatment activities of a health care provider. Note: The health care provider need not be considered a “covered entity” under the Health Insurance Portability and Accountability Act (HIPAA).

1.3 ULM may disclose PHI to another Covered Entity or a health care provider for the payment activities of the entity that receives the information.

1.4 ULM may disclose PHI to another Covered Entity for Health Care Operations activities of the entity that receives the information, if each entity either has or had a relationship with the patient who is the subject of the PHI being requested; and

1.4.1 The PHI pertains to such relationship; and

1.4.2 The disclosure is for the following health care operations purposes only:

- Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care

coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; or

- Reviewing the competence or qualifications of health care 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-health care professionals, accreditation, certification, licensing, or credentialing activities.
- The disclosure is for the purpose of health care fraud and abuse detection or compliance.
- If ULM participates in an Organized Health Care Arrangement (OHCA) the facility may disclose PHI about an individual to another covered entity that participates in the OHCA for any health care operations activities of the OHCA.

2.0 The uses and disclosures for purposes of Payment and Health Care Operations are subject to the Minimum Necessary standard.

3.0 ULM must have appropriate administrative, technical and physical safeguards in place to protect the privacy of PHI from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Regulations.

4.0 ULM must reasonably safeguard PHI to limit incidental uses and disclosures made pursuant to an otherwise permitted or required use or disclosure.

VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VII. Policy Management

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VIII. Exclusions

None

IX. Effective Date

This policy will become effective upon the date signed by the University President.

X. Adoption

This policy is hereby adopted on this 8th day of November, 2023.

Recommended for Approval by:

Approved by:



Dr. Mark Arant, Provost



Dr. Ronald L. Berry, President

XI. Appendices, References and Related Materials

45 C.F.R. § 164.506

45 C.F.R. § 164.508

XII. Revision History

Original Adoption Date: November 8, 2023