

MISSION HOSPITAL
Corporate Responsibility Program
POLICY & PROCEDURE MANUAL

1 Scope of Program

- 1.1 Direction Statements
- 1.2 Value Standards
- 1.3 CRP Organizational Chart
- 1.4 Local Compliance Officer Role Description
- 1.5 Compliance Committee
- 1.6 Corporate Responsibility Program (CRP)
 - 1.6.1 Annual Program Assessment
 - 1.6.2 Education and Training
 - 1.6.3 Monitoring of Critical Indicators
- 1.7 Non-Retaliation

2 Ethical and Religious Directives for Catholic Health Facilities

3 Hospital-Wide Policies

- A** 3.A.1 Appraisal Policy
- 3.A.2 Advances Beneficiary Notice (see MH Adm Manual IM.6.2.3)

- B** 3.B.1 Billing/Patient Accounting
 - 3.B.1.1 Audit of Daily Charges (see MH Adm IM.6.2.2)
 - 3.B.1.2 Rebilling Third Party Claims (see MH PFS Manual)
 - 3.B.1.3 Billing/Accounts Receivable Procedure Dictionary (a.k.a. Charge Master, CDM) (see MH Adm Manual IM.5.1)
 - 3.B.1.4 Patient Request for Charge Description Master (CDM) Review (see MH Adm IM.5.7)

- C** 3.C.1 Contract Policy and Procedure
 - 3.C.1.1 Contracts for Provision of Patient Care Services (see MH Adm GO.7)
 - 3.C.1.2 Verification of Participation and Exclusion Status (see CRP-3.H.1.2)

- 3.C.2 Conflict of Interest and Confidentiality
 - 3.C.2.1 IRB Conflict of Interest
 - 3.C.2.2 Conflict of Interest for Mission Hospital Trustees
 - 3.C.2.3 Resolution of Conflicts of Interest with Interested Persons
- 3.C.3 Complaints and Grievances (see MH Adm Manual PI.6)
- 3.C.4 Compensation Policy
- 3.C.5 Charity Care Policy and Procedure (see Administrative Manual, IM.6.1.1)
- 3.C.6 Chargemaster Review Policy
- 3.C.7 Cost Report Preparation and Review Policy
- 3.C.8 Cost Report Preparation/Adequate Cost Report Supporting Documentation
 - 3.C.8.1 Cost Report Review – Finance/Reimbursement
 - 3.C.8.2 Disclosure Procedure and Cost Report Submission
 - 3.C.8.3 Disclosure of Error in Reporting
- 3.C.9 Code of Conduct
- 3.C.10 Code of Business Conduct
- 3.C.11 Compliance Office
- D** 3.D.1 Disclosures for Involvement in Patient’s Care and Notification Purposes
- 3.D.2 Provision of Cafeteria Discounts, Pharmacy Benefits, and Services Benefits to Certain Qualified Employees
- E** 3.E.1 Ethical Business Practices
- 3.E.2 Code of Ethical Behavior (see MH Administrative Manual GO.4.1)
- 3.E.3 EMTALA
 - 3.E.3.1 Interfacility Transfer of Patients; Medical Screening of Patients Seeking Emergency Care (see CPC-2003JUN-3.E.3)
 - 3.E.3.2 Medical Screening of Obstetrical Patients in Labor and Delivery (see MH CPC-XXX)
- F** None
- G** 3.G.1 Gifts, Honoraria and Gratuities
 - 3.G.1.1 Resource on Gifts, Honoraria and Gratuities
- 3.G.2. Provision of Certain Benefits to Trustees/Directors
- H** 3.H.1 Human Resources

- 3.H.1.1 Employee Relations (see Human Resources Manual, HR.4.E.2)
- 3.H.1.2 Verification of Participation and Exclusion Status
- 3.H.2 Helpline, Anonymous Reporting
- I –K**
- 3.I.1 Internal Investigations
- L** 3.L.1 Transactions Requiring Corporate Counsel Approval
- M** 3.M.1 Medical Records
 - 3.M.1.1 Retention of Patient and Health Information Records (see MH ADM Manual IM.3.10-CHM)
 - 3.M.1.2 Preservation of Records (see MH ADM Manual IM.3.5-CHM)
 - 3.M.1.3 Release of Patient Information (see MH ADM Manual IM.3.6-CHM)
 - 3.M.1.4 Disposition of Records (see MH ADM Manual IM.3.9-CHM)
- N** None
- O** 3.O.1 Observation (Short Stay) Patients (see MH ADM Manual TX.10)
- P** 3.P.1 Physicians
 - 3.P.1.1 Physician Agreements Policy
 - 3.P.1.2 Community Benefit Documentation in Physician Arrangements
 - 3.P.1.3 Guidelines for the Purchase of Physician Practices
 - 3.P.1.4 Physician Recruitment Contracts (see MH Adm Manual GO.12.2)
- 3.P.2 Philanthropy
- Q** None
- R** 3.R.1 Research
 - 3.R.1.1 Clinical Research Billing and Financial Processes (see MH ADM Manual RI.10.1)
 - 3.R.1.2 Initiation of Clinical Research (see MH ADM Manual RI.10.2)
- 3.R.2 Regulatory Updates
- 3.R.3 Rights and Responsibilities, Patient (see MH ADM Manual RI.9)

- 3.R.4 Risk Identification Report (QRE Form) (see MH ADM Manual PI.2)
- 3.R.5 Records Management
- 3.R.6 Record Retention

- S** 3.S.1 Solicitation and Distribution Literature on Hospital Property (see MH Human Resources Manual)
- 3.S.2 Medical Device Act, Safe (see MH ADM Manual 5.S.1)
 - 3.S.2.1 Medical Device Act, Safe: Reporting
 - 3.S.2.2 Medical Device Act, Safe: Tracking
 - 3.S.2.3 Medical Device Act, Safe: Release of Explanted Devices
- 3.S.3 Sentinel Event Analysis and Reporting

T-Z None

4 Sarbanes-Oxley

- 4.1 Prohibitions Against Interference with the Audit Process
- 4.2 Retention of Audit and Review Records
- 4.3 Whistleblower Protection

5 HIPAA Privacy

- 5.1 Confidentiality Policy (See ADM-2003APR-IM.3.1-CHM)
- 5.2 Notice of Privacy
 - 5.2.1 Notice of Privacy Practice
 - 5.2.2 Notice of Privacy Practices – form (legal size)
 - 5.2.3 Notice of Privacy Practices (Spanish) – form (legal size)
- 5.3 Minimum Necessary Disclosure
 - 5.3.1 Minimum Necessary Standard Regarding the Use and Disclosure of Protected Health Information
 - 5.3.2 Does the Minimum Necessary Rule Apply Decision Tree
- 5.4 Business Associates
 - 5.4.1 Waiver of SJHS Standard HIPAA Compliance Provision
 - 5.4.2 HIPAA Procurement Policy
- 5.5 Designated Record Sets

- 5.6 Local Privacy Officer
 - 5.6.1 Policy
 - 5.6.2 Role Description
- 5.7 Receiving and Handling Privacy Complaints
- 5.8 Mitigation
- 5.9 Information Physical Security
- 5.10 Patient Directory
- 5.11 Limited Data Sets
- 5.12 Personal Representatives
- 5.13 Access, Denial, Inspection, Copying Patient Health Information
- 5.14 Alternative Communication of PHI
- 5.15 Amendment of Protected Health Information (PHI)
- 5.16 Disclosure
 - 5.16.1 Disclosure of De-Identified Information
 - 5.16.2 Disclosure of Protected Health Information (PHI) by Telephone
 - 5.16.3 Disclosure of Protected Health Information (PHI) by Fax or Printer
 - 5.16.4 Restriction of Further Disclosure of Protected Health Information (PHI)
 - 5.16.5 Accounting of Disclosures
 - 5.16.6 Request for Restrictions
 - 5.16.7 Disclosure of Protected Health Information to the Clergy and External Pastoral Visitors
 - 5.16.8 Disclosure of Protected Health Information to Chaplaincy Staff
 - 5.16.9 Disclosure of Protected Health Information to Law Enforcement
 - 5.16.10 Disclosures to SJHS Employee Health and External Employers
- 5.17 Fundraising
- 5.18 Marketing
- 5.19 Training Policy
- 5.20 –deleted NOV2007-
- 5.21 Verification of Identity for Non-Routine Requests
- 5.22 State Regulatory Guidance and Preemption
- 5.23 Research
 - 5.23.1 Use of Protected Health Information for Research Purposes
 - 5.23.2 HIPAA Uses and Disclosures for Research
 - 5.23.3 Overview of HIPAA Privacy Regulations
 - 5.23.4 HIPAA Uses and Disclosures for Research
 - 5.23.5 HIPAA Glossary of Terms
 - 5.23.6 Frequently Asked Questions
 - 5.23.7 Instructions for Writing an Informed Consent Document

- 5.23.8 Template for Informed Consent for investigational Study
- 5.23.9 –deleted NOV2007-
- 5.23.10 –deleted NOV2007-
- 5.23.11 Suggested Wording for Specific Issues
- 5.23.12 Investigator Checklist for HIPAA Privacy Rule Compliance
- 5.23.13 Letter to Investigator and Research Team

- 5.24 Role Based Access and Review
- 5.25 Disclosure for Involvement in Patient’s Care and Notification Purposes
- 5.26 HIPAA Procurement HIPAA Procurement Compliance Provision and Waiver of Mission Hospital Standard HIPAA Compliance Provision
- 5.27 Release of Patient Information to the News Media
- 5.28 Request for Restrictions
- 5.29 PHI at Home or Offsite

6 HIPAA Security

- 6.1 Information Technology Access and Usage
- 6.2 Facility Security and Access Control
- 6.3 Maintenance Records
- 6.4 Media Re-use and Disposal
- 6.5 Facility Maintenance Records
- 6.6 Information Security Incident Response and Reporting
- 6.7 Facility Security and Access Control
- 6.8 Data Backup
- 6.9 Information System Activity Review
- 6.10 Identity Management and Workforce Security
- 6.11 Audit Controls
- 6.12 Password Management
- 6.13 Protection from Malicious Software
- 6.14 Transmission Security
- 6.15 Contingency Planning
- 6.16 Data Mobility
- 6.17 Data Integrity
- 6.18 Security Incident Response and Reporting Flowchart
- 6.19 Information Security Incident Response And Reporting
- 6.20 Log-In Monitoring