

MCS HEALTHCARE HOLDINGS, LLC.

MCS Policy No: MCS-Policy-065	Page 1 of 3
Department: Compliance	Effective Date: 4/25/2018
Unit: Privacy	Most Recent Revision Date: 4/25/2018
Policy Title: Minimum Necessary 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 Agency
Approved by: Corporate Compliance Committee	

POLICY

1. Except as noted below, when using or disclosing protected health information (PHI) or when requesting PHI from another covered entity (CE) or business associate (BA), MCS or its BA's will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

2. The minimum necessary standard does not apply in the following situations:
 - a. Uses and disclosures of PHI pursuant to an individual's authorization.
 - b. Uses and disclosures of PHI to a health care provider for treatment purposes.
 - c. Disclosures of PHI to an individual who is the subject of the PHI.
 - d. Uses and disclosures of PHI that is required by law (e.g. subpoenas, court orders); provided; however, that the PHI that is used or disclosed shall be limited to the type and amount that is required to comply with the law or that is specified in the legal request per which the PHI is being used or disclosed.
 - e. Use and disclosures of PHI for compliance with, and enforcement of, HIPAA.
 - f. Use and disclosures of PHI for complying with HIPAA electronic transaction standards.

3. For use of PHI by MCS workforce members, the determination of the minimum amount of PHI necessary is based on the role of the workforce member requesting the PHI and the task for which the PHI is being requested. All such workforce members should only access PHI as necessary to perform their job duties, and the amount and type of PHI that they access should be limited to that which is necessary to perform the job duty at hand.

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. 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

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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.

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

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
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.

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User - 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 – Means 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 164.502(b)
- 45 CFR 164.514(d)
- The American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII, Sub-Part D: Health Information Technology for Economic and Clinical Health (HITECH).

State

- Public Law No. 194 of August 25, 2000, as amended, – Patient Bill of Rights and Responsibilities. (Carta de Derechos y Responsabilidades del Paciente) – Article 11.
- Public Law No. 194 of August 29, 2011, as amended; – Puerto Rico Health Insurance Code – Article 14.
- Rule No. 75 of the Office of the Insurance Commissioner of Puerto Rico, Article 7.

RELATED MCS POLICIES & PROCEDURE(S)

- IT-SEC-014: "Access Management Procedure"
- MCS-POLICY-054: "HIPAA Administrative Safeguards"
- MCS-POLICY-055: "HIPAA Technical"
- CA-SP-011: "Minimum Necessary Procedure"
- CA-COMP-085: "Disciplinary Actions for Non-Compliance of HIPAA Regulations"

POLICY REVISIONS:

DATE	CHANGE(S)	REASONS
4/25/2018	New policy	To document policy in compliance with 45 CFR 164.502(b) & 164.514(d)