



MEDICAL GROUP

Front Desk Reference

Updated 2/20/2015



MEDICAL GROUP

TABLE OF CONTENTS

Front Desk Reference

- Acknowledgement Form

Opening Building

- Working Cash (P/P 2115)

Registration Process

- Confidential Sign-In/Patient Registration (identification)
- Check In/Check Out (P/P 2093)
- Insurance Confirmation
- Secondary Payer: Medicare Policy (P/P 2255)
 - Medicare Secondary Payer Questionnaire (form # MM-34608)

Forms:

- a) Confidential Communications form # MM-132
- b) Adult Registration form # MM-17305A
- c) Adult Patient History form# MM-3380
- d) Child/Adolescent Registration form # MM 17305B
- e) Child/Adolescent Patient History form # MM-34320
- Consent for Treatment (P/P 6300)
 - Consent for Treatment/Financial Auth form # MM-17469
- Identity Theft Prevention Program (MHC_CC0118)
- Notice of Privacy Practices (MHC_CC1104)
- Appointment Scheduling (P/P 2300)

Practice Management System: Guidelines for Access/Usage

- Billing
- Appointments
- Scanning (DSI)
- Notes

Customer Service

- Telephone Etiquette
- Voicemail
- Patient Messages
- Triaging Phone Calls
- Patient Call-Backs

Handling Confidential Information

- Confidentiality Overview

- Use and Disclosure of Protected Health Information (PHI) – General (MHC_CC1101)
- Confidential Communications (P/P 6135)
 - Confidential Communications (form # MM-132)

Use of Office Equipment

- Copier
- Fax Machine
- Phone System
- Scanner
- Computer / Applications

Check Out Process

- Check In/Check Out (P/P 2093)
- Patient Pay / Collection Policy and Procedures – Excerpt from Physician Billing
- Private Pay Discounts (P/P 2121)
- Credit Card Usage (P/P 2125)
- Professional Courtesy (P/P 2225)
- Charity Care (P/P 2120)
 - Request for Financial Assistance
 - Cover letter that accompanies request
 - Financial Assistance Worksheet (internal)
 - Denial Letter
 - Approval Letter
- Credit Balances (P/P 2215)

Closing Process

- Daily Close (P/P 2100)
- Deposits (P/P 2105)
 - Monthly Deposit Log
- Daily Deposit Variances (P/P 2095)
 - Cash Drawer Shortage Overage form
- Charge Entry (P/P 2094)

Handling Emergencies

- Responding to Life-Threatening Emergencies (P/P 3305)
- Patient Care Assessment (P/P 3325)

Accreditation Preparedness

- Environment of Care Readiness Checklist

Who to Call for Assistance

- Communication Barriers (P/P 2135)
- Patient Rights Complaint Process (P/P 1040)
- Patient Satisfaction Survey Complaints (P/P 9700)
- Service Recovery (P/P 2310)
 - Scripting for staff
 - Patient Relations Feedback Form
 - Description of Priority Levels
 - Letter of Response
 - Service Recovery Resource Kit

- Service Recovery Wait Basket
- Service Recovery Sample Letter
- Service Recovery Atonement Tracking Sheet

- Work Related Injuries - Occupational Health Services- (HR 0180)

- Patient Emergencies – 911
- Physical Security – 911

- Anthelio Help Desk – (810) 424.8400
- McLaren University Password Reset – (810) 324.1205 or (810) 342.1050
- MMG Compliance Hot Line-(810) 342.1088
- MMG Privacy Officer (810) 342.1513
- MMG Security Officer (810) 342.1541
- MyMcLaren Password Reset – Human Resources Contact
- Patient Billing Questions (866).814.9536 or (810) 342.6505
- Physician Billing – (810) 624.1063
- Webdennis Help Desk – (877) 258.3932

REMEMBER!!!

Always ask when you are not sure. There is NEVER a stupid question.



FRONT DESK REFERENCE
Acknowledgement Form

Name (Please print): _____
Last First Middle

Name of Office: _____

Position: _____


I have been in-serviced on the Front Desk Reference and received my personal copy of the reference. I have had the opportunity to ask questions.

Employee Signature: _____ Date: _____

In-Serviced by: _____ Date: _____



OPENING BUILDING

		Policy Title:	Working Cash
Effective Date:	10/96	Policy Number:	2115
Review Date:	11/12/2014	Category:	Business/Leadership
Revised Date:	1/15/2015	Oversight Level:	2
Administrative Responsibility:	MMG Senior Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manger		

1. Purpose

To ensure and identify the proper use of the working cash.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Working Cash will be issued to each center for the sole purpose of providing change for patients when paying on accounts. The working cash shall not be used for any other purpose such as but, not limited to, purchasing items, lending or borrowing of money. Working Cash will be kept in the cashier drawer, which shall be kept secure at all times.

5. Procedure

5.1. Working Cash will be issued to each center in the amount of \$50 or \$100, depending on the size of the center.

5.2. The Working Cash will be balanced at the beginning and end of each shift by completing a Reconciliation Sheet; this includes lunch breaks. If there is a discrepancy the employee will report the difference to the Operations Manager/designee and complete a Cash Drawer Shortage/Overage Form.

5.3. The Cash Drawer Shortage/ Overage Form shall be signed by the cashier employee and the Operations Manager/designee.

5.4. When the possibility of theft is suspected, the respective Operations Manager and Director of Operations will be notified. If a police report is deemed necessary, it will be filed by the Director of Operations.

5.5. In the case of a shortage or overage when balancing the cash drawer, the cash drawer will be balanced to the original issued amount, \$50 or \$100, and the difference will be accounted to the deposit of the day.

5.6. The cash drawer, during working hours, will be stored in a drawer accessible to the cashier (employee receiving payments) and not accessible to patients, visitors and non-authorized persons.

5.7. The cash drawer will be stored and secured in a locked file cabinet or safe in the Operations Manager's/designee's office at the end of the working day.

6. Exceptions

None

7. References

7.1. Policy 2095 - Appendix A - Cash Drawer Shortage/Overage

7.2. Policy 2100 - Appendix B - Reconciliation Sheet

8. Appendix

None

9. Approvals

William Hardimon

(Original signed policy on file in MMG Practice Management)

William Hardimon
President/CEO


1/19/2015

Date

Previous Revision Dates/Supercedes Policy:
06-2006 / 07/20/2010



Registration Process

		Policy Title:	Check In/Check Out
Effective Date:	8-1-08	Policy Number:	2093
Review Date:		Category:	Business/Leadership
Revised Date:	9-18-12	Oversight Level:	2
Administrative Responsibility:		MMG Management	
Interpretation:		Operations Manager or Site Coordinator	

1. Purpose

To standardize the Check In and Check out procedures at MMG sites.

2. Scope

MMG workforce

3. Definitions

- 3.1. Router - charge entry form
- 3.2. Acuity Router - staff charge form

4. Policy

4.1. At the patient's arrival to the site/departure from the site, the check in/check out procedures, respectively, shall be performed as outlined in this policy.

5. Procedure

5.1. Check In will be completed as follows:

- Greet patient politely.
- Verify patient's identity.
- Verify patient's information by discreetly asking, "Can you tell me your current phone, address, and insurance type?" (This is mandatory scripting.) Compare the information with the current information in the billing system. Make any necessary corrections. Copy the patient's identification and insurance card (front and back), scan into billing system. Verify patient's insurance eligibility.
- Medicare patients must receive Provider Based letter.
- Provide Medicare patients with Medicare Secondary Payer questionnaire for completion.
- Provide new patients with Confidential Communications Form (MM-132) for completion.
- Provide new patients with Notice of Privacy Practices (HIPAA) (MM-10327)
- Check in patient on system and print out router.
- Put up chart and/or router for Medical Assistant/Nurse.

5.2. Check Out will be completed as follows:

- Greet patient politely.
- Verify patient's identity.
- Collect router from patient.
- Enter charge and/or collect co-pay from patient. Also collect Paragon co-pays and post to Plus, as directed.
- Print receipt and give receipt to patient.
- Make any follow-up appointments necessary.
- Bill all charges or give to designated Biller to enter charges.
- Enter any appropriate recall letter information.

6. Exceptions

6.1. Copayments are acceptable at check-out for complex patients or payments which vary from what was expected upon check-in.

7. References

7.1. Horizon Practice Plus Manual

8. Appendix

None

Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

11/9/2012

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, D.O.
Medical Director

11/14/2012

Date

Previous Revision Dates/Supercedes Policy:

Not applicable / Not applicable

Insurance Verification

Plus will automatically send a request to the insurance carriers to verify coverage for patients scheduled 48 hours prior to the schedule.

Urgent care sites or offices that take “walk-in” appointments, will be able to verify eligibility at check-in

From the Registration Verification window the Last verified date will indicate the last time Eligibility was verified thru Horizon Practice Plus.

Registration Verification for MARK HOUSE

Guarantor: 277072-5 HOUSE, MARK
Address: 1245 MAIN STREET
City, st, zip: FLUSHING, MI 48433
Employer:
(H): (810) 222-4444 (C): (W):

SSN:
Credit code:
Guarantor status: FC: SP
Pat resp balance: 0.00
 Verified By:

Patient: 520-687-5 HOUSE, MARK
Address: 1245 MAIN STREET
City, st, zip: FLUSHING, MI 48433
(H): (810) 222-4444 (C): (W):
Employer:
Occupation:
Emergency contact: Verified: By:

Sex: M FC: BS
Birth date: 10/05/1968
Age: 42 Years
Signature on file: N
Preferred physician:

Eff Date	Exp Date	Carrier	Certificate	Copay Amount	PCP	S
Prim: 01/01/2011		BCBSM	XYH123456789	0.00		
Sec: 01/01/2011		BCN	XYH987654321	0.00		

Last verified: User verified: By:

To verify Insurance Eligibility;
a) Click Coverage Information

The Coverage Summary window displays

(10433) Coverage Summary for HOUSE, MARK

Subscriber: HOUSE, MARK Birth Date: 10/05/1968

Effective	Expiration	Carrier	Certificate	Ben Pkg
01/01/2011		12000	XYH123456789	0

Person subscriber
 Business subscriber
 Insured

Search

OK
Cancel
Copy Cov
Detail...

Insured: HOUSE, MARK Birth Date: 10/05/1968

Effective	Expiration	Carrier	Certificate	Ben Pkg	PCP	Filing Status	Seq	Prim/Sec
01/01/2011		12000	XYH123456789	0		Automatic	1	Primary
01/01/2011		12500	XYH987654321	0		Automatic	2	Secondary

Subscriber: HOUSE, MARK
 Rel to sub: Primary member(self)
 Literal address: N Default copay: 0.00 PCP status: Coverage not reviewed for: 05/16/2011

Prior date Other carrier

Highlight the coverage in the Insured/patient window
 Click Verify Elig

- a) System will dial out to:
- i. Aetna including Medicare Advantage
 - ii. BCBSM including Medicare Plus Blue
 - iii. BCN including Medicare Blue
 - iv. Cigna
 - v. Great West Life
 - vi. Healthnet
 - vii. HealthPlus including GHP and HealthPlus Senior
 - viii. Mail Handlers Benefit
 - ix. Medicaid
 - x. Medicare
 - xi. Molina
 - xii. United HealthCare

For secondary and tertiary coverage, highlight the coverage on the Insured/patient window
 Click Verify Elig

The Eligibility Response screen displays

(10433) Eligibility Response Worklist Detail: DOE, JANE

Patient no.: 352-936-9 Age: 24 Years Sex: F Status: Received
 Home phone: (810) 252-6600 Cell phone: Work phone:
 Carrier: 12000 BCBSM Resp date/time: 03/09/2010 01:25P
 Reviewed by: Date:

Field Name	Response Information
DOS Range:	03/09/2010-03/09/2010
Transaction:	01008127931
** Subscriber Detail **	
Name:	JANE DOE
Member Identification Number:	MMM932945936
Birth Date:	03/19/1985
Valid Request(Y/N):	N
Reject Reason(s):	Invalid/Missing Patient Name
Follow-up Code(s):	Please Correct and Resubmit
Begin DOS:	03/09/2010

Buttons: OK, Cancel, Reviewed, Resubmit, Delete, Page Up, Page Down

Buttons: Subscriber Cov..., Patient Cov..., Common Msg..., Printer: [dropdown], Print

For responses that are active coverage, click “Reviewed”, if the response has not already been reviewed.


- A. For responses that are Invalid with missing or invalid information, or invalid contract number, this information will need to be corrected by clicking “Subscriber Cov” or “Patient Cov” and making the appropriate corrections.

Examples responses are that must have information corrected to avoid denials are;

- i. Inactive Coverage
- ii. Invalid/Missing Patient Name
- iii. No Patient Found
- iv. Invalid/Missing Subscriber/Insured Id
- v. Subscriber/Insured Not Found
- vi. Patient Not Found
- vii. Cannot Process ALPHA-PREFIX-NOT-FOUND

Make appropriate corrections

- i. Inactivate and add correct insurance carrier
- ii. Verify patient name and make appropriate corrections
- iii. Verify subscriber on the contract and make corrections by inactivating insurance and correcting subscriber and adding correct insurance to patient
- iv. Correct contract number

		Policy Title:	Secondary Payer: Medicare Policy
Effective Date:	10/96	Policy Number:	2255
Review Date:		Category:	Business/Leadership
Revised Date:	9-18-12	Oversight Level:	2
Administrative Responsibility:		Director of Physician Billing	
Interpretation:		Operations Managers and Physician Billing Department	

1. Purpose

To ensure that Medicare is billed only as secondary when other primary coverage is indicated.

2. Scope

MMG clerical and billing staff.

3. Definitions

3.1. End-Stage Renal Disease (ESRD) - permanent kidney failure; that stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.

4. Policy

4.1. It will be the policy of McLaren Medical Management to identify Medicare as the secondary payer when indicated by patients who are working aged, or are covered by working spouse coverage, or have other insurance to cover specific services (i.e., related to home accidents, auto accidents, etc.).

5. Procedure

5.1. Medicare patients will be required to complete a Medicare Secondary Payer (MSP) form at each visit.

5.2. Scan MSP form into Horizon Practice Plus using the MSP Image Type.

5.3. Insurance should be reviewed in Horizon Practice Plus and make corrections/updates based on information obtained on the MSP form. As indicated by the information taken, the primary insurance carrier will be listed with Medicare listed only as secondary payer.

6. Exceptions

None

7. References

42 CFR 411.20

P/P 6315 - Updating Patient Information

8. Appendix

8.1. Appendix A - Medicare Secondary Payer Form

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond

President/Chief Executive Officer

10/11/2012

Date

MMMI MMG Compliance Committee: 4/17/07

Previous Revision Dates/Supercedes Policy:

Unknown / 15.15

McLaren Medical Group
Medicare Secondary Payer Questionnaire

Patient Name _____ Date of Birth; _____

Date of Service From _____ To _____

Info Provided by _____ Rel to Pat; _____

Completed by: _____ Completion date; _____

1. Is the patient covered by the Federal Black Lung Program? Y N

2. Is the patient entitled to benefits thru the Department of Veteran Affairs, due to having a service related to an injury? Y N

If yes, has the Department of Veterans Affairs agreed to pay for the care at this facility? Y N

3. Should the illness/injury be covered by; Y N

3A. Worker's Compensation claim? Y N

3B. Auto Accident? Y N

3C. Was the illness or injury due to a non-work related accident? Y N

4. Is the patient entitled to Medicare based on: Y N

4A. Age Y N

4B. Disability Y N
Date of Disability; _____

4C. End Stage Renal Disease Y N

5. Are services to be paid by a government program, such as a research grant? Y N

6. Is the patient currently employed? Y N

6A. Is the patient's spouse currently employed? Y N

If patient or patients spouse is currently employed, is there group health plan coverage supplied by the employer? Y N

*If the answer to any of the above questions, other than question 4A is yes, Medicare could be the "Secondary Insurance carrier" and other insurance may be primary. Please give the other insurance information to the receptionist.

McLaren Medical Group
CONFIDENTIAL COMMUNICATIONS

I request that all communications to me of my protected health information be sent or made to me at the alternative means or alternative locations, as follows:

Alternative address: _____

Alternative telephone: _____

I authorize the practice of leaving a message on my answering machine/voice mail: Yes No

FOR APPOINTMENT REMINDERS ONLY:

1) Use cell phone: Yes _____ No

2) Use e-mail: Yes _____ No

I authorize the release of my protected health information over the telephone to the following individuals:

Name of person: _____ Relationship: _____

Phone number: Home _____ Work _____

Name of person: _____ Relationship: _____

Phone number: Home _____ Work _____

Name of person: _____ Relationship: _____

Phone number: Home _____ Work _____

Patient Signature: _____ Date: ____ / ____ / ____

Witness Signature: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY:

Agrees to patient's request for confidential communications

Does not agree to patient's request for confidential communications.

Comments: _____

Signature: _____ Date: ____ / ____ / ____

Patient Name:

Date of Birth:

**McLAREN MEDICAL GROUP
ADULT REGISTRATION**

Language Preference: English
 Other specify: _____

PATIENT INFORMATION

PATIENT NAME (Last) (First) (Middle)			<input type="checkbox"/> Male
			<input type="checkbox"/> Female
ADDRESS		CITY	STATE
		ZIP CODE	BIRTH DATE
TELEPHONE ()	SS#	STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Domestic Partnership/Civil Union	
CELL PHONE	E-MAIL ADDRESS	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic /Latino <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown	
EMPLOYER		OCCUPATION	HOW LONG EMPLOYED
			EMPLOYER TELEPHONE ()
EMPLOYER ADDRESS		CITY	STATE
		ZIP CODE	
PRIMARY CARE PHYSICIAN		REFERRED OR RECOMMENDED BY	

SPOUSE /LEGAL GUARDIAN INFORMATION

NAME (Last) (First) (Middle)		RELATIONSHIP	
TELEPHONE ()	SS#	BIRTH DATE	
ADDRESS		CITY	STATE
		ZIP CODE	
EMPLOYER		OCCUPATION	HOW LONG EMPLOYED
			EMPLOYER TELEPHONE ()
EMPLOYER ADDRESS		CITY	STATE
		ZIP CODE	

INSURANCE INFORMATION

PRIMARY INSURANCE		SUBSCRIBER	BIRTH DATE
ADDRESS		CITY	STATE
		ZIP CODE	
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME
INSURANCE COMPANY TELEPHONE ()		PRE-CERTIFICATION TELEPHONE ()	
SECONDARY INSURANCE		SUBSCRIBER	BIRTH DATE
ADDRESS		CITY	STATE
		ZIP CODE	
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME
INSURANCE COMPANY TELEPHONE ()		PRE-CERTIFICATION TELEPHONE ()	

OTHER INFORMATION

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME		RELATIONSHIP	
ADDRESS		CITY	STATE
		ZIP CODE	
WORK TELEPHONE ()		HOME TELEPHONE ()	
EMERGENCY CONTACT		RELATIONSHIP	TELEPHONE ()

UPDATES

PATIENT/LEGAL GUARDIAN SIGNATURE		DATE	
DATE	SIGNATURE	DATE	SIGNATURE

McLaren Medical Group
ADULT PATIENT HISTORY

Patient Name: _____ Date: _____ Sex: M F Birthdate _____

MEDICATIONS (including over-the-counter medications, herbal supplements)

MEDICAL PROBLEMS

PREVIOUS HOSPITALIZATIONS/SURGERIES/BLOOD TRANSFUSIONS
(date, reason, hospital/physician)

SAFETY:

1. Have you fallen in the last year? Yes No
2. Do you buckle your safety belt when driving or riding? Yes No
3. Do you wear a helmet when riding a bicycle, motorcycle, etc. Yes No
4. Do you have current & operational smoke detectors and carbon monoxide detectors? Yes No
5. Do you have an updated First-Aid Kit in your home? Yes No
6. a) Do you feel unsafe at home? Yes No
 b) Has anyone ever
 - hit you? Yes No
 - insulted you or put you down? Yes No
 - threatened you? Yes No
 - forced sex upon you? Yes No
 c) If you answered "yes" to any part of number 6, would you like help dealing with this situation? Yes No
7. Do you take safety precautions with firearms in the home? Yes No
8. Do you use sunscreen regularly? Yes No

ALLERGIES:

Latex/tape allergy Yes No

FAMILY HISTORY

If any of these relatives have had any of these conditions, please check the appropriate box

	Mother	Father	Sister / Brother	Grandparents
Diabetes				
Cancer				
Heart Disease				
Stroke				
High blood pressure				
Seizures				
Glaucoma				
Thyroid Disease				
Kidney Disease				
Mental Illness				

Please indicate the date of your:

Last Tetanus Shot	_____
Last Pneumonia shot	_____
Last MMR shot	_____
Last Hepatitis B shot	_____
Last eye exam	_____
Last dental exam	_____
Last TB test	_____
Last PSA test (men)	_____
Last PAP (women)	_____
Last Mammogram	_____
Last Bone Density	_____
Last Colonoscopy	_____

SOCIAL HISTORY

Tobacco use (smoke or chew): yes no If yes, what? _____ How much? _____ per day x _____ years

Alcohol use: yes no If yes, what? _____ How much? _____ per day _____ x per week

Recreational Drugs: yes no If yes, what? _____ How much? _____ per day _____ x per week

Caffeine: yes no If yes, source _____ amount _____ per day

Exercise: yes no If yes, specify type _____ How often? _____

Occupation: _____ Contact with chemicals, lead, excessive noise or blood / body fluids at work: yes no (circle those applicable)

Use/activity in the past

ADVANCE DIRECTIVES: Do you have an Advance Directive, i.e., written instructions for your family and health care provider in the event that you cannot make a decision yourself about your care? Yes No

Would you like information on Advance Directives? Yes No Info given (staff use)

McLaren Medical Group
MEDICAL HISTORY
(Check all that apply)

Patient Name: _____

Birthdate _____

GENERAL:

- fever chills sweats fatigue
- sleeplessness headaches dizziness
- weakness **loss of appetite**
- weight loss/gain** **eating problems**

EYES:

- drainage redness itching
- blurring double vision

EARS, NOSE, THROAT, MOUTH:

- pain/pressure (areas) _____
- congestion/draining (areas) _____
- sneezing decreased hearing
- bad breath frequent nose bleeds
- problem with teeth/gums hoarseness

RESPIRATORY:

- shortness of breath cough
- wheezing blood sputum
- congestion/heaviness in chest
- asthma tuberculosis

CARDIOVASCULAR:

- high blood pressure
- chest pain/pressure irregular/rapid beat
- jaw/shoulder/arm pain
- excessive sweating poor coloring
- swelling/fluid retention rheumatic fever
- varicose veins/phlebitis

GASTROINTESTINAL:

- stomach problems**
- indigestion/heartburn** **nausea** **vomiting**
- gas **diarrhea** **constipation**
- blood in stools blood in vomitus
- hemorrhoids pain
- rectal bleeding **change in bowel habits**
- gallbladder disease hepatitis
- special diet

GENITOURINARY:

- kidney/bladder problems
- burning/painful urination frequency
- night urination blood in urine
- genital sores vaginal/penile discharge
- pelvic pain itching bleeding
- prostate disease
- perform testicular self exam

MUSCULOSKELETAL:

- body ache stiffness (area) _____
- swelling joint pain (area) _____
- warmth arthritis/gout difficulty walking
- Walker/Cane Wheelchair

SKIN and/or BREAST:

- wounds (area) _____
- sores (area) _____
- dryness itching rashes
- discoloration tightening bruise easily
- perform breast self exam

NEUROLOGICAL:

- tingling (area) _____
- numbness paralysis
- convulsions/seizures

PSYCHIATRIC:

- stress anxiety agitation memory loss
- depression (Check box if any time in the last 2 weeks you have experienced any of the following.)
- Little interest or pleasure in doing things?
- Trouble falling or staying asleep, or sleeping too much?
- Feeling down, depressed, or hopeless?
- Feeling bad about yourself or that you are a failure or have let yourself or your family down?
- Feeling tired or having little energy?
- Trouble concentrating on things, such as reading the newspaper or watching television?
- Poor appetite or overeating?
- Thoughts that you would be better off dead or thoughts of hurting yourself in some way?
- Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?

ENDOCRINE:

- thyroid trouble heat or cold intolerance
- excessive sweating thirst hunger **diabetes**

HEMATOLOGIC/LYMPHATIC:

- swollen glands tenderness of glands **anemia**

ALLERGIC/IMMUNOLOGIC:

- respiratory distress hives itching
- difficulty swallowing swelling
- hay fever

REPRODUCTIVE HEALTH:

- suspected pregnancy
- currently sexually active
- condom use
- history of sexually transmitted disease
- sexual problems

Information given by: _____ Relationship to patient: _____ Date: _____

**OFFICE
USE
ONLY**

Bold print in medical history may indicate dietician/nutritional assessment is required.

Special Learning Needs: No Yes, specify: _____

Language Preference for Healthcare: English Other specify: _____

Provider's Signature: _____ Date/Time: _____

**McLAREN MEDICAL GROUP
CHILD/ADOLESCENT REGISTRATION**

Language Preference: English
 Other specify: _____

PATIENT INFORMATION

PATIENT NAME (Last) (First) (Middle)			<input type="checkbox"/> Male
ADDRESS CITY STATE ZIP CODE			<input type="checkbox"/> Female
TELEPHONE ()	SS#	BIRTH DATE	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown
PRIMARY CARE PHYSICIAN		REFERRED OR RECOMMENDED BY	

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN		PARENT/GUARDIAN	
RELATIONSHIP		RELATIONSHIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY STATE ZIP		CITY STATE ZIP	
TELEPHONE ()	BIRTH DATE	TELEPHONE ()	BIRTH DATE
SS#	CELL PHONE	SS#	CELL PHONE
E-MAIL ADDRESS		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION	EMPLOYER	OCCUPATION
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
EMPLOYER TELEPHONE ()	HOW LONG EMPLOYED	EMPLOYER TELEPHONE ()	HOW LONG EMPLOYED

INSURANCE INFORMATION

PRIMARY INSURANCE		SUBSCRIBER		BIRTH DATE	
ADDRESS		CITY		STATE ZIP CODE	
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME		
INSURANCE COMPANY TELEPHONE ()		PRE-CERTIFICATION TELEPHONE ()			
SECONDARY INSURANCE		SUBSCRIBER		BIRTH DATE	
ADDRESS		CITY		STATE ZIP CODE	
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME		
INSURANCE COMPANY TELEPHONE ()		PRE-CERTIFICATION TELEPHONE ()			

OTHER INFORMATION

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME		RELATIONSHIP			
ADDRESS		CITY		STATE ZIP CODE	
WORK TELEPHONE ()		HOME TELEPHONE ()			
EMERGENCY CONTACT		RELATIONSHIP		TELEPHONE ()	



UPDATES

PARENT/LEGAL GUARDIAN SIGNATURE		DATE	
DATE	SIGNATURE	DATE	SIGNATURE

McLaren Medical Group
PEDIATRIC/ADOLESCENT PATIENT HISTORY

1. IDENTIFICATION DATA (PLEASE PRINT)

Patient Name: (last, first, middle initial) _____

Birthdate: ____ / ____ / ____ Sex: Male Female

2. CHILD'S BIRTH HISTORY

(to be completed for patient one year of age or less, or if long-term medical problems present)

How long was your pregnancy? ____ weeks Maternal age at delivery? _____

How was the baby born? Natural (Vaginal) C-Section If C-Section, reason: _____

Baby's weight at birth? ____ lbs ____ oz; length? ____ inches

Name of hospital where baby was born: _____ Condition at birth? _____

During your pregnancy did you:

Was resuscitation required at birth? Y N

Have high blood pressure? Y N

Have protein in urine? Y N

Have German measles? Y N

Frequently smoke? Y N

Use drugs? Y N If yes, explain _____

Have sugar in urine? Y N

Have urinary tract infection? Y N

Take prescription medications? Y N

Have a sexually transmitted disease? Y N If yes, explain _____

Drink alcohol? Y N If yes, explain _____

Were there any other problems during pregnancy? Y N If so, what? _____

Have a positive Group B strep? Y N

3. MEDICAL HISTORY/REVIEW OF SYSTEMS

Was your child ever diagnosed with or has had:

- | | |
|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> birth defects | <input type="checkbox"/> difficulty sleeping |
| <input type="checkbox"/> delayed development/growth | <input type="checkbox"/> constipation |
| <input type="checkbox"/> attention problems | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> depression | <input type="checkbox"/> cancer |
| <input type="checkbox"/> aggression | <input type="checkbox"/> kidney problems |
| <input type="checkbox"/> vision problems | <input type="checkbox"/> bladder problems |
| <input type="checkbox"/> sinus problems | <input type="checkbox"/> bedwetting |
| <input type="checkbox"/> hay fever | <input type="checkbox"/> seizures |
| <input type="checkbox"/> allergies | <input type="checkbox"/> headaches |
| <input type="checkbox"/> frequent nosebleeds | <input type="checkbox"/> skin problems |
| <input type="checkbox"/> cough | <input type="checkbox"/> bruises/bleeds easily |
| <input type="checkbox"/> asthma | <input type="checkbox"/> anemia |
| <input type="checkbox"/> heart problems | <input type="checkbox"/> frequent infections |
| <input type="checkbox"/> eating problems | <input type="checkbox"/> teeth/gum problems |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> joint/muscle problems |
| <input type="checkbox"/> weight problems | <input type="checkbox"/> pain (where _____) |
| <input type="checkbox"/> thyroid problems | <input type="checkbox"/> other _____ |
| | <input type="checkbox"/> special diet _____ |

Hospitalizations/Accidents:

Medications:

Allergies: (name of medication and reaction)

Latex/Tape allergy? Y N


Lead screening completed? Y N

Immunizations: up-to-date delayed/not given

See Reverse Side

Patient Name:

Date of Birth:

		Policy Title:	Consent for Treatment
Effective Date:	10/96	Policy Number:	6300
Review Date:		Category:	Medical Records/HIPAA
Revised Date:	9/19/2012	Oversight Level:	2
Administrative Responsibility:	Operations Managers		
Interpretation:	MMG Compliance Officer/MMG Privacy Officer		

1. Purpose

To provide all relevant information regarding proposed treatment, enabling patient to make an informed decision; to prevent risk of liability relative to battery; to provide for appropriate release of information in accordance with HIPAA requirements; to support the patient's rights regarding treatment decisions based on full disclosure.

2. Scope

MMG workforce

3. Definitions

3.1. Authority to consent - any competent adult (18 years or older); for minors, see separate policy on Treatment of Minors (10.26).

3.2. Battery - the unlawful touching of a person without implied or expressed consent.

3.3. Expressed consent - consent given by direct words, either orally or in writing.

3.4. Implied consent - consent inferred from the patient's conduct and consent presumed in certain emergencies.

3.5. Incompetent patient - one who is incapable, whether due to physical or mental illness, of perceiving all relevant facts related to his or her condition and proposed treatment so as to make an intelligent decision based on the facts.

3.6. Informed consent - the process in which a patient is apprised of a procedure's risks and benefits, and freely consents to undergo the proposed treatment.

3.7. Minor - any person under the age of 18 (in accordance with Michigan Law-MCL 722.51) with some exceptions and variations.

4. Policy

4.1. Each patient who presents for care and treatment that is commonplace and routine will complete a Consent for Treatment/Financial Authorization on the initial visit; the patient's voluntary presence does not represent the necessary consent.

4.2. A Consent for Office Procedure (involves informed consent process) will be used for non-routine treatment where the patient requires specific information relative to the nature and purpose of the treatment in addition to any risks involved. Some examples where this process would be required are: a) sigmoidoscopy, b) therapeutic injection into a joint, c) minor surgery involving entry into the body, either through an incision or through a natural body opening, and d) procedures in which general, regional block is used, irrespective of involvement of entry into the body. Incompetent adults may not give, withhold, or revoke consent for themselves; consent must be obtained from someone who is authorized and empowered to consent on behalf of the patient.

4.3. Telephone consent is acceptable if the following conditions are met: a) the patient is a minor or an adult who cannot give his or her own consent/lacks the capacity to provide his or her own consent, and b) no person with the ability to provide consent for this individual is physically present at the facility to sign a consent or refusal form.

4.4. MMG will respect the rights of its patients to refuse treatment options after being informed of the proposed treatment, its risks and benefits, and alternatives to the recommended treatment.

4.5. Any refusal of recommended procedure or treatment by the patient must be documented in the patient's clinical record and on the appropriate Refusal to Consent to Medical Treatment/Transport form.

5. Procedure

5.1. Routine Consent for Treatment

5.1.1. Obtain Consent for Treatment/Financial Authorization (MM-17469) from an individual who has authority to consent at the time of the initial encounter. Routine consents will be effective for subsequent visits relative to same/other problems.

5.2. Informed Consent

5.2.2. Before performing the procedure, the physician will identify whether the particular procedure or treatment requires informed consent.

5.2.3. If it does require informed consent, the physician performing the surgical procedure must obtain it prior to the procedure/treatment.

5.2.4. Explanation to patient/family member will include as a minimum:

- Diagnosis/nature of the illness/problem being treated
- The nature/purpose of the proposed procedure
- Procedural risks, possible complications, and benefits
- Alternative procedures/treatments/therapies and their risks and benefits including the risk of not undergoing the recommended treatment
- Probability/likelihood of successful outcome

5.2.5. Guidelines to follow with the Consent for Office Procedure form are:

5.2.5.1. Clearly document the procedure to be performed and the name of the physician who will be responsible for performing the procedure

5.2.5.2. Use plain language when explaining medical procedures to patients

5.2.5.3. Encourage patients to ask questions

5.2.5.4. Use written materials, models, and audiovisual aids to supplement discussions with patients and family; document educational efforts

5.2.5.5. Operative site (where applicable) will be identified and verified by both the patient and the physician; site(s) will be appropriately marked

5.2.5.6. At the conclusion, ask patient to sign; physician should sign form as well and give a copy to the patient, and

5.2.5.7. Physician should document a summary of informed consent discussion in the clinical record; name and relationship of others who were present should be included as well as the name of any foreign/sign language interpreters who participated in the discussion with the patient.

5.3. Lack of Capacity to Consent

5.3.1. Obtain consent from someone who is authorized and empowered to consent on behalf of the patient.

5.3.2. Supportive documentation (i.e., Power of Attorney for health care; legal guardianship issued by Probate Court) must be obtained to justify this individual's responsibility relative to an incompetent patient's health care; retain a copy of these papers in the respective clinical record for future reference.

5.4. Telephone Consent

5.4.1. A telephone consent may be obtained if a) the patient is a minor or an adult who cannot give his or her own consent/lacks the capacity to provide his or her own consent and b) no person with the ability to provide consent for this individual is physically present at the facility to sign a consent or refusal form.

5.4.2. Determine who should, or who may, give consent for the patient, whether it is a legal representative or a guardian.

5.4.3. A designated office staff member should contact the legal representative or guardian.

5.4.4. The Consent for Treatment/Financial Authorization form shall be completed with the name of the individual contacted for consent and the relationship to patient; a witness's signature should appear.

5.4.5. If an informed consent discussion with the designee is warranted, the physician will conduct the discussion with a staff person witnessing the discussion; documentation will support this discussion.

5.5. Refusal to Consent

5.5.1. Document the refusal of recommended treatment in the patient's clinical record along with the Refusal to Consent to Medical Treatment/Transport form.

5.5.2. If patient refuses to sign the refusal form, note that refusal on the form and in the clinical record.

5.5.3. If the informed refusal involves treatment of a minor and the treatment is clinically deemed essential to care of the minor, contact the appropriate risk management personnel.

6. Exceptions

6.1. The following procedures will be excluded from the informed consent requirement:

- Simple needle biopsy
- Incision and drainage of simple abscess (including external thrombosed hemorrhoid)
- Routine removal of warts, skin tags, moles, and minor skin lesions
- Simple laceration repair, and
- Injection of trigger points not entering a joint (i.e., muscles).

7. References

7.1. The Top 15 Policies and Procedures to Reduce Liability for Physician Practices by James W. Saxton, Esq., Maggie M Finkelstein, Esq., and Patricia M. Kearney, RN, MPA, ARM, published by HCPro, Inc., 2005.

7.2. American Health Information Management Association (AHIMA) Medical Records and the Law, William H. Roach, Jr., MS, JD, Chicago; Jones and Bartlett Publishers, 2006.

7.2. MHA Insurance Company Program To Go, Informed Consent, 2002.

7.3. P/P 3350 Treatment of Minors

7.5. FORM: Consent for Treatment/Financial Authorization (includes Acknowledgement of Receipt of Privacy Notice) - MM-17469

7.6. FORM: Consent for Office Procedure - MM-113

7.7. FORM: Refusal to Consent to Medical Treatment/Transport - MM-117

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/CEO

10/4/2012

Date

Michael Ziccardi, Jr., D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, Jr., D.O.
Medical Director

10/24/2012

Date

Previous Revision Dates/Supercedes Policy: 10/2007
2-25-04 / 8.12

		Policy Title:	Identity Theft Prevention Program
Effective Date:	October 1, 2009	Policy Number:	MHC_CC0118
Review Date:	January 18, 2012	Section:	Compliance
Revised Date:	July 17, 2014	Oversight Level:	Corporate
Administrative Responsibility:		Corporate Director of Compliance	

1. Purpose

1.1. Medical Identity Theft not only causes financial problems for the victim, but may lead to inappropriate medical care based on false information in the medical record. Federal laws prohibit the willful or knowing misrepresentation of personal identity for fraudulent purposes, including the deliberate use of an inappropriately obtained social security number (SSN), ID card, etc. to obtain healthcare. Michigan law also prohibits the willful or fraudulent possession or use of false identification information.

1.2. This policy establishes processes and controls to prevent, detect or mitigate the intentional or inadvertent misuse of a patient's identity to commit Identity Theft, in compliance with various federal and state Identity Theft laws, including the Red Flags Rule under the Fair and Accurate Credit Transactions Act.

2. Scope

2.1. McLaren Health Care Corporation ("MHC"), its subsidiaries, any other entity or organization in which MHC or an MHC subsidiary owns a direct or indirect equity interest of 50% or more, provided that organization has agreed to adopt MHC policies; and MHC's workforce members, including employees and contracted agents, physicians, volunteers, vendors/suppliers, and other business partners.

3. Definitions

3.1. **Identifying Information:** The following are considered Identifying Information for purposes of this policy:

3.1.1. Social security or employer taxpayer identification numbers

3.1.2. Drivers license, state identification card, or passport numbers (except drivers' license numbers appearing on law enforcement records)

3.1.3. Checking and savings account numbers

3.1.4. Credit and debit card numbers

3.1.5. Personal Identification (“PIN”) Code

3.1.6. Any other numbers or information that could be used to access a person’s financial resources

3.1.7. Biometric data

3.1.8. Fingerprints

3.1.9. Passwords

3.2. Identity Theft: When a person knowingly transfers or uses without legal authority a means of identification of another person with the intent to commit, or to aid and abet, any unlawful activity that constitutes a violation of Federal law or that constitutes a felony under any applicable State or local law.

3.3. McLaren Health Care (MHC): McLaren Health Care Corporation and its wholly owned subsidiaries; and any entity or organization in which MHC or an MHC subsidiary owns a direct or indirect equity interest of 50% or more.

3.4. Medical Identity Theft: When an individual assumes or attempts to assume the identity of another person through fraudulent means or false pretenses and obtains or attempts to obtain medical service or goods, or to make false claims for medical services or goods. Medical Identity Theft can be devastating to the individual whose information was fraudulently used. It also presents financial, operational, and administrative difficulties for health care providers.

3.5. Personal Information: A person’s first name or first initial and last name in combination with Identifying Information.

3.6. Red Flag: A pattern, practice or specific activity that indicates the possible existence of Identity Theft. Patterns, practices and specific activities signaling possible Identity Theft within MHC, include:

3.6.1. Patient presents for an episode of care and is recognized as someone other than the patient presenting him/herself to be;

3.6.2. Patient submits a driver’s license, insurance card or other Identifying Information that appears to have been altered or forged;

3.6.3. Photograph on a driver’s license or other photo ID card submitted by the patient does not resemble the patient;

3.6.4. Information on one form of identification submitted by the patient is inconsistent with information on another form of identification, or with information already in the Hospital’s records;

3.6.5. Discrepancies between admissions information and prior account information or current insurance eligibility information;

3.6.6. The physical address provided by the patient is known not to exist, or the patient cannot provide anything other than a post office box as physical address;

3.6.7. Address or name discrepancy on identification or insurance information;

3.6.8. The Social Security Number (SSN) furnished by the patient has not yet been issued, is listed on the Social Security Administration's Death Master File, or is otherwise invalid. The following numbers are known to be invalid:

3.6.8.1. The first three digits are in the 800, 900 or 000 range, are in the 700 range above 772, or are 666

3.6.8.2. The fourth and fifth digits are 00

3.6.8.3. The last four digits are 0000

3.6.9. Unusual use or suspicious activity related to a patient account, or notice from customers, law enforcement or others of unusual activity related to that account

3.6.10. Dispute by a patient concerning the validity of a bill or MHC services, including a complaint or question related to a patient's receipt of a bill for another individual; a bill or explanation of benefits (EOB) for a MHC product or service the patient claims he or she did not receive; or a bill from a MHC provider the patient did not receive care from

3.6.11. Receipt of any notice or inquiry into potential Identity Theft, including those received from an investigator, private insurance company, or law enforcement agency

3.7. Security Breach:

3.7.1. An incident of unauthorized access to and acquisition of unencrypted records or data containing Identifying Information, where illegal use of the information has occurred or is reasonably likely to occur, or that creates a material risk of harm to an individual; or

3.7.2. An incident of unauthorized access to and acquisition of encrypted records or data containing Identifying Information along with the confidential process or key will constitute a security breach.

3.7.3. Good faith acquisition of personal information by an employee or agent of MHC for a legitimate purpose is not considered a security breach, provided that the information is not used for a purpose other than a lawful purpose and is not subject to unauthorized disclosure.

4. Policy

4.1. MHC will identify, detect and respond to “Red Flags” which indicate possible Identity Theft, and correct or mitigate, to the extent possible, any harm that may have occurred as a result of the theft.

4.2. In accordance with the HIPAA Privacy and Security Rules and MHC’s information security policies, MHC will take all reasonable steps to prevent, detect, respond to and mitigate known or suspected security breaches with respect to personal and Identifying Information as defined above.

4.3. Business Associates conducting activities covered by the Rule, for example, billing services, services which assist patients in obtaining medical insurance to cover unpaid bills, and debt collection agencies, will be held to the same standards.

4.3.1. Existing Business Associates performing these services will be notified in writing of this policy and the Business Associate’s obligation to implement reasonable policies and procedures to comply with the Red Flags Rules and the requirement to report to MHC any detected Identity Theft or security breach incident.

4.3.2. All future Business Associate agreements will require the same.

4.4. MHC has appointed the Corporate Director of Compliance to oversee system-wide implementation and continued administration of the Identity Theft Prevention Program. Subsidiary Compliance Officers will conduct investigations, monitor compliance with this policy and report the status of investigations and mitigating or corrective actions.

4.5. The Identity Theft Prevention Program will include training for appropriate employees and information for patients/victims, and processes to detect, respond to, report, and correct or mitigate known or suspected Identity Theft and security breaches.

4.5.1. Training - General information on Identity Theft and Identity Theft Prevention Program will be included in orientation and annual training programs for all employees. At a minimum, staff from billing, inpatient and outpatient registration areas, outpatient centers (e.g., imaging, lab, surgery and therapy), physician practices, home medical and retail pharmacies, and other areas that may register or collect payments from patients will receive special training on the Identity Theft Prevention Program, including:

4.5.1.1. A review of Identity Theft and common Identity Theft tactics;

4.5.1.2. The impact of Identity Theft on victims;

4.5.1.3. The Red Flags identified by MHC as potential indicators of possible Identity Theft; and

4.5.1.4. The action required if a Red Flag is detected.

4.6. The Identity Theft Prevention Program will be reviewed and updated periodically to reflect changes in risks of Identity Theft based on factors, such as: MHC's experience with Identity Theft; changes in methods to detect, prevent and mitigate Identity Theft; and changes in the types of "covered" accounts that MHC maintains.

5. Procedure

5.1. Preventing and Detecting Identity Theft

5.1.1. Pre-Registration - When a patient pre-registers or schedules an appointment, personal Identifying Information will be requested and verified against current patient information in the registration system. Patients will be asked to bring photo identification, insurance card and at least one other form of identification to the appointment.

5.1.2. At registration, the following information and documents will be requested:

5.1.2.1. Driver's license, passport, state identification card, or other photo identification (such as employment ID); and any two (2) of the following:

5.1.2.2. Social Security Number and Social Security card (if available)

5.1.2.3. Date of birth

5.1.2.4. Physical address and telephone number

5.1.2.5. Insurance card (if available)

5.1.2.6. Other verification of identity, such as voter's registration card or credit card.

5.1.3. If the patient is unable or refuses to provide the requested information and documentation, staff will consult his/her supervisor to determine appropriate action, with the following exceptions:

5.1.3.1. The Emergency Department will provide a medical screening examination for any individual presenting to the Emergency Department, regardless of whether the information and documents listed above are provided.

5.1.3.2. Prior Verification - If the MHC entity has provided services to the patient within the preceding six (6) months and the patient's name, date of birth, SSN, address and signature match the prior record, documentation of identity is not required.

5.2. Internal Notifications of Suspected Identity Theft or Security Breach

5.2.1. Any MHC employee who becomes aware of a potential or actual incident of Identity Theft or security breach, as listed below, must make immediate report to the Subsidiary Compliance Officer or Compliance Hotline. The Compliance Officer will

notify the Privacy/Information Security Officer, Corporate Director of Compliance and Corporate Director of Risk Management. Investigations will be conducted pursuant to established Compliance policies/procedures.

5.2.1.1. Suspicious documents or discrepancies between existing data and information provided are identified, or the employee believes key information may belong to another patient;

5.2.1.2. Alerts, notifications or other warnings received from consumer reporting agencies or service providers, such as fraud detection services;

5.2.1.3. A patient notifies MHC of possible Identity Theft in regard to their medical record or bill.

5.2.1.4. The unusual use of, or other suspicious activity related to, a covered account; and

5.2.1.5. Notice from patients, Business Associates, victims of Identity Theft, law enforcement authorities or other persons regarding possible Identity Theft in connection with covered accounts.

5.2.1.6. A person presents to any MHC Emergency Department for emergency treatment and identify theft/fraud is suspected. Note: The medical screening examination will be performed and emergency medical conditions will be stabilized as appropriate prior to initiating investigational activity.

5.2.1.7. Known or suspected security breach involving patient medical or financial data.

5.2.1.8. Other Red Flags which, after further review, are suspicious for Identity Theft.

5.2.2. If, after speaking with the patient, the patient presents different information, Compliance will proceed to gather the new information and process verification as noted above. If unable to verify the patient's information, Compliance (or designee) will, after obtaining the appropriate physician approval, politely decline treatment until MHC is able to verify the patient's identification and offer to reschedule for a future date after identification information verification is completed.

5.3. Mitigation and Correction

5.3.1. Security Breaches will be handled in accordance with the MHC policy on HIPAA Security Breaches and applicable federal and state regulations.

5.3.2. The Subsidiary Compliance Officer will coordinate efforts to mitigate, to the extent practicable, known harmful effects resulting from identification of a Red Flag. Such actions may include, but are not limited to:

5.3.2.1. Monitoring any patient record or access to the patient record that contains Identifying Information of a particular patient;

5.3.2.2. Opening or closing any MHC account, or changing passwords, security codes or other security devices that permit access to any MHC account that contains Identifying Information of a particular patient.

5.4. Disclosures/Notices

5.4.1. As soon as reasonably possible following the completion of any Red Flag investigation, the Subsidiary Compliance Officer will consult with the Corporate Compliance Department and designated Legal Counsel for the purpose of determining whether MHC has any obligation to notify the patient(s) whose Identifying Information was the subject of the Red Flag.

5.4.1.1. **Notice to individual(s)** will be made without unreasonable delay, and will include:

5.4.1.1.1. Description of the incident in general terms;

5.4.1.1.2. The general acts MHC has taken to protect the personal information from further unauthorized access;

5.4.1.1.3. The person and telephone number that the person may call for further information and assistance; and

5.4.1.1.4. Advice that directs the person on how to alert credit agencies to potential fraud and Identity Theft, and to remain vigilant by reviewing account statements and monitoring free credit reports.

5.4.1.1.4.1. If appropriate, MHC may offer the individual(s) affected the option of enrolling in a credit monitoring service for a defined period of time. The determination of whether and for how long to offer this service will depend on the nature and extent of the potential or actual breach.

5.4.1.2. Notice related to security breaches involving one or more patients will be made in accordance with the MHC policy on HIPAA Security Breaches and applicable federal and state regulations.

5.4.1.3. Law enforcement will be notified, to the extent permitted under MHC HIPAA Policies.

5.4.1.4. The 3rd party payer will be notified of Medical Identity Theft and related fraud.

5.5. Reporting Status of Investigations and Actions to Mitigate/Correct

5.5.1. The Subsidiary Compliance Officer will include in each quarterly Compliance Report:

5.5.1.1. A summary of status on pending and closed (within the past quarter) Red Flag investigations and actions taken to mitigate/correct them; and

5.5.1.2. A summary of significant incidents involving Identity Theft and the entity's response.

5.6. Program evaluation

5.6.1. At least annually, the MHC Corporate HIPAA Council will evaluate the effectiveness of the Identity Theft Prevention Program and recommend, as appropriate, any changes to the Program and/or this policy.

6. References

6.1. Privacy Rights Clearinghouse, Identity Theft: What To Do If It Happens To You, <http://www.privacyrights.org/fs/fs17a.htm>

6.2. World Privacy Forum Medical Identity Theft, The Medical Identity Theft Information Page, <http://www.worldprivacyforum.org/medicalidentitytheft.html>

6.3. World Privacy Forum Red Flag and Address Discrepancy Requirements: Suggestions for Health Care Providers, September 24, 2008, http://www.worldprivacyforum.org/pdf/WPF_RedFlagReport_09242008fs.pdf

6.4. Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003 Final Rule, November 2007. <http://www.ftc.gov/os/fedreg/2007/november/071109redflags.pdf>

6.5. Michigan Identity Theft Protection Act 452 of 2004, Sections 445.61-445.77, Fair Credit Reporting Act, 15 U.S.C. § 1681 Identity Theft and Assumption Act, 18 U.S.C. 1028(a)(7) Social Security Online, Answer ID 425

7. Appendix

7.1. Identity Theft Prevention Policy - Red Flags - Recommended Mitigation and Resolution Procedures

7.2. Identity Theft Prevention Policy - Letter Regarding Suspected Identity Theft

7.3. Identity Theft Prevention Policy - Letter Regarding Patient Misidentification

7.4. Identity Theft Prevention Policy - Contact Names & Phone Numbers

Previous Revisions: Not applicable.

Supersedes Policy: Not applicable.

Approvals:

Corporate Compliance Committee: September 15, 2009; January 18, 2012; July 17, 2014

MHC Board of Directors: September 15, 2009



Greg Lane
Senior VP and Chief Administrative Officer

July 17, 2014
Date

MHC_CC0118 - Identity Theft Prevention Program
Appendix 7.1
Red Flags - Recommended Mitigation and Resolution Procedures

IDENTITY THEFT RED FLAG	PREVENTION/ MITIGATION PROCEDURE	SUGGESTED RESOLUTION OF RED FLAG
Documents provided for identification appear to have been altered or forged.	Stop the admissions/billing process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue admissions/billing process.
Personal identifying information provided by the customer is not consistent with other personal identifying information provided by the patient. For example, there is a lack of correlation between the Social Security Number (SSN) range and date of birth.	Stop the admissions/billing process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue admissions/billing process.
The SSN provided is the same as that submitted by other persons opening an account or other customers.	Stop the admissions/billing process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue admissions/billing process.
Patient has an insurance number but never produces an insurance card or other physical documentation of insurance.	Stop the admissions/billing process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue admissions/billing process. Contact insurance company as necessary. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.

MHC_CC0118 - Identity Theft Prevention Program

Appendix 7.1

Red Flags - Recommended Mitigation and Resolution Procedures

IDENTITY THEFT RED FLAG	PREVENTION/ MITIGATION PROCEDURE	SUGGESTED RESOLUTION OF RED FLAG
Records showing medical treatment that is inconsistent with a physical examination or with a medical history as reported by the patient (<i>e.g.</i> , inconsistent blood type).	Investigate complaint, interview individuals as appropriate, review previous files for potential inaccurate records. Items to consider include: blood type, age, race, and other physical descriptions may be evidence of medical identity theft.	Depending on the inconsistency and review of previous file, either delay, do not open a new covered account, or terminate services. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.
Complaint/inquiry from an individual based on receipt of: -a bill for another individual -a bill for a product or service that the patient denies receiving -a bill from a health care provider that the patient never patronized - a notice of insurance benefits (or Explanation of Benefits) for health services never received.	Investigate complaint, interview individuals as appropriate	Terminate treatment/credit until identity has been accurately resolved; refuse to continue attempting to collect on the account until identity has been resolved. Notify law enforcement as appropriate. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.
Complaint/inquiry from a patient about information added to a credit report by a health care provider or insurer	Investigate complaint, interview individuals as appropriate	Terminate treatment/credit until identity has been accurately resolved; refuse to continue attempting to collect on the account until identity has been resolved. Notify law enforcement as appropriate. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.

MHC_CC0118 - Identity Theft Prevention Program
 Appendix 7.1
 Red Flags - Recommended Mitigation and Resolution Procedures

IDENTITY THEFT RED FLAG	PREVENTION/ MITIGATION PROCEDURE	SUGGESTED RESOLUTION OF RED FLAG
Complaint or question from a patient about the receipt of a collection notice from a bill collector.	Investigate complaint, interview individuals as appropriate	<p>Terminate treatment/credit until identity has been accurately resolved; refuse to continue attempting to collect on the account until identity has been resolved.</p> <p>Notify law enforcement as appropriate.</p> <p>If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.</p>
Patient or insurance company report that coverage for legitimate hospital stays is denied because insurance benefits have been depleted or a lifetime cap has been reached.	Investigate complaint, interview individuals as appropriate	<p>Additional documentation must be provided to resolve discrepancy and continue admissions/billing process. Contact insurance company as necessary.</p> <p>Notify law enforcement as appropriate.</p> <p>If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.</p>
Mail sent to the patient is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the patient's covered account.	Skip-tracing procedures are used to find the patient's current mailing address.	Patient is found and contact information is updated.

MHC_CC0118 - Identity Theft Prevention Program

Appendix 7.1

Red Flags - Recommended Mitigation and Resolution Procedures

IDENTITY THEFT RED FLAG	PREVENTION/ MITIGATION PROCEDURE	SUGGESTED RESOLUTION OF RED FLAG
<p>Hospital is notified by a customer, a victim of identity theft, a law enforcement authority, or any other person that it has opened a fraudulent account for a person engaged in identity theft.</p>	<p>Investigation to determine if billing was made fraudulently.</p>	<p>Additional documentation must be provided to resolve discrepancy and continue admissions/billing process. Contact insurance company as necessary.</p> <p>Notify law enforcement as appropriate.</p> <p>If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.</p>
<p>Personal identifying information provided by the patient is associated with known fraudulent activity as indicated by internal or third-party sources used by the Hospital. For example:</p> <ul style="list-style-type: none"> - The address on an application is the same as the address provided on a fraudulent application; or - The phone number on an application is the same as the number provided on a fraudulent application. 	<p>Investigate complaint, interview individuals as appropriate</p>	<p>Terminate treatment/credit until identity has been accurately resolved; refuse to continue attempting to collect on the account until identity has been resolved.</p> <p>Notify law enforcement as appropriate.</p> <p>If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.</p>

MHC_CC0118 - Identity Theft Prevention Program
Appendix 7.2
Letter Regarding Identity Theft

[Date]

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

[Patient Name]
[Patient Address]
[City, State, ZIP]

Re: Suspected Identity Theft

Dear [Patient Name]:

This letter addresses the unauthorized use of your name and other personal information at [Name of Organization] on [Date]. [Explain factual situation and describe compromise of information in detail (e.g. how it happened, information disclosed, what actions have been taken to remedy situation, etc.)]. We have reported this incident to [name law enforcement officer] at the [local law enforcement agency], who can be reached at (###) ###-####. We also have placed an alert on your account at this facility in an effort to prevent further misuse of your identity.

“Medical identity theft” is very serious because, in addition to causing financial problems, identity theft can lead to inappropriate medical care when incorrect information is included in a patient’s medical record. If you believe you are the victim of medical identity theft, you should ask to review and make appropriate corrections to your medical record so that you receive appropriate care. For your health and safety, it is very important that your medical records do not contain information about another person. We request your assistance in ensuring that our records about you are correct.

We have removed from your medical record information relating to care given on [Date] because [we/you] have indicated you did not receive services at this hospital on those dates. After removing that information, your medical record shows the following visits: Date of Visit: [Date] Reason for visit: [Reason].

If you do not remember one or more of these visits, please contact us immediately. You can review your entire medical record by visiting this facility’s Health Information Management office, and we encourage you to do so. In addition to making sure your medical record with this facility is accurate, we encourage you to check the accuracy of your records with other health care providers and your health insurance plan(s).

Based on the information we have received related to the improper use of your name and other identifying information on [Patient Name], [Name of Organization] will not bill you or your insurer for the services it provided on [Date]. We are in the process of correcting your account with your health insurer. We recommend that you carefully monitor explanations of benefits (EOBs) received from your health insurer to determine if any other person has used your identity to obtain health care. If you receive an EOB or bill for health care you do not remember obtaining, immediately contact your insurer and the health care provider who furnished the services.

We recommend that you place a fraud alert of your credit file. A fraud alert tells creditors to contact you and verify your identity before they open any new accounts or change existing

MHC_CC0118 - Identity Theft Prevention Program

Appendix 7.2

Letter Regarding Identity Theft

accounts. Please contact one of the three major credit bureaus. Once a credit bureau confirms your fraud alert, the others are notified to place fraud alerts.

Equifax P.O Box 740241 Atlanta, GA 30374-0241	Experian P.O. Box 9534 Allen, TX 75013	Trans Union Fraud Victim Assistance Division P.O. Box 6790 Fullerton, CA 92834-6790
<ul style="list-style-type: none">• www.equifax.com• 1-800-525-6285	<ul style="list-style-type: none">• www.experian.com• 1-888-EXPERIAN• 1-888-397-3742	<ul style="list-style-type: none">• www.transunion.com• 1-800-680-7289

When you receive your credit reports look them over carefully and continue monitoring your credit reports carefully to be certain there have been no unauthorized transactions made or look for accounts opened in your name. Look for inquiries from creditors that you did not initiate. And look for personal information, such as home address and social security number, that is not accurate. If you see anything you do not understand, call the credit reporting agency at the telephone number on the report. You are entitled under federal law to get one free comprehensive disclosure of all the information in your credit file from each of the three national credit bureaus listed above once every twelve months. You may request you free annual credit report by visiting the websites noted above. Even if you do not find any signs of fraud on your reports, we recommend that you check your credit report every three months for the next year.

If you find suspicious activity of your credit reports or have reason to believe your information is being misused, immediately notify the credit bureaus. If you believe an unauthorized account has been opened in your name, immediately contact the financial institution that holds the account. You should also file a police of identity theft. **(If appropriate, give contact number for law enforcement agency investigating the incident for you.)** Get a copy of the police report. You may need to give copies of the police report to creditors to clear up your records. Creditors want the information it contains to absolve you of the fraudulent debts. You should also file a complaint with the FTC at www.ftc.gov/idtheft/ or 1-877-ID-THEFT (877-438-4338). Your complaint will be added to the FTC's Identity Theft Data Clearinghouse, where it will be accessible to law enforcers for their investigations.

We encourage you to report any helpful information to **[investigating law enforcement officer]** at the **[local law enforcement agency]**. We also encourage you to alert other area hospitals and health care providers that your identifying information is being used in a fraudulent manner.

If there is anything **[name of organization]** can do to assist you, please call our Compliance Office (or Privacy Officer) at **(###)-###-####**.

Sincerely,

Compliance Officer or Privacy Officer
[Facility]

**MHC_CC0118 - Identity Theft Prevention Program
Appendix 7.3
Letter Regarding Patient Misidentification**

[Date]

BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

[Patient Name]
[Patient Address]
[City, State, ZIP]

Dear [Patient Name]:

This letter is [to inform you of / in response to your report of] an erroneous use of your name or identifying information at [Name of Organization] and to provide you with information to assist you in preventing this incident from affecting your medical care. [Explain factual situation and describe how records became commingled.]

The integrity of your medical record is very important, and your record should only reflect your health history and medical services provided to you. For your health and safety, it is very important that your medical records do not contain information about another person. **We request your assistance in ensuring that our records about you are correct.**

We have removed from your medical record information relating to care given on [Date] because [we/you] have indicated you did not receive services at this hospital on those dates. After removing that information, your medical record shows the following visits: Date of Visit: [Date] Reason for visit: [Reason].

If you do not remember one or more of these visits, please contact us immediately. **You can review your entire medical record by visiting [Name of Organization] 's Health Information Management office, and we encourage you to do so.** In addition to making sure your medical record with this facility is accurate, we encourage you to check the accuracy of your records with other health care providers and your health insurance plan(s).

Based on the information we have received related to the improper use of your name and other identifying information on [Patient Name], [Name of Organization] will not bill you or your insurer for the services it provided on [Date]. We are in the process of correcting your account with your health insurer. If you receive a bill or an insurance statement relating to a visit to this facility by someone other than you, please let us know as soon as possible.]

We recommend that you carefully monitor explanations of benefits (EOBs) received from your health insurer to determine if any other person has used your identity to obtain health care. If you receive an EOB or bill for health care you do not remember obtaining, immediately contact your insurer and the health care provider who furnished the services.

If there is any other way that we can assist you, or should you have any questions, please do not hesitate to contact me at (###)###-####.

Sincerely,

[Compliance/Privacy Officer]
[Facility]


Appendix 7.4

Compliance Contact Information

McLaren Health Care	<p>Denise Dach, MBA, RHIA, CHC Corporate Director of Compliance Compliance/Privacy/Security Officer McLaren Health Care Office: 810-342-1438 Fax: 810-342-1929 Email: Denise.Dach@mclaren.org MHC HOTLINE: 866-MHC-COMPLY</p>
McLaren Bay Region	<p>Mike Jamrog, CCP Director, Financial Assurance Compliance/Privacy/Security Officer McLaren Bay Region Office: 989-894-3849 Fax: 989-891-0464 Email: Mike.Jamrog@mclaren.org HOTLINE: 989-894-3945</p>
McLaren Central Michigan	<p>Joyce Schafer Director, Risk Management & Compliance Compliance/Privacy/Security Officer McLaren Central Michigan Office: 989-772-6896 Fax: 989-779-5110 Email: joyce.schafer@mclaren.org HOTLINE: 989-772-6816</p>
McLaren Flint	<p>Julie Borowski Director, Regulatory Compliance, Medical Staff Services Compliance Officer McLaren Flint Office: 810-342-2097 Fax: 810-342-2945 Email: Julie.Borowski@mclaren.org</p> <p>Nancy Smith – Privacy/Security Officer Office: 810-342-3570 Nancy.Smith@mclaren.org HOTLINE: 810-342-2256</p>
McLaren Greater Lansing	<p>John Hyden Director, Compliance & Risk Management Compliance/HIPAA Officer McLaren Greater Lansing Office: 517-975-8954 Fax: 517-975-7610 Email: John.Hyden@mclaren.org HOTLINE: 517-975-8333</p>
McLaren Health Plan	<p>Sue Bayer Compliance Officer McLaren Health Plan Office: 517-346-4836 Fax: 517-346-4884 Email: Sue.Bayer@mclaren.org</p> <p>Carol Solomon – Security Officer Office: 810-733-9705 Carol.Solomon@mclaren.org HOTLINE: 866-866-2135</p>

<p>McLaren Homecare Group</p>	<p>Dan Gillett, MBA, OTR/L VP, Program and Clinical Development Compliance/Privacy Officer McLaren Homecare Group Office: 810-496-8626 Email: Dan.Gillett@mclaren.org</p> <p>HOTLINE: 810-424-8200, #, ext. 91031</p>
<p>McLaren Karmanos Cancer Center</p>	<p>Allison Martin VP, Regulatory & Compliance McLaren Karmanos Cancer Center Office: 313-576-9084 Fax: 313-576-8632 Email: martinal@karmanos.org</p> <p>HOTLINE: 888-478-3555</p>
<p>McLaren Lapeer Region</p>	<p>Stephen Gerwolds, CHC Compliance Officer Compliance/Privacy/Security McLaren Lapeer Region Office: 810-667-5952 Fax: 810-667-5582 Email: Stephen.Gerwolds@mclaren.org</p> <p>HOTLINE: 810-667-5787</p>
<p>McLaren Macomb</p>	<p>Maureen Decker, MBA, CHC Director, Financial Assurance & Compliance Compliance/Privacy/Security Officer McLaren Macomb Office: 586-741-4305 Fax: 586-741-4295 Email: Maureen.Decker@mclaren.org</p> <p>HOTLINE: 586-741-4300</p>
<p>McLaren Medical Group</p>	<p>Kimberley Hamm, RN, MSN Director, Quality & Compliance Compliance/Privacy Officer McLaren Medical Group Office: 810-342-1021 Fax: 810-342-1033 Email: Kim.Hamm@mclaren.org</p> <p>Sandy Lambert/Security Officer Office: 810-342-1541 Sandy.Lambert@mclaren.org</p> <p>Michelle Pinter/Privacy Officer Office: 810-342-1513 Email: Michelle.Pinter@mclaren.org</p> <p>HOTLINE: 810-342-1088</p>

McLaren Oakland/ Lake Orion Nursing Center	Heather Elandt Compliance/Privacy/Security Officer McLaren Oakland Office: 248-338-5697 Fax: 248-338-5667 Email: Heather.Elandt@mcclaren.org HOTLINE: 248-338-5454
McLaren Northern Michigan	Karen Grisnak, MSN Compliance/Privacy/Security Officer McLaren Northern Michigan Office: 231-487-3069 Fax: 231-487-3139 Email: kgrisnak@northernhealth.org HOTLINE: 888-616-1015
McLaren Port Huron	Janet Bigelow, RN, BSN, JD, CPHRM Compliance/Privacy Officer & Risk Manager McLaren Port Huron Office: 810-989-3522 Fax: 810-985-2699 Email: JBigelow@porthuronhospital.org HOTLINE: 800-968-0916

		Policy Title:	Notice of Privacy Practices (NPP)
Effective Date:	March 1, 2003	Policy Number:	MHC_CC1104
Review Date:	February 5, 2014	Section:	Compliance
Revised Date:	March 20, 2014	Oversight Level:	Corporate
Administrative Responsibility:		Corporate Director of Compliance; HIPAA Council	

1. Purpose

1.1. 45 CFR 164.520 requires that notice be given to Individuals, except for inmates, of the use and disclosure of Protected Health Information (PHI) as well as the Individual's rights and a covered entity's legal duties with respect to PHI. This policy is designed to give guidance and to ensure compliance with all laws and regulations, including the HIPAA Rules, regarding the content of the notice and the privacy practices, hereafter referred to as the Notice of Privacy Practices (NPP).

2. Scope

2.1. McLaren Health Care Corporation ("MHC"), its sponsored benefit plans, subsidiaries, any other entity or organization in which MHC or an MHC subsidiary owns a direct or indirect equity interest of 50% or more, provided that organization has agreed to adopt MHC policies; and MHC's Workforce Members, including employees and contracted agents, physicians, volunteers, vendors/suppliers, and other business partners.

2.2. Excluded from this policy are McLaren Health Plan, Inc. (MHP) and its subsidiaries (MHP Policy Q-01 Privacy Notice Policy).

3. Definitions

3.1. **Breach** means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted, which compromises the security or privacy of the protected health information. Breach excludes:

3.1.1. Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure.

3.1.2. Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by the Privacy Rule.

3.1.3. A disclosure of protected health information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

3.2. Fundraising means the process of collecting money by requesting donations from individuals and businesses.

3.3. Health Care Operations is defined as any of the following activities of MHC and/or its subsidiaries, to the extent that the activities are related to covered functions, and any of the following activities of an organized health care arrangement in which MHC participates:

3.3.1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines;

3.3.2. Reviewing the competence or qualifications of health care professionals, conducting training programs in which students, trainees or practitioners learn under supervision to practice their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing or credentialing activities;

3.3.3. Underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract for health insurance;

3.3.4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

3.3.5. Business planning and development, such as conducting cost-management and planning related to managing and operating the entity; and

3.3.6. Business management and general administrative activities of MHC and/or its subsidiaries, including, but not limited to:

3.3.6.1. Management activities relating to implementation of and compliance with privacy policies and procedures;

3.3.6.2. Customer service and resolution of internal grievances;

3.3.6.3. Due diligence in connection with the sale or transfer of assets to a potential successor in interest.

3.3.7. Creating de-identified health information, fundraising for the benefit of MHC and/or its subsidiaries, and marketing for which an Individual Authorization is not required. See definition of Marketing.

3.4. HIPAA Rules means the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and implementing regulations, the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") the Security Standards for the Protection of Electronic Protected Health Information (the "Security Rule"), Standards for Electronic Transactions, and the privacy, security and Breach Notification regulations of the Health Information Technology for Economic and Clinical Health Act ("HITECH Rules") and HIPAA Omnibus final rule.

3.5. Individual means the person who is the subject of PHI or the Authorized Representative acting on behalf of the Individual.

3.6. Inmate is a person serving a sentence in a jail or prison.

3.7. Marketing is a communication about a product or service that encourages the purchase or use of the product or service (see MHC CC1110HIPAA Uses and Disclosures for Fundraising, Marketing, and Sale of PHI Policy).

3.8. Notice of Privacy Practices (NPP) is a notice of the uses and disclosures of protected health information that may be made by MHC, and of the Individual's rights and MHC's legal duties with respect to protected health information.

3.9. Payment means the activities undertaken by a provider or health plan to obtain or provide reimbursement for the provision of health care.

3.9.1. Activities related to the Individual to whom health care is provided and include, but are not limited to the following:

3.9.1.1. Determinations of eligibility or coverage;

3.9.1.2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;

3.9.1.3. Review of services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

3.9.1.4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and

3.9.1.5. Disclosure to consumer reporting agencies of any of the following PHI relating to collection of premiums or payment:

3.9.1.5.1. Name and address;

3.9.1.5.2. Date of birth;

3.9.1.5.3. Social security number;

3.9.1.5.4. Payment history;

3.9.1.5.5. Account number; and

3.9.1.5.6. Name and address of the health care provider and/or health plan.

3.10. Organized Health Care Arrangement (OHCA) is an organized system of health care where the various components of the Corporation hold themselves out to the public as participating in a joint arrangement, and jointly perform treatment, payment, and/or operations including utilization review and quality assessment and improvement activities; and one or more group health plans maintained by the same plan sponsor; and the Board of Directors of the Corporation has determined that the creation of an "Organized Health Care Arrangement," as defined in 45 C.F.R. §164.501, would permit the components of the Corporation to perform services for their patients and plan participants more efficiently and effectively.

3.11. Protected Health Information (PHI) and/or Patient Record is defined as any individually identifiable health information that is collected from an Individual, and is

transmitted, received, created and/or maintained, in any form or medium, by MHC and/or its subsidiaries.

3.11.1. PHI is any information that:

3.11.1.1. Relates to the past, present or future physical or mental health/condition of an Individual.

3.11.1.2. Relates to the provision of health care to an Individual.

3.11.1.3. Relates to the past, present, or future payment for the provision of health care to an Individual. PHI is any information that either identifies the Individual or there is a reasonable basis to believe the information can be used to identify the Individual, including, but not limited to: name, medical record number, encounter number, social security number, address, and photo, diagnosis, diagnostic reports, procedures, progress notes, images, medications, billing documents, physician or location (if such information leads one to know or infer a diagnosis, etc.), slides, and/or blocks.

3.11.2. Protected health information excludes individually identifiable health information:

3.11.2.1. In education records covered by the Family Educational Rights and Privacy Act (FERPA), as amended, 20 U.S.C. 1232g;

3.11.2.2. In provider records described at 20 U.S.C. 1232g(a)(4)(B)(iv), (FERPA);

3.11.2.3. In employment records held by a covered entity in its role as employer; and

3.11.2.4. Regarding a person who has been deceased for more than 50 years.

3.12. Psychotherapy Notes means notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the patient's medical record.

3.12.1. Psychotherapy Notes exclude 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.

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

3.14. Valid Authorization ("Authorization") is defined as a document providing direction to use and/or disclose PHI. The Authorization will:

3.14.1. Identify the Individual whose PHI is to be released. A minimum of two identifiers will be relied upon and can include full legal name, date of birth, and social security number.

3.14.2. Identify the information to be used/disclosed.

3.14.3. Identify the entity or person permitted to make the use/disclosure.

3.14.4. Identify the entity or person to receive the information.

3.14.5. Include a description of the purpose of the requested use/disclosure.

3.14.6. Specify an expiration date or an expiration event that relates to the individual purpose of the use/disclosure.

3.14.7. Be signed and dated by the Individual or their Authorized Representative. If the Authorization is signed by a Personal Representative a description of the Representative's authority to act should be included.

3.15. Workforce / Workforce Members is defined as employees, temporary workers, contracted agents, physicians, volunteers, vendors/suppliers, consultants, students, and other persons or entities whose conduct in the performance of work is under the direct control of MHC or its Business Associate, whether or not they are paid by MHC or its Business Associate.

3.16. Written Acknowledgement is a signed receipt of the NPP or documentation of good faith efforts to obtain such written acknowledgment.

4. Policy

4.1. Notice. It is MHC's policy to give adequate notice to Individuals regarding the use or disclosure of their PHI, their rights with respect to such use or disclosure, and MHC's legal duties according to 45 C.F.R. 164.520. This policy should be read in conjunction with all other MHC policies relating to the use and disclosure of PHI.

4.2. Right to NPP. Except for a Group Health Plan or Inmates, an Individual has a right to adequate notice of how we will use and disclose their PHI that originated or is maintained by MHC. In addition, the notice will include the Individual's rights and our legal duties with respect to PHI. This information is included in the NPP.

4.3. Required Content of NPP. The NPP will be written in plain language and contain all the elements required by 45 C.F.R 164.520.

4.3.1. Header. The NPP must contain the following statement as a header or otherwise prominently display: "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."

4.3.2. Uses and Disclosures. The NPP must contain:

4.3.2.1. Treatment, Payment and Health Care Operations (TPO). The NPP must include a description and at least one example of the uses and disclosures that MHC is permitted by law to make for each of the purposes: treatment, payment, and healthcare operations.

4.3.2.2. Other Purposes. A description of the other purposes for which MHC is permitted or required by law to use or disclose PHI without the Individual's written authorization (Valid Authorization). See MHC_HIPAA_CC1102 PHI Disclosure Not Requiring An Authorization.

4.3.2.3. If a use or disclosure for any purpose is prohibited or materially limited by other laws, the description of the disclosure must reflect the more stringent law.

4.3.2.4. The description must contain sufficient detail to place the Individual on notice of the Uses and Disclosures that are permitted or required by the Regulations and other applicable laws, including but not limited to:

4.3.2.4.1. Uses and disclosures required by law.

4.3.2.4.2. Uses and disclosures for public health activities.

4.3.2.4.3. Disclosures about victims of abuse, neglect, or violent injuries.

4.3.2.4.4. Uses and disclosures for health oversight activities.

4.3.2.4.5. Disclosures for judicial and administrative proceedings.

4.3.2.4.6. Disclosures for law enforcement purposes.

4.3.2.4.7. Uses and disclosures about decedents.

4.3.2.4.8. Uses and disclosures for cadaveric organ, eye, or tissue donation purposes.

4.3.2.4.9. Uses and disclosures for research purposes.

4.3.2.4.10. Uses and disclosures to avert a serious threat to health or safety.

4.3.2.4.11. Uses and disclosures for specialized government functions.

4.3.2.4.12. Disclosures for workers' compensation.

4.3.2.5. A statement that other Uses and Disclosures will be made only with the Individual's Valid Authorization and that the Individual may revoke such authorization. This statement includes authorization for use or disclosure of:

4.3.2.5.1. Psychotherapy notes,

4.3.2.5.2. PHI for marketing purposes, or

4.3.2.5.3. PHI for sale.

4.3.3. *Separate Statements for Certain Uses or Disclosures.* If MHC subsidiaries intend to engage in any of the following activities, the NPP description must include a separate statement, as applicable, that:

4.3.3.1. We may contact the Individual to provide appointment reminders or information about Treatment alternatives or other health-related benefits and services that may be of interest to the Individual.

4.3.3.2. We may contact the Individual for fundraising purposes. Any fundraising communications to Individuals that uses PHI to identify the Individuals for

communication must provide them the opportunity to “opt out” of further communications.

4.3.4. Individual Rights. The NPP must contain a statement of the Individual’s rights with respect to PHI and a brief description of how the Individual may exercise these rights, as provided by the regulations, are as follows:

4.3.4.1. The right to request restrictions on certain Uses and Disclosures of PHI, including a statement that MHC is not required to agree to a requested restriction;

4.3.4.2. The right to receive confidential communications of PHI,

4.3.4.3. The right to inspect and copy PHI,

4.3.4.4. The right to amend PHI,

4.3.4.5. The right to receive an accounting of Disclosures of PHI,

4.3.4.6. The right of an Individual, including an Individual who has agreed to receive the NPP electronically to obtain a paper copy of the NPP upon request.

4.3.4.7. If MHC maintains PHI in an EHR, the Individual has the right to receive a copy of his/her PHI in electronic format and require that PHI be transmitted electronically to another person or entity.

4.3.4.8. The right of an Individual to restrict disclosures to health plans:

4.3.4.8.1. If the disclosure is for payment or health care operation purposes, and

4.3.4.8.2. The PHI pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full at the time of service.

4.3.5. MHC Duties. The NPP must contain:

4.3.5.1. A statement that MHC is Required By Law to maintain the privacy of PHI and to provide Individuals with notice of its legal duties and privacy practices with respect to PHI;

4.3.5.2. A statement that MHC is required to notify affected Individuals following a Breach of unsecured protected health information.

4.3.5.3. A statement that MHC is required to abide by the terms of the NPP currently in effect; and

4.3.5.4. In order to apply a change to the practices described in the NPP to PHI that MHC created or received prior to issuing the revisions, the NPP must contain a statement that it “reserves the right to change the terms of its NPP and to make the new NPP provisions effective for all PHI that it maintains.” The statement must also describe how it will provide Individuals with a revised NPP.

4.3.6. Complaints. The NPP must contain a statement of how Individuals may complain to MHC and to the Office of Civil Rights (OCR) if they believe their privacy rights have been violated, a brief description of how the Individual may file a complaint with MHC, and a statement that the Individual will not be retaliated against for filing a complaint.

4.3.7. *Contact.* The NPP must contain the name, or title, and telephone number of a person or office to contact for further information.

4.3.8. *Effective date.* The NPP must contain the date on which it is first in effect, which may not be earlier than the date on which the NPP is printed or otherwise published.

4.4. *Revisions to NPP.* MHC must promptly revise and distribute its NPP whenever there is a material change to the Uses or Disclosures, the Individual's rights, MHC's legal duties, or other privacy practices stated in the NPP. Except when Required by Law, a material change to any term of the NPP may not be implemented prior to the effective date of the NPP in which such material change is reflected.

5. Procedure

5.1. *Provision of NPP.* MHC and/or its subsidiaries must make the NPP available on request to any persons and to Individuals in accordance with this policy. When providing health care services in a direct treatment relationship with an Individual MHC must:

5.1.1. Provide the NPP:

5.1.1.1. No later than the date of the first service delivery, including service delivered electronically, to such Individual; or

5.1.1.2. In an emergency Treatment situation, as soon as reasonably practicable after the emergency Treatment situation.

5.1.2. Except in an emergency Treatment situation, make a good faith effort to obtain a written acknowledgment of receipt of the NPP and if not obtained, document the good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained;

5.1.3. At all physical service delivery sites:

5.1.3.1. Have the NPP available for Individuals to request to take with them; and

5.1.3.2. Post the NPP in a clear and prominent location where it is reasonable to expect Individuals seeking service from the covered Health Care Provider to be able to read the NPP; and

5.1.3.3. Whenever the NPP is revised, make it available upon request on or after the effective date of the revision and promptly comply with the requirements of this policy.

5.2. *Specific Requirements for Electronic NPP.* MHC and its subsidiaries that maintain a website that provides information about customer services or benefits must prominently post its NPP on the website and make it available electronically through the website.

5.2.1. *Email.* MHC's subsidiaries may provide the required NPP to an Individual by e-mail, if the Individual agrees to electronic notice and such agreement has not been withdrawn. If the Covered Entity knows that the e-mail transmission has failed, a paper copy of the NPP must be provided to the Individual. Timely provision of

electronic NPP by the MHC and/or its subsidiaries will satisfy the provision requirements of Section 5.1.

5.3. Joint NPP. MHC and/or its subsidiaries that participate in the OHCA may participate by a joint NPP, provided that:

5.3.1. MHC and/ or its subsidiaries participating in the OHCA agree to abide by the terms of the NPP with respect to PHI created or received by MHC and/or its subsidiaries as part of its participation in the OHCA;

5.3.2. The joint NPP meets the content of NPP requirements in Section 4.3, except that the statements required may be altered to reflect the fact that the NPP covers more than one subsidiary; and

5.3.2.1. Describes with reasonable specificity the subsidiaries, or class of services, to which the joint NPP applies;

5.3.2.2. Describes with reasonable specificity the service delivery sites, or classes of service delivery sites, to which the joint NPP applies; and

5.3.2.3. If applicable, states that the subsidiaries participating in the OHCA will share PHI with each other, as necessary to carry out TPO relating to the OHCA.

5.3.3. MHC and/or the subsidiaries included in the joint NPP must provide the NPP to Individuals as stated in Section 5.1. Provision of the joint NPP to an Individual by any one of MHC and/or its subsidiaries included in the NPP will satisfy the provision requirement of Section 5.1.

5.4. Documentation. MHC and/or its subsidiaries must document compliance with the NPP requirements, as required by the regulation by retaining copies of the NPP for a minimum of 6 years or a maximum as specified in the MHC Record Retention Policy CC_0110. In addition, retain written acknowledgments of receipt of the NPP or documentation of good faith efforts to obtain such written acknowledgment, in accordance with this policy, for the period described above.

6. References

6.1. 45 CFR 164 - Security and Privacy

6.2. MHC CC_0110 *Record Retention Policy*

6.3. MHC CC1110Uses and Disclosures for Fundraising, Marketing, and Sale of PHI Policy.

7. Appendix

7.1. Joint MHC Notice of Privacy Practices in Arabic, English and Spanish

7.2. MHC Benefit Plans Notice of Privacy Practices

7.3. MHP Notice of Privacy Practices

Previous Revisions: Not Applicable

Supersedes Policy: Supersedes all subsidiary policies except McLaren Health Plan.

Approvals:

HIPAA Council: March 3, 2010, February 5, 2014

Corporate Compliance Committee: March 18, 2010, March 20, 2014



Gregory R. Lane
Sr. VP and Chief Administrative Officer

March 20, 2014

Date

NOTICE OF PRIVACY PRACTICES

Version effective: September 23, 2013



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THE PRACTICES OUTLINED IN THIS NOTICE?

McLaren Health Care (“McLaren”) provides health care to our patients in partnership with physicians, health care providers, and other professionals and organizations in an organized health care arrangement (hereinafter referred to as we, our or us). This is a joint Notice of our information privacy practices. The practices in this Notice will be followed by:

- Any health care professional who participates in an organized health care arrangement with us to assist in providing treatment to you. These professionals may include, but are not limited to, physicians, allied health professionals, and other licensed health care professionals;
- All subsidiaries and departments of our organization, except our health plans, including hospital, emergency department, outpatient services, mobile units, skilled nursing, clinics/hospital-owned physician practices, urgent care centers, home health, hospice, cancer centers, and retail outlets as well as those outside our system with whom we’ve contracted for assistance in providing services.
- Our employees, staff and volunteers, including corporate offices and affiliates.

A complete list of McLaren organizations covered by this Notice may be found on our Website; if you do not have a computer you may request a list by calling our Compliance Line.

OUR PLEDGE TO YOU

We understand that health information about you is private and personal, and we are committed to protecting it. Each time you visit a hospital, physician or other health care provider, a record of your visit is made. This Notice applies to the records of your care at McLaren, whether created by facility staff or your personal physician. Other health care providers providing treatment to you may have different practices or Notices regarding their use and disclosure of health information about you maintained in their own offices or clinics.

We are required by law to make sure that health information that identifies you is kept private, give you this Notice of our legal duties and privacy practices concerning your health information, and follow the terms of the Notice that is currently in effect.

CHANGES TO THIS NOTICE

We may change our practices from time to time. Changes will apply to health information we already hold, as well as new information after the change occurs. If we make a significant change in our practices, we will change our Notice and post the new Notice in prominent locations in our facilities and on our Website at: www.mclaren.org/privacy.

NOTICE OF PRIVACY PRACTICES

Version effective: September 23, 2013



OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Your health information, linked with your name or other identifying information is used in many ways such as providing care, obtaining payment for your care and running our business. Disclosures of your health information for purposes described in this Notice may be made in writing, orally, electronically, or by facsimile. As permitted by HIPAA and Michigan State law, we may use or disclose your health information for several purposes. Here are some examples of how we may use or disclose your health information.

Treatment: We may use your health information to provide you with medical care in our facilities or in your home. We also may share your health information with others who provide care to you, such as hospitals, nursing homes, doctors, nurses, physician assistants, medical and nursing students, therapists, technicians, emergency service and transportation providers, medical equipment providers, pharmacies, and others involved in your care. For example, different hospital departments may share your health information to coordinate your prescriptions, laboratory, x-rays and other medical needs.

Payment: We may use and disclose your health information as needed to get paid for the medical care that we provide to you or to assist others who care for you to get paid for that care. For example, we may share your health information with a billing company or with your health insurance plan to obtain prior approval for your care or to make sure your plan will cover your care.

Health Care Operations: We may use or disclose your health information for our quality assurance activities and as needed to run our health care facilities. We may use your health information in combination with other patients' health information to compare our efforts and to learn where we can improve our care and services. We also may use or disclose your health information to get legal, auditing, accounting and other services and for teaching, business management and planning purposes. We may disclose your information to businesses and individuals (e.g., medical transcription service) who perform services for us involving health information as long as they agree to protect the privacy of that information.

Media Condition Reports: We may release your health information for an update to the media if the media requests information about you using your full name. The following information may be disclosed: your condition described in general terms such as "good", "fair", "serious", or "critical". You have the right to request that this information not be released.

Appointments Reminders: We may use your health information to contact you about upcoming appointments. These reminders may be communicated by using the following methods: text message, email, mail and telephone.

On-Site Contacts: While in our facilities, we may need to contact you by overhead page or ask you to write your name on a sign-in sheet. In these instances, we take reasonable precautions to protect your privacy.

Individuals Involved in Your Care or Payment for Care: We may share health information about you with a friend or family member who is involved in your medical care, with others whom you

NOTICE OF PRIVACY PRACTICES

Version effective: September 23, 2013



designate as involved in your medical care or with disaster relief authorities so that your family can be notified of your location and condition.

Patient Directory: We may include certain limited information about you in the patient directory while you are a patient at any of our hospitals. This information may include your name, location in the hospital, your general condition as well as your religious affiliation and may also be released to people who ask for you by name. You have the right to opt out of being listed in our patient and/or religious directory.

Treatment Alternatives, Health Benefits, and Services: We may use and disclose your health information to tell you about treatment alternatives, and health-related benefits and services. We may use your information to tell you about our products or services or to provide gifts of nominal value to you or your family.

Fundraising Activities: We may use certain information, including, but not limited to, name, address, and phone number, to contact you to raise money for a McLaren hospital. The money raised will be used to expand and improve the services and programs we provide to the community. You have the right to opt out of fundraising communications.

Research: Under certain circumstances, we may use or disclose health information about you, for research purposes, without your authorization. However, the information would be limited to health information needed in preparation for conducting research (e.g., to help look through records with specific medical conditions to aide in finding a cure). Research projects must be cleared through a special approval process before any health information is disclosed to the researchers and the researchers will be required to protect the health information they receive.

Releases Required by Law: We may use health information about you without your prior permission for several other reasons. Subject to applicable law, we may give out health information about you to other persons or entities to carry out their duties for (a) public health purposes (such as, births, deaths, public health surveillance); (b) abuse, neglect or domestic violence reporting; (c) health oversight audits or inspections; (d) coroners or medical examiner services; (e) funeral arrangements; (f) organ donation; (g) tracking of FDA-regulated products; (h) worker's compensation purposes; (i) emergencies, such as disaster relief efforts; (j) data de-identification; and (k) data aggregation. We also share health information with others when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative order. We may share immunization records with schools if required by state law, and if you or a parent, guardian or other individual acting in the place of a parent agrees.

Releases Requiring Your Permission: We will not use or disclose your health information without your written authorization, except as listed above. Except in limited circumstances, use or disclosure of psychotherapy notes, or use and disclosure of health information for marketing purposes, or the sale of health information require specific written permission. If you give us written permission, you can cancel that permission, except for uses and disclosures already made based on your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Access and Copies: In most cases, you have the right to look at or get a copy of health information that we use to make decisions about your care. If you request copies of the information, however, we

NOTICE OF PRIVACY PRACTICES

Version effective: September 23, 2013



may charge a fee for cost of copying, mailing or other related supplies. If we deny your request to look at the information or get a copy of it, you may give us a written request for a review of that decision. In some instances your health information may not be available due to our retention policy.

Correct or Update: If you believe that information in our records about you is incorrect or if important information is missing, you have the right to request that we change the records, by submitting a request in writing and including your reason for requesting the change. We may deny your request to change a record if the information was not created by us; if it is not part of the health information kept by us; or if we determine the record is complete and correct. If we deny your request to change, you may submit a written request to review that denial.

List of Disclosures: You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations, or information provided directly to you or your family, or information that was disclosed with your authorization.

Confidentiality: You have the right to request that health information about you be shared with you in a confidential manner, such as sending mail to an address other than your home.

Notification of a Breach: If our actions result in a breach of your unsecured health information we will notify you of that breach.

Restrict Disclosures to Your Health Plan: You may request that we not share health information with your health plan about care or services you received, **if you pay in full out of pocket for those services and make the request in writing at the time the services are provided.**

Copies of Our Notice of Privacy Practices: You may ask for a copy of our current Notice at any time. If the Notice was sent to you electronically, you may request a paper copy.

Complaints: If you have any questions about this Notice of Privacy Practices, or questions or complaints about the handling of your health information, you may contact the Information Privacy Office, in writing or call or submit a report to our Compliance Line. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

Who to Contact: To exercise any of the rights described above, please send a written request to our Information Privacy Office at the address listed below, or download and complete the Privacy Request form located on www.mclaren.org/privacy. If you do not have access to a computer, then you may call our Compliance Line and request a form be mailed to you. Completed forms may be mailed to our address below, emailed to privacy@mclaren.org or faxed to 810-342-1450.

McLaren Health Care
Information Privacy Office, Suite C
G-3235 Beecher Road
Flint, MI 48532
Compliance Line: 1-866-642-2667

NOTICE OF PRIVACY PRACTICES

For Benefit Plans of McLaren Health Care and All Subsidiary Employers



Version effective: September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THE PRACTICES OUTLINED IN THIS NOTICE?

In order to administer your health care benefits, McLaren Health Care and all affiliate employers (“We”) provide benefits through various health care benefit plans which create and maintain health care claim and payment records. This Notice applies to the health information records maintained by all affiliate plans.

OUR PLEDGE TO YOU

We care about your privacy. Your protected health information (“PHI”) that we use or disclose is private. We are required to give you this Notice of Privacy Practices and describe how your PHI may be used and disclosed. Only people who have both the need and the legal right may see your PHI. Many uses and disclosures require your permission or authorization. For example, most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes and disclosure that constitute a sale of PHI require your authorization. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your permission or authorization.

CHANGES TO THIS NOTICE

We may change our practices from time to time. Changes will apply to health information we already hold, as well as new information after the change occurs. If we make a significant change in our practices, we will change our Notice and post the new Notice on our Website at: www.mclaren.org/employees/MyMcLaren and distribute the new Notice to all benefit plan enrollees.

USES AND DISCLOSURES THAT USUALLY DO NOT REQUIRE YOUR AUTHORIZATION

Treatment: We may disclose health information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.

Payment: We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.

Health Care Operations: We may need to use and disclose information for our health care operations. For example, we may use information for enrollment purposes or to review the quality of care you get.

As Required by Law: We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas, or other court orders, reporting communicable disease, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

WITH YOUR PERMISSION

In most cases, if you give us permission in writing, we may use and disclose your health information to the extent you have given us authorization. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission. Note: We are prohibited from and will not use your genetic information for underwriting purposes even with your permission or authorization.

NOTICE OF PRIVACY PRACTICES

For Benefit Plans of McLaren Health Care and All Subsidiary Employers



Version effective: September 23, 2013

YOUR PRIVACY RIGHTS

You have the following rights regarding your PHI that we maintain.

Right to Inspect and Copy: In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Right to Amend: You may ask us to change your records that are in our possession if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Right to a List of Disclosures: You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was disclosed with your authorization.

Right to Request Restrictions on Our Use or Disclosure of your PHI: You have the right to ask for limits on how your PHI is used or disclosed. We are not required to agree to such requests.

Right to Receive Notification of a Breach: If our actions result in a breach of your unsecured PHI we will notify you of that breach.

Right to Request Confidential Communications: You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send you information at your work address instead of your home address.

Genetic Information: Genetic information is health information. We are prohibited from and do not use or disclose your genetic information for underwriting purposes.

OTHER INFORMATION

Copies of Our Notice of Privacy Practices: You may ask for a copy of our current Notice at any time. If the Notice was sent to you electronically, you may request a paper copy.

Complaints: If you have any questions about this Notice of Privacy Practices, or questions or complaints about the handling of your health information, you may contact the Information Privacy Office, in writing or call or submit a report to our Compliance Line. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

Who to contact: To exercise any of the rights described above, please send a written request to our Information Privacy Office at the address listed below, or download and complete the Privacy Request form located on www.mclaren.org/employees/McMcLaren or by logging directly into MyMcLaren. If you do not have access to a computer, then you may call our Compliance Line and request a form be mailed to you. Completed forms may be mailed to our address below, emailed to privacy@mclaren.org or faxed to 810-342-1450.

McLaren Health Care
Information Privacy Office, Suite C
G-3235 Beecher Road
Flint, MI 48532
Compliance Line: 1-866-642-2667



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding the Type of Information We Have. We get information about you when you enroll in our health plan which is referred to as **Protected Health Information** or **PHI**. It includes your date of birth, gender, ID number, and other personal information. We also get bills and reports from your doctor and other data about your medical care which are also PHI.

Our Privacy Commitment To You. We care about your privacy. The PHI we use or disclose is private. We are required to give you this Notice of Privacy Practices and describe how your PHI may be used and disclosed. Only people who have both the need and the legal right may see your PHI. Many uses and disclosures require your permission or authorization. For example, most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes and disclosure that constitute a sale of PHI require your authorization. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your permission or authorization.

Uses and Disclosures That Usually Do Not Require Your Authorization:

- **Treatment.** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- **Payment.** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.
- **Health Care Operations.** We may need to use and disclose information for our health care operations. For example, we may use information for enrollment purposes or to review the quality of care you get.
- **As Required by Law.** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas, or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

With Your Permission. In most cases, if you give us permission in writing, we may use and disclose your personal information to the extent you have given us authorization. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission. **Note:** We are prohibited from and will not use your genetic information for underwriting purposes even with your permission or authorization.

Your Privacy Rights

You have the following rights regarding your PHI that we maintain.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Your Right to Amend. You may ask us to change your records that are in our possession if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was disclosed with your authorization. **Your Right to Request Restrictions on Our Use or Disclosure of your PHI.** You have the right to ask for limits on how your PHI is used or disclosed. We are not required to agree to such requests.

Your Right to Receive Notification of a Breach. If our actions result in a breach of your unsecured PHI we will notify you of that breach.

Your Right to Request Confidential Communications. You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send you information at your work address instead of your home address.

Genetic Information. Genetic information is health information. We are prohibited from and do not use or disclose your genetic information for underwriting purposes.

Who to Contact. To exercise any of your rights, to obtain additional copies of this Notice or if you have any questions about this Notice please write to:


McLaren Health Plan
Attn: Privacy Officer
P.O. Box 1511
Flint, MI 48501-1511

Additional Information:

Find the Notice on Our Website: You can also view this Notice of Privacy Practices on our website at www.McLarenHealthPlan.org.

Changes to this Notice. We reserve the right to revise this Notice. A revised Notice will be effective for PHI we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever Notice is currently in effect. Any changes to our Notice will be published on our website at www.McLarenHealthPlan.org.

Effective 9-23-2013

		Policy Title:	Appointment Scheduling
Effective Date:	1/1/2008	Policy Number:	2300
Review Date:		Category:	Business/Leadership
Revised Date:	5/28/2014	Oversight Level:	
Administrative Responsibility:	MMG Directors and MMG President/CEO		
Interpretation:	MMG Operations Managers		

1. Purpose

To more effectively schedule appointments that enhances patient satisfaction and provider productivity.

2. Scope

MMG workforce

3. Definitions

3.1. Appointment type - type of appointment requested and the duration of time necessary for the visit.

3.2. Comment code - reason behind appointment type; further explains what appointment type consists of, where necessary.

3.3. Protocol Book - individualized parameters per provider by which a scheduler is guided to make an appointment.

3.4. Resource code - number assigned to a provider; if an established patient, resource code will refer to patient's primary care provider.

4. Policy

4.1. Appointment schedules are scheduled in a consistent manner across MMG.

4.2. Appointment types and time increments are assigned as indicated:

<u>Code</u>	<u>Appointment Length</u>
EPHY	40 or 45 Minutes * with Director approval only
EST	10 or 15 minutes
EXP	20 or 30 minutes
INJ	5 minutes
NEW	20 or 30 minutes
NPD	10, 20, or 30 minutes
NUR	10, 15, or 20 minutes
PHY	15 or 30 minutes

PAP	15 or 30 minutes
PRO	30 or 60 minutes
SD	5 minutes
TOC	20 or 30 minutes
WCC	20 or 30 minutes
WTM (Welcome to Medicare)	15 or 30 minutes
WLNS (Medicare Wellness visit)	15 or 30 minutes

4.3. The following appointment types and times are used consistently for OB/GYN:

<u>Code</u>	<u>Appointment Length</u>
NEW or NOB	10, 20, or 30 minutes
EST	10, 15, or 20 minutes
OBC	10 or 15 minutes
PAP	10, 15, 20, or 30 minutes
COLP	30 minutes
CONS	30 minutes
NST (stress test)	15 minutes
PRO	30 minutes
TOC	20 or 30 minutes

4.4. Additional appointment scheduling codes are allowed under the following circumstances:

- There are documented compelling business reasons for adding codes.
- The medical and administrative leaders of the specialty or region support the addition.
- The addition is approved by the Regional Operations Director.
- The additional codes are implemented consistently throughout the specialty or region.

4.5. Appointments are scheduled in accordance with steps outlined in the Horizon Practice Plus Manual.

4.6. All appointments are scheduled using Horizon Practice Plus (McKesson); staff should not schedule appointments on paper and later transfer to Horizon Practice Plus.

4.7. No shows and cancellations are accounted for in the Horizon Practice Plus system on the same day that they occur.

4.8. Operations Managers (or a designee) are expected to provide the most up-to-date availability information for all providers in their respective sites.

4.9. Same Day Appointments (SD) - will be scheduled throughout the day, at the provider's discretion, and book simultaneously with other scheduled visits.

4.10. Nurse Visits (NUR) may not be scheduled on the provider's schedule.

5. Procedure

5.1. Preliminary Information known to MMG management

5.1.1. Each clinic manager will standardize information that will provide easy access to information when a call is received.

5.1.2. Emergency calls (such as, chest pain, shortness of breath, drug overdose or any other life threatening issue) are immediately transferred to an **actual** person (no voice mails) at the respective provider's site.

5.1.3. Physicals and non-emergency appointments are scheduled in the next available time slot in accordance with MMG policies.

5.2. Registration of patients

5.2.1. Pre-register new patients prior to their appointment; complete all screens with as much information as you can obtain.

5.2.2. Confirm the following with the patient:

- Correct spelling of name; verify if patient may have any other names in the system
- Date of birth; for a child's one-year check-up, verify that the the child is at least a year and a day old at the time of visit
- Address
- Insurance; confirm that both the Patient Registration Screen and the Insurance Screen have up-to-date information (such as, address and telephone number)
- When scheduling an annual pap, complete physical examination, or a mammogram, verify that at least a year and a day has passed since the last exam/study because some insurance companies may not cover if earlier.

5.2.3. If there are address or telephone number changes, update on **ALL** billing system screens.

5.3. "Collection" Verification

5.3.1. Check "notes present"; indicate in notes that patient was informed of a balance.

5.3.2. Do not turn away a patient if sick.

5.4. Assign appropriate resource codes

5.4.1. For *established* patients, indicate patient's primary care provider for the resource code; update resource code when patient changes primary care provider (PCP).

5.4.2. For *new* patients, use resource codes located on the Scheduling Screen.

5.5. Assign appropriate appointment type, comment code

5.5.1. Determine appropriate appointment type

5.5.2. Assign a comment code (see Appendix A) on extended reason line; if no applicable comments code, briefly state reason for visit on extended reason line.

5.6. Reminders to patients following registration

5.6.1. Inform the patient and document on the extended reason line the following:

- Bring current x-rays
- Current medications (with strength, dosage, frequency as listed on bottles)
- Mammogram order
- Arrival time 15 minutes prior to appointment time for completion of paperwork (applies to new patients)
- Fasting state, when applicable
- Minors (17 years of age and younger) must have parent or legal guardian accompany minor patient
- Bring in insurance card(s)
- Bring photo ID
- Inform patient that any co-pays are paid on date of service
- Remind patient of any current balance and critical balance

5.7. The following abbreviations are utilized in communications with MMG offices relative to disposition of an appointment:

- CA = cancelled
- NA = no answer/not available
- LMA = left a message with an adult
- LMR = left a message on a recorder
- OK = talked to patient; appointment is okay
- TT = talked to.....

5.8. Prior to contacting a patient, refer to CC notes (Confidential Communications) for appropriate/authorized contact information.

5.9. Special issue - *Provider not at the site*

- 5.9.1. Do NOT tell the patient to call the hospital and have their provider paged.
- 5.9.2. Check other providers' schedules first to determine if any have an available appointment for patients that need to see a provider.
- 5.9.3. Offer patient an appointment with another provider.
- 5.9.4. Document in notes, if patient refuses to go elsewhere.
- 5.9. Special issue - *Provider's schedule booked for the day*
 - 5.9.1. Check for any last minute cancellations.
 - 5.9.2. Place patient in provider's next available appointment time, if patient can wait. If an alternate provider is available, offer that choice to the patient.
 - 5.9.3. For Managed Care patients
 - If patient is ill and needs to see a provider, suggest patient speak with the provider's MA; offer to make the call.
 - Suggest an appointment with another provider who has an opening.
 - 5.9.4. If off-site provider's schedule is full, offer to call the off-site for the patient to determine if you can get the patient an appointment.
 - 5.9.5. If not able to get patient worked in or provide with an appointment within 48 hours, suggest a Convenient/Prompt Care Center to the patient; reference the Insurance List.
- 5.10. Cancellations
 - 5.10.1 Cancel appointment and reschedule, if requested.
 - 5.10.2. Follow Provider Protocol.
 - 5.10.3. Call the provider's office to inform of the cancellation.
 - 5.10.4. Enter reason for cancellation into the computer.
- 5.11. Discharged patients who request an appointment
 - 5.11.1 Refer to computer notes to determine status of discharge (that is, physician, site, or network)

- Physician discharge - patient can see other physicians in the same site.
- Site discharge - patient cannot see any provider in respective site; would need to select another MMG site.
- Network discharge - patient cannot see any provider at any MMG site except as noted under "Exceptions."

5.11.2. Check date of discharge to establish if the required 30 days has passed.

5.11.3. If within 30 days and the nature of the visit is an emergency, schedule the patient.

5.12. For patients discharged from the network, proceed as follows:

5.12.1. Advise the patient that you are not able to schedule an appointment for them because they are discharged from the MMG network of sites.

5.12.2. Refer patient to their insurance company to aid them in finding a non-MMG provider that accepts their insurance.

5.12.3. Refer patient to the respective Operations Manager (give specific name) at the site where the discharge took place, if patient is insistent on speaking with someone regarding the discharge.

5.13. Customer Service with Appointment Scheduling

5.13.1. Customer Service standards are upheld by the following actions:

- Offering to call patient back, if the computer system is inoperable.
- Offering to make appointments for patients when they are referred for additional services.
- Providing cross-site and cross-department scheduling performed by staff who have demonstrated competency for respective site or department.
- Offering to call patient back, if busy with other patients.
- Never asking the patient to call back.
- Returning all calls before the end of the business day.
- Sending recall notices when the schedule is not available.

6. Exceptions

6.1. Patients who have been discharged from the MMG primary care network may still see specialists in the network or in any Convenient/Prompt Care Center.

7. References

- 7.1. Individual Protocol Books
- 7.2. Resource Codes

7.3. Horizon Practice Plus Manual

8. Appendix

8.1. Appendix A - Comment Codes

9. Approvals

Mark S. O'Halla

(Original signed policy on file in MMG Practice Management)

Mark O'Halla
President/Chief Executive Officer

6/23/2014

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, Jr., D.O.
Medical Director

6/10/2014

Date

**Previous Revision Dates/Supersedes Policy: 1/16/2014 / 5/28/2013 / 7/18/2012
4-29-2009 / 8-1-2008 / 7/18/2012**



**Practice Management System:
Guidelines for Access/Usage**

Practice Management System:
(See Horizon Practice Plus Manual)

- Billing
- Appointments
- Scanning (DSI)
- Notes



Customer Service

Telephone Etiquette

Voicemail

- Should be checked at least twice daily to ensure timely response to messages.

Patient Messages

- Use the appropriate phone message sheet (in forms manual.)
- Take patients' name, date of birth, phone number, pharmacy phone number, and all information the patient gives you in the message for the provider.
- Inform the patient when they should expect a return call.
- Pull the patients' chart and attach the message on the front.
- Put the chart in the appropriate place for the provider to answer.

Triaging Phone Calls

- Calls will be relayed to clinical staff immediately if the receptionist has any question regarding the severity of the issue. All messages of an urgent nature are given directly to the provider.

Patient Call Backs

- Read the message to verify that you understand the call back BEFORE you call the patient.
- Call the patient. You must verify the patient (first and last name) and date of birth or last 4 digits of their social security number if available. If the patient is not available, only leave a message if the person to whom you are speaking is listed on the Confidential Communications form.
- Give them the response to their original question.
- Ask them if they understand the answer, or if they have any further questions.
- If more questions are asked, you must fill out a new message request.
- If no other questions are asked you may document all information in the patient record and file the chart.
- Call back messages should be checked periodically throughout the day to ensure a quick response to our patients.



Handling Confidential Information

CONFIDENTIALITY OVERVIEW

Every American enjoys a fundamental right to privacy. Confidentiality and privacy are terms often used interchangeably in reference to medical data. Privacy is the right to be left alone. Medical confidentiality is a special case of the right to privacy. **Confidentiality, simply, means keeping a secret.**

We want to assure that our patients have an environment where they can continue an open dialogue with their providers without fear that their intimate information will be revealed. That is crucial to patient care.

The four ways that patient confidentiality is most often violated are through

- Print or electronic patient-related information that is left exposed where visitors or unauthorized individuals can see it
- Discussions of patient information in a public place or with inappropriate, unauthorized individuals
- Unauthorized people hearing patient-sensitive information
- Records that are accessed for the wrong reasons or by inappropriate individuals

You can help to prevent violations of patient confidentiality by keeping the following points in mind: When dealing with written or computerized information, ask yourself, **"Who is able to read this?"**

- turn computer screens inward
- keep printed material hidden
- keep patient forms and records face down on desks
- monitor the duplication and transmission of records on fax machines, photocopiers, and printers
- when sending a confidential fax, call first to notify the recipient
- never leave photocopiers unattended when duplicating confidential materials
- always put unwanted copies of reports with protected health information in the confidential bins or shredder; never put in regular trash

Every time you communicate medical information when the patient is not present, ask yourself, **"To whom am I speaking?"**


- ask in advance if you can confirm appointments and leave messages (Confidential Communications form)
- confirm appointments in a generic way; give no specific information
- never leave details in a message
- never give details to a third party

When speaking about patients, ask yourself, **"Who else can hear what I'm saying?"**

- don't announce full names or specific information
- speak softly so that others do not accidentally overhear confidential or embarrassing information
- if you can, find a more private place to discuss patient information

Whenever you access medical records, ask yourself, **"How am I using these records?"**

- do not reveal your password to anyone, and do not post your password near your computer
- when you don't recognize staff members who request records, ask them for identification
- never leave file rooms unlocked or unattended
- never leave computer files open; they may provide access to unauthorized users

		Policy Title:	Use and Disclosure of Protected Health Information (PHI) - General
Effective Date:	January 1, 2010	Policy Number:	MHC_CC1101
Review Date:		Section:	Compliance
Revised Date:	March 20, 2014	Oversight Level:	Corporate
Administrative Responsibility:		Corporate Director of Compliance; HIPAA Council	

1. Purpose

1.1. To comply with applicable regulations and HIPAA Rules regarding the use and disclosure of protected health information (PHI).

2. Scope

2.1. McLaren Health Care Corporation ("MHC"), its subsidiaries, any other entity or organization in which MHC or an MHC subsidiary owns a direct or indirect equity interest of 50% or more, provided that organization has agreed to adopt MHC policies; and MHC's workforce members, including employees and contracted agents, physicians, volunteers, vendors/suppliers, and other business partners (referred to collectively as "MHC").

3. Definitions

3.1. **Affidavit of Parentage** is a legal document in which both biological parents acknowledge their responsibility for a child, regardless of the marital status of the parents or the physical custody of the child. Once executed, both parents have equal rights to releasing and obtaining medical information for that child.

3.2. **Business Associate** means an organization or a person, other than a Workforce Member who:

3.2.1. On behalf of MHC, creates, receives, maintains, or transmits PHI for:

3.2.1.1. claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; patient safety activities; billing; benefit management; practice management; and repricing; or

3.2.2. Provides one of the following services which involves the disclosure of PHI from MHC or another Business Associate:

3.2.2.1. legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; or financial services to MHC;

3.2.3. Provides data transmission services which routinely require access to PHI;

3.2.4. Provides personal health records to one or more individuals on behalf of MHC;

3.2.5. Is a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the Business Associate;

3.2.6. Business Associate does not include:

3.2.6.1. Subsidiaries or other covered entities which are part of an MHC organized health care arrangement;

3.2.6.2. Government agencies that determine eligibility for a government health plan.

3.3. Conditioning Authorization means conditioning the provision of treatment to the Individual based on their signing of an authorization.

3.4. Compound Authorization means an authorization combined with any other document to create a compound authorization.

3.5. Court Order is defined as an order issued by a judge either in writing or verbally from the bench directing a specific action.

3.6. Deceased Individual means the person who is the subject of PHI or the Authorized Representative acting on behalf of the Individual.

3.7. Decedent means a deceased Individual.

3.8. Designated Record Set includes any records maintained by or for an MHC Covered Entity that includes all medical and billing records that are used whole, or in part, to make healthcare decisions about Individuals.

3.8.1. Information that may not be considered part of the Designated Record Set includes the following:

3.8.1.1. Psychotherapy notes

3.8.1.2. Substance abuse information is defined as the identity, diagnosis, prognosis, and treatment of an Individual maintained in connection with the performance of a licensed substance abuse treatment and rehabilitation service, a licensed prevention service, or an approved service program;

3.8.1.3. Information compiled in anticipation of, or for use in, civil, criminal or administrative proceedings;

3.8.1.4. Certain information governed by the Clinical Laboratory Improvement Act (CLIA);

3.8.1.5. Information pertaining to participation in ongoing research programs, provided the patient previously signed an agreement to forego access to his or her health information during the term of the study;

3.8.1.6. Information governed by the federal Privacy Act;

3.8.1.7. Information which, if accessed by the patient, is reasonably likely to endanger the life or physical safety of the patient or anyone else;

3.8.1.8. Information that makes reference to another person and the patient's (or representative's) access to that information would be reasonably likely to cause harm to that person;

3.8.1.9. Information sought by a representative of the patient, if access by the representative would cause substantial harm to the patient or another individual;

3.8.1.10. Medico/Legal documentation (i.e., adoption-related, paternity agreement, birth certificate worksheet, involuntary hospitalization, abuse/neglect).

3.9. Emancipated Minor is defined as a person under 18 years of age who, by court order or by operation of law, shall be considered to have the rights and responsibilities of an adult to consent to his/her own preventative health care, medical care, dental care, and mental health care, without parental knowledge or liability. Emancipation occurs:

3.9.1. By an order from the Probate Court stating it is in the best interests of the minor to be emancipated;

3.9.2. By operation of law (automatically): when the minor is married;

3.9.3. During the period when the minor is on active duty with the armed forces of the United States.

3.10. E-Signature for the purpose of this policy is the electronic equivalent of a handwritten signature that is visually seen and can be used to authenticate the identity of the signer of a document.

3.11. Facility Directory means a listing of inpatients currently being treated at an MHC facility. The directory will include minimal information, including the Individual's name, location within the facility, the Individual's condition (described in general terms that do not communicate specific medical information about the Individual) and religious affiliation (if provided by the Individual).

3.12. Fundraising means the process of collecting money by requesting donations from individuals and businesses. Uses and disclosures of PHI for purposes of fundraising are outlined in MHC_CC1110 HIPAA - Uses and Disclosures for Fundraising, Marketing, and Sale of Protected Health Information.

3.13. Health Care Operations is defined as any of the following activities of MHC and/or its subsidiaries, to the extent that the activities are related to covered functions, and any of the following activities of an organized health care arrangement in which MHC participates:

3.13.1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines;

3.13.2. Reviewing the competence or qualifications of health care professionals, conducting training programs in which students, trainees or practitioners learn under supervision to practice their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing or credentialing activities;

3.13.3. Underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract for health insurance;

3.13.4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

3.13.5. Business planning and development, such as conducting cost-management and planning related to managing and operating the entity; and

3.13.6. Business management and general administrative activities of MHC and/or its subsidiaries, including, but not limited to:

3.13.6.1. Management activities relating to implementation of and compliance with privacy policies and procedures;

3.13.6.2. Customer service and resolution of internal grievances;

3.13.6.3. Due diligence in connection with the sale or transfer of assets to a potential successor in interest.

3.14. Heir at Law is defined initially as a surviving spouse and all surviving adult children of a deceased individual.

3.14.1.1. Parent(s) of a deceased individual will become an Heir at Law only if there is no surviving spouse or surviving adult children. Siblings and other relatives of a deceased individual will become an Heir at Law only if there is no surviving spouse, surviving adult children, or surviving parent.

3.15. HIPAA Rules means the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and implementing regulations, the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rule”) the Security Standards for the Protection of Electronic Protected Health Information (the “Security Rule”), Standards for Electronic Transactions, and the privacy, security and Breach Notification regulations of the Health Information Technology for Economic and Clinical Health Act (“HITECH Rules”) and HIPAA Omnibus final rule.

3.16. Incapacitated is defined as a patient who lacks sufficient ability to reasonably understand the condition, the nature, and effect of the treatment, and the attendant risks in pursuing/foregoing treatment or lacks the ability to communicate informed decisions concerning his/her person. An individual’s lack of capacity may have a limited guardian or full guardian.

3.17. Incidental Use or Disclosure is defined as a secondary use or disclosure that cannot reasonably be prevented is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure under the Privacy Rule.

3.18. Individual means the person who is the subject of PHI or the Authorized Representative acting on behalf of the Individual.

3.19. Legal Guardian or Guardian is defined as an individual appointed by a court as the Guardian of an incapacitated Individual or minor and is granted power to make decisions on behalf of the incapacitated Individual or minor. The order appointing, the Guardian, and acceptance of Guardianship (commonly referred to as Guardianship Papers) must be presented to MHC prior to MHC taking any action. The Guardianship Papers should be included in the patient’s medical record and if available may be relied on.

3.20. McLaren Health Care (MHC) means McLaren Health Care Corporation, its wholly owned subsidiaries, and any other entity or organization in which MHC or an MHC subsidiary owns a direct or indirect equity interest of 50% or more, provided that organization has agreed to adopt MHC policies.

3.21. Minimum Necessary means making reasonable efforts to limit the disclosure of Protected Health Information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

3.22. Parent is defined as the natural parents, if married prior or subsequent to the minor's birth; if unmarried but has a parental affidavit; adoptive parents, if the minor has been legally adopted; or the mother, if the minor is illegitimate.

3.23. Patient Advocate is defined as an individual designated by the patient in the Durable Power of Attorney for Health Care (DPOAHC), to make medical care and treatment decisions when the patient is unable, due to incapacitation, to participate in this decision making process.

3.24. Patient Representative is defined as the heir at law, Legal Guardian, parent, Patient Advocate, Personal Representative, or Individual's Substituted Consent Provider permitted by operation of law to make decisions on behalf of a deceased/incapacitated/incompetent/minor Individual.

3.25. Payment means the activities undertaken by a provider or health plan to obtain or provide reimbursement for the provision of health care.

3.25.1. Activities related to the Individual to whom health care is provided and include, but are not limited to the following:

3.25.1.1. Determinations of eligibility or coverage;

3.25.1.2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;

3.25.1.3. Review of services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

3.25.1.4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and

3.25.1.5. Disclosure to consumer reporting agencies of any of the following PHI relating to collection of premiums or payment:

3.25.1.5.1. Name and address;

3.25.1.5.2. Date of birth;

3.25.1.5.3. Social security number;

3.25.1.5.4. Payment history;

3.25.1.5.5. Account number; and

3.25.1.5.6. Name and address of the health care provider and/or health plan.

3.26. Personal Representative (Authorized Representative) is defined as the person who has the authority, granted by the Probate Court, to act on behalf of a Deceased Individual or the Individual's estate.

3.27. PIN is a Patient Identification Number, a unique identifier assigned to a patient during each inpatient and observation stay.

3.28. Protected Health Information (PHI) and/or Patient Record is defined as any individually identifiable health information that is collected from an Individual, and is transmitted, received, created and/or maintained, in any form or medium, by MHC and/or its subsidiaries.

3.28.1. PHI is any information that:

3.28.1.1. Relates to the past, present or future physical or mental health/condition of an Individual.

3.28.1.2. Relates to the provision of health care to an Individual.

3.28.1.3. Relates to the past, present, or future payment for the provision of health care to an Individual.

3.28.2. PHI is any information that either identifies the Individual or there is a reasonable basis to believe the information can be used to identify the Individual, including, but not limited to: name, medical record number, encounter number, social security number, address and photo, diagnosis, diagnostic reports, procedures, progress notes, images, medications, billing documents, physician or location (if such information leads one to know or infer a diagnosis, etc.), slides, and/or blocks.

3.28.1. PHI excludes:

3.28.1.1. Records of students maintained by federally funded educational agencies: covered by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g; or maintained by a healthcare provider and used only for the treatment of students 18 years or older, or attending post-secondary educational institutions, 20 U.S.C. 1232g(a)(4)(B)(iv);

3.28.1.2. Employment records held by MHC in its role as employer; and

3.28.1.3. Records of a person who has been deceased more than 50 years.

3.29. Psychotherapy Notes means notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the patient's medical record.

3.29.1. Psychotherapy Notes exclude 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.

3.30. Public Health Authority is defined as an agency or authority of the US, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency. This includes the employees or agents of a public authority, its contractors or persons or entities to whom it has granted authority, which is responsible for public health matters as part of its official mandate.

3.31. Substituted Consent Provider in the absence of a legally recognized representative, MHC will follow the order presented below to determine a Patient Representative (substituted consent provider) to act on behalf of the Individual.

- 3.31.1. The spouse of the patient.
- 3.31.2. Adult child(ren) of the patient.
- 3.31.3. Parent(s) of the patient.
- 3.31.4. Adult siblings of the patient.
- 3.31.5. Grandparent(s) of the patient.
- 3.31.6. Other extended family of the patient.

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

3.33. Valid Authorization (“Authorization”) is defined as a document providing direction to use and/or disclose PHI. The Authorization will:

3.33.1. Identify the Individual whose PHI is to be released. A minimum of two identifiers will be relied upon and can include full legal name, date of birth, and social security number.

3.33.2. Identify the information to be used/disclosed.

3.33.3. Identify the entity or person permitted to make the use/disclosure.

3.33.4. Identify the entity to receive the information.

3.33.5. Include a description of the purpose of the requested use/disclosure.

3.33.6. Specify an expiration date or an expiration event that relates to the individual purpose of the use/disclosure.

3.33.7. Be handwritten or electronically signed (e-signature), and dated by the Individual or their Authorized Representative unless one of the following exception criteria is met:

3.33.7.1. The Individual is a minor

3.33.7.1.1. Minor’s parents or Legal Guardian may authorize release.

3.33.7.1.2. If the minor’s parents are divorced or legally separated the custodial parent will be determined through presentation of the judgment of the divorce.

3.33.7.1.3. If the parent authorizing (or requesting) release is not noted on the minor’s record and/or there is no means of comparing the requestor’s signature with one on the record, proof of parentage will be requested. This may be either a copy of the birth certificate or a notarized acknowledgement of paternity.

3.33.7.1.4. If the Guardian is authorizing (or requesting) release, a copy of the court order establishing legal Guardianship shall be requested and kept with the Individual's record along with the Authorization.

3.33.7.2. The Individual has a Legal Guardian

3.33.7.2.1. The Legal Guardian must sign the Authorization and provide evidence that he/she has authority, as assigned by the court. A copy of the Guardianship papers shall be requested and kept with the Individual's record along with the authorization.

3.33.7.3. The Individual is physically unable to sign

3.33.7.3.1. An Individual may give verbal consent and make his "mark" (ie: X) on the Authorization as long as it is witnessed by at least two people.

3.33.7.4. The Individual is deceased

3.33.7.4.1. All requests for the PHI of a Deceased Individual must be coordinated through the subsidiary Health Information Management Department. (See MHC_CC1102)

3.33.7.4.2. A beneficiary of a life insurance policy insuring the life of a Deceased Individual shall be considered to be a Personal Representative for the purposes of authorizing access and/or release of PHI, upon providing a copy of the insurance policy and proof of identity.

3.34. Workforce / Workforce Members is defined as employees, temporary workers, contracted agents, physicians, volunteers, vendors/suppliers, consultants, students and other persons or entities whose conduct in the performance of work is under the direct control of MHC or its Business Associate, whether or not they are paid by MHC or its Business Associate.

4. Policy

4.1. It is MHC's policy to use and disclose PHI only in compliance with state and federal laws and regulations. This policy should be read in conjunction with all other MHC policies relating to the use and disclosure of PHI.

4.2. MHC will take necessary steps to address Individual requests to access, inspect and/or obtain a copies of PHI maintained in Designated Record Sets.

4.3. Limits will be imposed on Workforce Members' access to PHI. Protocols for routine and recurring disclosures will be established. MHC will limit information disclosed to the purpose(s) for which the request was made.

4.4. *Minimum Necessary.* When using or disclosing PHI or when requesting PHI from another covered entity, MHC will make reasonable efforts to limit PHI to the Minimum Necessary to accomplish the intended purpose of the use, disclosure or request.

4.4.1. The Minimum Necessary requirement does not apply to:

4.4.1.1. Uses or disclosures made to the Individual, or pursuant to an authorization, except for authorizations requested by MHC for its own use or disclosure, for disclosure by another covered entity, or for research;

4.4.1.2. Disclosures made to the Secretary of Health and Human Services;

4.4.1.3. Uses or disclosures required by law; or

4.4.1.4. Uses or disclosures required for compliance with the policies of MHC and/or its subsidiaries.

4.5. *Incidental Uses and Disclosures.* Incidental Uses or Disclosures of PHI are permitted only to the extent that reasonable and appropriate safeguards have been applied and the minimum necessary standard is met. Incidental uses or disclosures are not required to be included in an accounting of disclosures provided to an Individual.

4.6. *Reporting Unlawful/Unprofessional Conduct in Good Faith.* If a Workforce member or Business Associate believes in good faith that the organization has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the organization potentially endangers one or more patients, workers or the public; a disclosure can be made to:

4.6.1. A Health Oversight Agency or Public Health Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the organization, or to an appropriate health care accreditation organization for the purpose of reporting an allegation of failure to meet professional standards or misconduct by the organization; or

4.6.2. An attorney retained by or on behalf of the Workforce member or Business Associate for the purpose of determining the legal options of the Workforce member or Business Associate with regard to the conduct described in 4.5.

4.7. *Disclosures by Workforce Members Who are Victims of a Crime.* A Covered Entity is not considered to have violated the Regulations if a member of its Workforce who is the victim of a criminal act discloses PHI to a Law Enforcement Official, provided that:

4.7.1. The PHI disclosed is about the suspected perpetrator of the criminal act; and

4.7.2. The PHI disclosed is limited to the information listed in the Regulations

4.8. *Valid Authorizations.* A Valid Authorization will be obtained for the use or disclosure of PHI when warranted unless a specific exception applies (see MHC_CC1102 PHI Disclosures Not Requiring Authorization).

4.9. *Facility Directories.* Facility Directories will be maintained at inpatient facilities for obtaining minimum information about Individuals in each facility. Except when an objection is expressed, this minimum information may be disclosed to members of the clergy or to other persons who ask for the Individual by name.

4.9.1. Individuals will be informed that the information will be included in the Facility Directory and the information will be provided to any visitor, including members of the clergy, who ask for patient information.

4.9.2. The Individual will be afforded the opportunity to restrict or prohibit all of the information in the Facility Directory.

4.10. PIN. The Individual may be notified of the opportunity to create a PIN during his or her inpatient or observation stay. It is at the patient's discretion to share their PIN. Staff will not provide any information to an individual unless they can provide the staff member with the correct unique identifier. Note: Not all subsidiary hospitals use a PIN. Refer to your hospital's internal policies.

4.11. Treatment/Payment/Healthcare Operations. MHC may disclose PHI to third parties when it is directly relevant to the Individual's care, related to payment for the Individual's care, and/or hospital operations.

4.12. Disclosures Required by Law. Use and disclosure of PHI is permitted without the written consent or Authorization of the Individual when such use or disclosure is required by law (see MHC_CC1102 PHI Disclosures Not Requiring Authorization).

4.13. Public Health. Disclosures of PHI for public health activities to a Public Health Authority, other government authority, a person subject to the jurisdiction of the Food and Drug Administration, a person who may have been exposed to a communicable disease or at risk of spreading or contracting the disease, or an employer in certain situations, are permitted without first obtaining the Individual's consent (see MHC_CC1102 PHI Disclosures Not Requiring Authorization).

4.13.1. These disclosures are subject to inclusion in an accounting of disclosures.

5. Procedure

5.1. Permitted Uses and Disclosures. MHC is permitted to use or disclose PHI as follows:

5.1.1. To the Individual.

5.1.2. Pursuant to and in compliance with a consent that complies with MHC and/or its subsidiaries' policies to carry out Treatment, Payment or Health Care Operations.

5.1.3. Without consent, provided it meets the provisions of MHC_CC1102 PHI Disclosures Not Requiring Authorization.

5.1.4. Pursuant to and in compliance with a Valid Authorization under MHC and/or its subsidiaries' policies;

5.1.5. Pursuant to an agreement by the Individual; and

5.1.6. As permitted by and in compliance with this policy and other privacy policies of MHC for marketing or fundraising purposes (see MHC CC1110 HIPAA Uses and Disclosures for Fundraising, Marketing, and Sale of PHI).

5.2. Required Disclosures. MHC is required to disclose PHI to an Individual when access to records or an accounting of disclosures is requested and when required by the Secretary of Health and Human Services to investigate or determine MHC and/or its subsidiaries' compliance with HIPAA Privacy and/or Security Regulations or when required by law.

5.3. Authorizations for Use or Disclosure of PHI. Upon receipt of a Valid Authorization for use or disclosure of PHI, the disclosure must be consistent with the authorization.

5.3.1. An Authorization is not valid if it has any of the following defects:

5.3.1.1. The expiration date has passed;

5.3.1.2. The Authorization is incomplete with respect to the required elements;

5.3.1.3. The Authorization is known by MHC to have been revoked;

5.3.1.4. The Authorization is a “Compound Authorization” or an authorization prohibited by this policy; or

5.3.1.5. Any material information in the Authorization is known to be false.

5.4. *Compound Authorizations.* An Authorization may not be combined with any other document to create a Compound Authorization, except as follows:

5.4.1. PHI Created for Research: An Authorization for use and disclosure of PHI for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of PHI for such research or consent to participate in such research.

5.4.2. Use or Disclosure of Psychotherapy Notes: An Authorization for use or disclosure of Psychotherapy Notes may only be combined with another Authorization for the use or disclosure of Psychotherapy Notes.

5.5. *Combining Authorizations:* An Authorization may be combined with any other Authorization, except when:

5.5.1. MHC has conditioned the provision of treatment on the provision of one of the authorizations, or

5.5.2. The Authorization is for the use or disclosure of Psychotherapy Notes.

5.5.3. *Prohibitions on Conditioning of Authorizations on Treatment.* MHC may not condition the provision of treatment to an Individual on the provision of an Authorization, unless:

5.5.3.1. The treatment is research-related; or

5.5.3.2. The treatment is solely for the purpose of creating PHI for disclosure to a third party (for example, an employer-paid pre-employment screening test).

5.6. *Revocation of Authorization:* An Individual may revoke an Authorization at any time provided the revocation is in writing, unless MHC has acted in reliance on the Authorization.

5.7. *Use and Disclosure for Facility Directories.* Unless an Individual objects, PHI (restricted to name, location, general condition and religious affiliation) will be included in Facility Directories. Individuals will be informed of the opportunity to restrict or prohibit this use and disclosure.

5.7.1. An Individual’s religious affiliation may be disclosed to members of the clergy. For example, the disclosure of names of Methodist patients to a Methodist minister is permitted unless a patient has restricted such disclosure.

5.7.2. Directory information, except for religious affiliation, may be disclosed only to other persons who ask for the Individual by name.

5.7.3. If the Individual objects to inclusion in the Facility Directory, their presence will not be acknowledged to visitors or others who inquire about their condition. The Individual will not receive external phone calls through the switchboard, and floral or mail deliveries will not be accepted.

5.7.4. In situations where a patient is incapacitated or in emergency treatment circumstances, directory information will only be used or disclosed when:

5.7.4.1. A prior preference (if any is known) is expressed; or

5.7.4.2. It is in the patient's best interest, as determined by the health care provider, using professional judgment.

5.7.4.3. The patient will be provided with an opportunity to opt-out of participation in the Facility Directory when it becomes practical to do so.

5.8. *Uses and Disclosures for Involvement in the Individual's Care and for Notification Purposes.* PHI may be disclosed to family members, other relatives, close personal friends of the Individual, or any other persons identified by the Individual who are involved in the Individual's care.

5.8.1. MHC may use or disclose PHI to notify or assist in the notification of an Individual's location, general condition or death to the following: a family member, an Authorized Representative, or a caregiver. Any such use or disclosure must be consistent with the other provisions of this policy.

5.8.2. If the Individual is present for or otherwise available prior to a use or disclosure and has the capacity to make health care decisions, MHC may use or disclose PHI if:

5.8.2.1. The Individual agrees to the disclosure;

5.8.2.2. The Individual is provided with the opportunity to object to the disclosure and the Individual does not express an objection; or

5.8.2.3. It is reasonably inferred from the circumstances, based on the exercise of professional judgment that the Individual does not object to the disclosure.

5.8.3. If the Individual is not present or the opportunity to agree or to object to the use or disclosure cannot be provided due to the Individual's incapacity or an emergency situation, a determination can be made whether the disclosure is in the best interest of the Individual. If it is determined that the disclosure is in the best interest of the Individual, PHI directly relevant to a third party's involvement may be disclosed. The best interest of the Individual should be determined by professional judgment, experience and common practice from which a reasonable inference can be made.

5.8.3.1. Relevancy of a third party's involvement may be determined by the Individual allowing a third party to act on its behalf in picking up filled prescriptions, medical supplies, images, or other similar forms of PHI.

5.9. *Disaster Relief.* MHC may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. The requirements

set forth in this policy will apply if, in the entity's professional judgment, the requirements do not interfere with the ability to respond to emergency situations.

5.10. Employer Notification. PHI may be disclosed to an employer if:

5.10.1. Health care is provided to Individuals at the request of the employer to conduct evaluations relating to medical surveillance of the workplace or to evaluate whether an Individual has a work-related illness or injury.

5.10.2. Any disclosure of PHI must consist of findings concerning a work-related illness or injury or workplace-related medical surveillance. The employer must require such findings in order to comply with its obligations under federal regulations or state law, to record the illness or injury, or to carry out responsibilities for workplace medical surveillance.

5.10.3. The Individual must be provided with written notice that PHI relating to medical surveillance of the workplace and work-related illnesses or injuries will be disclosed to the employer. The notice requirement is met by giving a copy of the notice to the Individual at the time the health care is provided. If the health care is provided at the work site of the employer, the notice must be posted in a prominent place at the location where the health care is provided.

5.11. Methods for delivering/transmitting PHI. Whenever possible, MHC will send out PHI via an electronic portal or encrypted media. When paper is the only method possible, heavy duty envelopes (i.e.: Tyvek paper) will be used for requests over 20 pages.

5.12. Copy Fees. In accordance with the Medical Records Act 47 (2004), Legislative Council, State of Michigan 333.26269 and the Worker's Compensation Health Care Services Rules R41810118 the office may charge for the supplies, the labor and any postage required to process any request for copies of medical records. There is no charge for the time it requires to comply with the request. However if the Individual wants more than a single copy, the office may charge for preparing additional copies.

5.12.1. Medically indigent Individual.

5.12.1.1. Any applicable fees must be waived.

5.12.1.2. An Individual declaring to be medically indigent will complete the *Declaration of Medical Indigency* and *Acknowledgement of Receipt of Records by Patient/Authorized Representative* forms.

5.12.1.3. The Individual shall provide one of the following documents to validate indigency status:

5.12.1.3.1. DHS-176 Benefit Notice

5.12.1.3.2. DHS-1150 Application Eligibility Notice

5.12.1.3.3. DHS-4400 Eligibility Notice

5.12.1.3.4. DHS-4598 Medical Program Eligibility Notice

6. References

6.1. 45 CFR 164 - Security and Privacy

6.2. MHCC_CC 1102 PHI Disclosures Not Requiring Authorization

6.3. Medical Records Access Act, Act 47 of 2004, 333.26263 Definitions

6.4. The HITECH Act and 45 CFR 164.514(f)

7. Appendix

7.1. Release of Information form

7.2. SSA 827 Authorization Form

Previous Revisions: Not Applicable

Supersedes Policy: Subsidiary HIPAA policies and procedures

Approvals:

HIPAA Council: November 4, 2009, November 7, 2012, February 5, 2014

Corporate Compliance Committee: November 19, 2009, November 15, 2012, March 20, 2014



Gregory R. Lane
Sr. VP and Chief Administrative Officer

March 20, 2014

Date

WHOSE Records to be Disclosed

NAME (First Middle Last)

John Doe

SSN **111-11-1111**

Birthdate (mm/dd/yy)

02/01/60

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) **including, and not limited to:**
 - Psychological, psychiatric, or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g. other names used), the specific source, or the material to be disclosed:

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN ► *Electronically Signed By:*

John Doe

IF not signed by subject of disclosure, specify basis for authority to sign

- Parent of minor Guardian Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed 11/23/11	Street Address 123 Main St		
Phone Number (with area code) 410-000-0000	City Baltimore	State MD	ZIP 21235

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN ► IF needed, second witness sign here (e.g., if signed with "X" above)

Phone Number (or Address)	Phone Number (or Address)
---------------------------	---------------------------

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Explanation of Form SSA-827,

"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information SSA collects is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631 (e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).


SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send **only** comments relating to our time estimate to this address, not the completed form.

		Policy Title:	Confidential Communications
Effective Date:	4/14/03	Policy Number:	6135
Review Date:		Category:	Medical Records/HIPAA
Revised Date:	5/15/13	Oversight Level:	2
Administrative Responsibility:		Privacy Officer; MMG Compliance Committee	
Interpretation:		Privacy Officer	

1. Purpose

To ensure compliance with applicable law regarding confidential communications by McLaren Medical Group (MMG) and its physician practice sites.

2. Scope

MMG Workforce

3. Definitions

3.1. Covered entity - MMG as a health care provider.

3.2. Individual - person who is the subject of information.

3.3. Protected Health Information (PHI) - any information that is collected, transmitted, created and/or maintained in any form or medium (electronic, paper, or oral) by MMG.

3.3.1. PHI relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; and the past, present, or future payment for the provision of healthcare to an individual.

3.3.2. PHI includes, but is not limited to, diagnoses, diagnostic reports, procedures, progress notes, radiological films, medications, billing documents, physician or location (if such information leads one to know or infer a diagnosis, etc.)

3.3.3. PHI is any information that either identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual (encounter number, Social Security Number, address, picture, etc.).

3.4. Workforce - employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. (Employees include physicians and allied health professionals.)

4. Policy

4.1. MMG will accommodate reasonable requests by individuals to receive confidential communications of PHI from MMG by alternative means or at alternative locations. Furthermore, individuals will be allowed to authorize a) the use of answering machines for transmittal of messages and b) the sharing of PHI with other designated individuals.

5. Procedure

5.1. Individual shall make the request for a confidential communication in writing.

5.2. Individual will not be required to give reason for request.

5.3. Applicable data will be entered into the billing system as a "CC" note:

5.3.1. alternative address and/or telephone number will be documented in full

5.3.2. "AM-OK" will be entered for authorization to leave messages on an answering machine

5.3.3. "Share PHI" will be entered for authorization to share information with other individuals

5.4. Designated staff member will complete bottom portion of Confidential Communications form labeled, FOR OFFICE USE ONLY, to support patient request.

5.5. Copies of requests will be sent to the Privacy Officer when alternative address and/or telephone are requested.

5.6. Updates to Confidential Communications forms

5.6.1. Do not cross out any information on an obsolete Confidential Communications form; merely, make a note (**clearly visible**) on form such as, "Information no longer effective, see CC form dated _____."

5.6.2. Maintain obsolete form in patient record if any questions should later arise.

5.6.3. Be sure that CC notes in computer are **updated** to reflect current information in effect.

6. Exceptions

6.1. Additional addresses/telephone numbers (along with permanent address/telephone) are not applicable.

6.2. Only the respective patient should receive his/her PHI when it is sensitive in nature, even if authorization to use answering machine or share PHI was previously given by patient.

7. References

7.1. FORM - Confidential Communications MM-132

7.2. Federal Register - 45 CFR 164.522(b)(1)

7.3. Instructions for entering "CC" notes into the billing system

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

5/28/2013

Date

Previous Revision Dates/Supercedes Policy: 7/20/10
04/2008 / Not applicable

McLaren Medical Group
CONFIDENTIAL COMMUNICATIONS

I request that all communications to me of my protected health information be sent or made to me at the alternative means or alternative locations, as follows:

Alternative address: _____

Alternative telephone: _____

I authorize the practice of leaving a message on my answering machine/voice mail: Yes No

FOR APPOINTMENT REMINDERS ONLY:

1) Use cell phone: Yes _____ No

2) Use e-mail: Yes _____ No

I authorize the release of my protected health information over the telephone to the following individuals:

Name of person: _____ Relationship: _____

Phone number: Home _____ Work _____

Name of person: _____ Relationship: _____

Phone number: Home _____ Work _____

Name of person: _____ Relationship: _____

Phone number: Home _____ Work _____

Patient Signature: _____ Date: ____ / ____ / ____

Witness Signature: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY:

Agrees to patient's request for confidential communications

Does not agree to patient's request for confidential communications.

Comments: _____

Signature: _____ Date: ____ / ____ / ____

Patient Name:

Date of Birth:



Use of Office Equipment

USE OF OFFICE EQUIPMENT

Copier – Will be demonstrated on site, see manufacturer instructions for more information.

Fax – Will be demonstrated on site, see manufacturer instructions for more information.

Phone System- Will be demonstrated on site, see manufacturer instruction for more information.

Scanner – Will be demonstrated on site, see manufacturer instructions for more information.

COMPUTER/APPLICATIONS

Horizon Practice Plus/HPP/PLUS – MMG's Practice Management System for patient registration, appointment scheduling and billing. Requires User ID and password.

POLCI – MMG's previous billing system.

Allscripts – MMG's Electronic Medical Record's (EMR) system. Requires User ID and password.

MCIR – Michigan Care Improvement Registry. Link to the State of Michigan for immunization records. Requires User ID and password.


PIE – Patient Information Exchange. Access to hospital, laboratory and radiology records. Requires User ID and password.

Web-denis – Link to Blue Cross and Blue Shield of Michigan for eligibility verification. Requires User ID and password.

Intranet – Corporate Intranet has links to all corporate subsidiaries and partners (Office Depot, MCIR, Web-denis, etc.) Policy and Procedure Manuals, Corporate Phone Directories, and other resources are also available here.



Check Out Process

		Policy Title:	Check In/Check Out
Effective Date:	8-1-08	Policy Number:	2093
Review Date:		Category:	Business/Leadership
Revised Date:	9-18-12	Oversight Level:	2
Administrative Responsibility:		MMG Management	
Interpretation:		Operations Manager or Site Coordinator	

1. Purpose

To standardize the Check In and Check out procedures at MMG sites.

2. Scope

MMG workforce

3. Definitions

- 3.1. Router - charge entry form
- 3.2. Acuity Router - staff charge form

4. Policy

4.1. At the patient's arrival to the site/departure from the site, the check in/check out procedures, respectively, shall be performed as outlined in this policy.

5. Procedure

5.1. Check In will be completed as follows:

- Greet patient politely.
- Verify patient's identity.
- Verify patient's information by discreetly asking, "Can you tell me your current phone, address, and insurance type?" (This is mandatory scripting.) Compare the information with the current information in the billing system. Make any necessary corrections. Copy the patient's identification and insurance card (front and back), scan into billing system. Verify patient's insurance eligibility.
- Medicare patients must receive Provider Based letter.
- Provide Medicare patients with Medicare Secondary Payer questionnaire for completion.
- Provide new patients with Confidential Communications Form (MM-132) for completion.
- Provide new patients with Notice of Privacy Practices (HIPAA) (MM-10327)
- Check in patient on system and print out router.
- Put up chart and/or router for Medical Assistant/Nurse.

5.2. Check Out will be completed as follows:

- Greet patient politely.
- Verify patient's identity.
- Collect router from patient.
- Enter charge and/or collect co-pay from patient. Also collect Paragon co-pays and post to Plus, as directed.
- Print receipt and give receipt to patient.
- Make any follow-up appointments necessary.
- Bill all charges or give to designated Biller to enter charges.
- Enter any appropriate recall letter information.

6. Exceptions

6.1. Copayments are acceptable at check-out for complex patients or payments which vary from what was expected upon check-in.

7. References

7.1. Horizon Practice Plus Manual

8. Appendix

None

Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

11/9/2012

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, D.O.
Medical Director

11/14/2012

Date

Previous Revision Dates/Supercedes Policy:

Not applicable / Not applicable

PATIENT PAY / COLLECTION POLICY AND PROCEDURES

I. STATEMENT OF PURPOSE

I.1.1. The financial success of our physician practices is dependent upon the ability to obtain payment for services rendered. This can be accomplished through the coordinated efforts of the providers, office personnel and physician billing

II. POLICY

II.1.1. Payment in full of all self-pay balances on the date of service, including insurance co-pays, deductibles and Master Medical reimbursements.

III. PROCEDURE

III.1.1. Patients and/or the responsible party are requested to pay in full on the date of service for all services. If complete insurance information is provided, then only the co-pay amount is due, unless the yearly deductible has not been met. Patients with BCBS Master Medical policies are responsible to pay for their office visits as well. If there is any doubt of what the patient owes, contact the insurance carrier to verify benefits.

III.1.2. Monthly statements will be sent for patient balances due, following the insurance payment or rejection.

III.1.3. Statements will be sent to the guarantor at 30, 60, 90 day intervals. If payment has not been made, a final demand letter will be mailed allowing 30 days for payment in full. If a patient has received the entire cycle of statements and letter with no payment arrangements in place, the collection process will begin. The account will be flagged in red with critical notes and processed to an outside collection agency. The HPP system has a collection module and the balances will be transferred over.

III.1.4. Upon referral to a collection agency, it will be the decision of each provider to continue to treat the patient or not. Physician Billing does not dictate that policy.

IV. MISCELLANEOUS PATIENT INFORMATION

IV.1.1. NSF CHECKS are deposited one time only and returned to physician billing. We send a notification to the patient, and if not paid in 30 days, a final demand letter is mailed. If the check is not cleared, it may result in being sent to a collection agency.

IV.1.2. Professional courtesy is not allowed under the federal anti-fraud guidelines.

SPECIAL CIRCUMSTANCES

1. Returned mail due to bad or incomplete addresses is handled by physician billing. We will forward these accounts to each office for the Team Leader or Manager to

research. If a corrected address cannot be found, the account will be placed with the collection agency after 90 days.

2. If a patient and/or responsible party enters into a payment arrangement and does not make the designated payment or in the agreed time frame, the account will be referred to collection immediately without further patient contact by physician billing.
3. If a collection patient continues to be seen by the provider, it is our recommendation that payment must be made in full on the date of service.
4. Patient termination from a practice is to be handled at the office level.
5. Financial assistance is available. We will provide each office location with a wall poster, and the application for the patient to complete. Please forward the application and income documentation directly to physician billing. The assistance is based on the federal income poverty guideline.

HOW TO RECOGNIZE A COLLECTION ACCOUNT ON HPP

- The F8 screen will show the patient name in RED
- A critical pop up will appear in RED
- The appointment schedule screen will show the patient name in RED and a critical flag will be in RED
- The F10 note screen will have a 08 note with a 'Y' under the critical flag

V. PATIENT IN COLLECTIONS

- V.1.1. Physician billing does not have a specific policy that dictates to the providers whether they are to continue to treat a patient that has been sent to a collection agency for non-payment of a balance owed. At this time, each physician makes that decision.
- V.1.2. The appointment scheduler will see the patient name in red and a critical flag on the screen. However, the patient will currently have viable insurance coverage that will cover the current services. I would suggest that the insurance coverage be verified but have office staff, prior to the date of service, and noted on the cover of the chart, or on the router.
- V.1.3. The patient registration person can also verify this information prior to the patient being seen that day, or make the verification while the patient is in the room, and have the information ready for the check-out staff.
- V.1.4. If there is no insurance, the patient should be informed up-front that payment is expected at the time of service.

V.1.5. There cannot be any indication made in the patients chart, but there should be a way to indicate on the cover of the chart itself or on the router that a patient is in collections. The router can be marked prior to the scheduled appointment to alert the office staff as well.

VI. DECISIONS TO BE MADE


- Collections balance? (\$100, \$500, \$1000)
- Does the patient have insurance coverage
- How many times has this patient been sent to collections?
- Is the patient paying on current balances as they are due?
- What is the providers' opinion on treating a collection patient?
- Is there a medical necessity for treatment?

VII. ACCOUNT FLAGGED FOR BAD DEBT

- Name appears in RED on HPP
- 08 notes flagged with a 'Y' (You should find the total balance in collection there)
- Office employee informs patient of co-pay due on date of service
- Explain payment agreement for a monthly payment on past due balances
 - o PBD will hold collection activity and review in two months

CONSIDERATIONS

- Does the patient have current insurance?
 - o YES: Book appointment but remind them of the co-pay due, and try to set up a payment arrangement on the past due amount owed, or give patient a physician billing department card to call.
 - o NO: Is there a financial difficulty?
 - Have they applied for Medicaid or county health plan?
 - Is financial assistance (charity care) a possible option? If yes, then give them an application.
- IF the past due balance is over \$1000, advise the patient that physician billing will review the account to determine whether to continue care. Then forward the account to the Manager for final decision.

		Policy Title:	Private Pay Discounts
Effective Date:	August 22, 2006	Policy Number:	2121
Review Date:		Category:	Business/Leadership
Revised Date:	5/4/2012	Oversight Level:	2
Administrative Responsibility:	Directors, Physician Billing, MMG Compliance Committee		
Interpretation:	Operations Managers, Directors		

1. Purpose

To improve the health and well being of the people of Michigan's communities and to fulfill the responsible stewardship of our public trust.

2. Scope

All patients seeking care from MMG physicians.

3. Definitions

3.1. Private Pay Patients - patients who have no insurance coverage.

3.2. Patients uninsured for services rendered - patients with provided services that are not a covered benefit.

4. Policy

4.1. MMG will offer private-pay patients healthcare services at discounted rates. The discount will be provided to the patients upon request.

5. Procedure

5.1. Determination of Discount rates

5.1.1. MMG will offer a private pay discount of 50% on balances paid in full. This does not include patient's who have insurance coverage.

5.1.2. MMG will determine appropriate discount guidelines to be applied to services. Consideration will be given on "cost to charge" ratios, allowable discounts to contracted commercial payers, and the size of the outstanding balance.

5.2. Eligibility

5.2.1. A discount will be offered upon request of the patient, or guarantor, only.

5.3. Administration

5.3.1. All private pay discounts will be credited to the account upon that patient's agreement to pay in full or via contract under MMG's normal payment arrangement policy. If the account remains unpaid, the discount will be reversed before being sent to an outside collection agency.

5.3.2. Prompt pay discounts will be credited to the account balance upon receipt of the payment within the agreed upon time frame.

6. Exceptions

6.1. TLC program for expectant mothers who have no insurance; it relates to a normal pregnancy and covers antepartum care, a normal vaginal delivery, and postpartum care.

7. References

None

8. Appendix

8.1. Appendix A -TLC Letter/Application

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

5/4/2012

Date

MMG Compliance Committee: reviewed on 5/16/12

Previous Revision Dates/Supercedes Policy: 10/20/10
8-2006 / Not applicable

Date: _____

Dear: _____

Having a baby is a wonderful, exciting time in your life. We want to make the financial aspect of this experience a success also.

❖ You have indicated that you have no insurance to cover your Maternity Care. Below is an estimated amount due prior to delivery.

*TLC: If total is paid prior to delivery you will receive a \$906.00 discount.

This is null and void if you obtain any type of insurance.

Antepartum (59426):	1133.00
Delivery (59409):	2052.00
Post Partum(59430):	221.00
Total:	3406.00

*TLC Total if paid prior to Delivery date: 2,500.00

Expected *TLC monthly payment would be: _____ **First Payment Due:** _____

If you obtain or change your insurance coverage anytime during your maternity care, it is your responsibility to advise the office.

Any ultrasounds, counseling, amniocentesis, fetal non-stress tests, biophysical profiles, lab tests, etc., are not included in routine antepartum care and there will be an additional charge. A Cesarean section delivery will increase the delivery charge.

This is ONLY for the Physician Portion of your maternity care. The hospital will bill separately.


I have read the above information and I understand my financial responsibility.

Patient Signature

Date

Witness Signature

Date

		Policy Title:	Credit Card Usage
Effective Date:	12/1/2007	Policy Number:	2125
Review Date:		Category:	Business/Leadership
Revised Date:	1/14/2015	Oversight Level:	2
Administrative Responsibility:	Chief Financial Officer; Directors; Operations Managers		
Interpretation:	Physician Billing Director/Managers		

1. Purpose

To safeguard credit card information when used for payment of services in MMG offices; to eliminate any tendencies by MMG workforce to inappropriately utilize such information; to promote awareness of informational security among employees.

2. Scope

MMG workforce

3. Definitions

3.1. Secured - not accessible to unauthorized individuals; preferably, locked.

4. Policy

4.1. MMG workforce will abide by industry standards in meeting guidelines to protect the confidentiality of credit card information utilized in MMG for payment of services by the patient.

4.2. Face-to-face payments will be handled by using an iteminal swiper.

4.3. Credit card information, when provided for billing purposes, will be retained in a secured area by MMG physician offices, in a secure, locked cabinet.

4.4. Complete credit card numbers will only be handled when this information is received because patients make invoice payments with the use of credit card numbers.

4.5. Only the last four (4) digits of a credit card number will appear on receipts.

4.6. Any member of the MMG workforce who is retaining another's credit card information for personal use will be subject to termination.

5. Procedure

5.1. Physician Offices

5.1.1. When payment for services is made by credit card, process will be handled by using an interterminal swiper; only last four (4) digits of credit card number will appear for processing.

5.1.2. If equipment is not working, patient will be advised that a call may be made directly to the Physician Billing Department to process credit card information over the telephone.

5.1.3. If patient chooses to make a payment by way of a telephone call or direct mailing of payment to a respective office after leaving the office, the following steps will be followed by designated office staff:

5.1.3.1. enter credit card number into designated machine

5.1.3.2. process as any other credit card transaction

5.1.3.3. two copies will print (one for merchant and one for customer)

5.1.3.4. entry will be made in the PLUS System on the appropriate account

5.1.3.5. patient will be provided an approved authorization number for called in payment.

5.1.3.6. merchant copy of credit card transaction will be attached to materials as part of the Daily Close process.

5.2. Physician Billing Department

5.2.1. A face-to-face encounter to make a payment will require the use of complete credit card information swiper.

5.2.2. Payments made by way of the telephone or mail will necessitate the use of full credit card number, expiration date, security code (if telephone.) Payment information is not retained by entry system.

5.2.2.1. Information will be stored in a secured area for 12 months in the event that a dispute develops over a payment.

5.2.2.2. At the end of 12 months this information will be shredded whereby no information can be reconstructed for any other purpose.

5.3. Retention of credit card charge slips (only last four digits are displayed)

5.3.1. Information will be retained for seven (7) years, if information is not otherwise available.

6. Exceptions

None

7. References

7.1. FORM: Physician Billing Department Credit Card Payment (PBD use only)

7.2. Michigan Attorney General's website, <http://tinyurl.com/22392n> ; "Suggestions for small businesses on collecting, handling, and disposing of sensitive information."

8. Appendix
None

9. Approvals

William Hardimon


(Original signed policy on file in MMG Practice Management)

William Hardimon
President/CEO

1/19/2015

Date

Previous Revision Dates/Supercedes Policy:
12-1-2007 / 10-09-2010

		Policy Title:	Professional Courtesy
Effective Date:	7/00	Policy Number:	2225
Review Date:		Category:	Business/Leadership
Revised Date:	5/16/12	Oversight Level:	2
Administrative Responsibility:	Director and Managers of Physician Billing		
Interpretation:	Director of Physician Billing		

1. Purpose

To establish a standardized policy for treatment rendered as a professional courtesy.

2. Scope

MMG Workforce

3. Definitions

Professional courtesy is the provision of medical care to others at a reduced rate or free of charge.

Family members includes spouses, children (biological and step), parents, siblings, nieces, nephews, in-laws, aunts, uncles, and cousins.

4. Policy

4.1. Providers cannot provide professional courtesy treatment for themselves; their family members, friends, and colleagues; their employee's; and their employee's family members.

5. Procedure

5.1. Providers can render treatment to their family members, friends, and colleagues; their employee's; and their employee's family members according to normal procedures (documentation, billing, etc). However, it is recommended that the treatment is limited to minor acute problems and emergencies.

5.2. Any service or testing generated by the treatment to their family members, friends, and colleagues; their employee's; and their employee's family members is done according to normal procedures.

5.3. Providers whose patients may have difficulty paying for services are referred to the Operations Manager of the site who will provide the patient with an application for consideration under the Charity Care Policy (#2120).

6. Exceptions

None

7. References

7.1. Charity Care P/P 2120

7.2. American College of Physicians (July 30, 2011), *Ethics Manual 6th Edition*, Providing Medical Care to One's Self; Persons with whom the Physician has a Prior, Nonprofessional Relationship; and VIPs.

7.3. American Medical Association (June 1993), *Code of Medical Ethics*, E-8.19 Self-Treatment or Treatment of Immediate Family Members.

8. Appendix

None

9. Approvals

Margaret Dimond


(Original signed policy on file in MMG Practice Management)

7/17/2012

Margaret Dimond
President/Chief Executive Officer

Date

Previous Revision Dates/Supercedes Policy: 4/17/2007
7/2000 - 15.9

		Policy Title:	Charity Care
Effective Date:	October 2004	Policy Number:	2120
Review Date:		Category:	Business/Leadership
Revised Date:	1/14/2015	Oversight Level:	2
Administrative Responsibility:	Director of Physician Billing		
Interpretation:	Director; Manager/Physician Billing		

1. Purpose

In keeping with the values of McLaren Health Care Corporation to improve the health and well-being of the people of the Mid-Michigan Community and to fulfill the responsible stewardship of our public trust, MMG will provide Financial Assistance for patients who qualify.

2. Scope

All patients seeking medical care from MMG providers

3. Definitions

None

4. Policy

4.1 Financial assistance will be considered for preventative, diagnostic, non-elective services only. MMG will offer patients with no insurance and patients who indicate an inability to pay out of pocket medical costs after insurance, the opportunity to apply for financial assistance.

4.2 Financial assistance guidelines are based on the federal poverty guidelines published annually in the Federal Register. Physician Billing personnel will access the Register and update the financial assistance guidelines every February. Physician Billing employees will screen applicants for financial assistance based on the guidelines established within the policy.

5. Procedure

5.1 Initiation of application for Charity Care

5.1.1 Physician Billing staff and office receptionists, through their normal job responsibilities, are primarily responsible for identifying potential charity needs and bringing them to the attention of the appropriate personnel.

5.1.2 Requests for consideration may originate from the patient, family member, or close friend or associate of the family.

5.1.3 Referral may also originate from any member of the medical staff, board of trustees, hospital employees, community members, or volunteers who are aware of the potential need for charity care.

5.2 Eligibility

5.2.1 Income for financial assistance is based on 200% of the Federal Poverty Guidelines (published annually in the Federal Register). A copy of the Federal Poverty Guidelines will be made available upon request.

5.2.2 A patient's total resources, which could include, but are not limited to, an analysis of assets, liabilities, income, expenses and any extenuating circumstances, are considered in determining eligibility.

5.2.3 Short-term Collections will be considered if:

5.2.3.1 The patient has sufficient disposable monthly income after payment of necessary living expenses to pay the bill or a portion of the bill without creating undue hardship.

5.2.3.2 The patient has sufficient liquid assets to pay the bill or a portion of the bill without creating undue hardship

5.2.3.3 Foregoing conditions would be analyzed to determine what portion of the bill would then qualify for partial or total discount under this charitable care policy

5.2.4 Patients approved for coverage by the County Health Plans would be eligible to have non-covered services (that are Medically necessary) written off as charity care. Genesee County Free Clinic, Bay Area Volunteer Clinic, Helen Nickless Volunteer Clinic, Mobile Outreach Clinic and Breast Cervical Cancer Program patient balances are adjusted off as charity care.

5.3 Application Process

5.3.1 Patients applying for financial assistance need to complete the "Request for Financial Assistance" (Appendix A) and supply the supportive documentation requested. This would include proof of income, including two recent pay stubs and/or copy of previous year's tax return (with Schedule C, D, and E, if applicable)

5.3.2 Patients with no income must provide a Zero Income Verification form, stating how they are meeting their basic needs (food, shelter, clothing) before the application will be processed.

5.3.3 Incomplete applications will be denied for failure to complete the application properly. Applications not returned in 14 days will also be denied. A denial letter will be sent.

5.3.4 MMG has the right to verify all information contained in a financial assistance application.

5.3.5 Reapplication will be required after a six month time frame

5.4 Review Process

5.4.1. MMG accepts all Financial Assistance approved by McLaren Hospitals. Hospitals will provide FA information to MMG upon request.

5.4.2. The supervisor, manager or designee will review all applications.

5.4.3. The level of review (Supervisor/Manager, Director) will be determined by the account balance and the approval process of MMG.

5.5 Approval Process

5.5.1. If the patient was approved, a letter will be sent notifying patient of the determination (Appendix D).

5.6 Denial Process

5.6.1 The information supplied on the Financial Assistance application will be used in the analysis of the patient's financial situation in a determination of the patient's ability to participate in the reimbursement for services provided.

5.6.2 If denied, the patient will be sent a denial letter (Appendix C). The letter will include the account balance and a request for payment in full. The patient is instructed to contact Physician Billing to set up payment arrangements.

5.6.3 The patient is given ten (10) business days to appeal the denial in writing. Denial appeals will be reviewed and answered in ten (10) business days.

5.7 Recording/Reporting Charity Care

5.7.1 Specific transaction codes are established to track charity care write-off totals will be tracked.

5.7.2 Charity Care approvals and denials of service will be maintained. The file will include the following:

- Name of patient
- Account number
- Date of Service
- Dollar amount
- Approval or Denial

5.7.3 All charity applications (approved or denied) will be kept in storage.

5.8 Notification of Charity Policy/Financial Assistance

5.8.1 Notice/Posters advising the public of the Charity Care Policy and Financial Assistance Application will be placed in a clearly visible area of all Registration and Cashiering areas of MMG offices.

5.8.2 Applications for financial assistance will be available at all locations upon request.

6. Exceptions

None

7. References

7.1. Department of Health and Human Services Bulletin, "Hospital Discounts For Patients Unable To Pay Their Hospital Bill", 2010, OIG, website.

7.2. Federal Poverty Guidelines: eligible levels based on family size and 200% of Guideline (Updated Annually).

8. Appendix

8.1. Appendix A - Request for Financial Assistance

8.2. Appendix A1 - Cover letter that accompanies request

8.3. Appendix B - Financial Assistance Worksheet (internal)

8.4. Appendix C - Denial Letter

8.5. Appendix D - Approval Letter

8.6. Appendix E - Zero Income Verification Form

9. Approvals

William Hardimon

(Original signed policy on file in MMG Practice Management)

William Hardimon
President/CEO

1/19/2015

Date

MMG Compliance Committee: 1/19/2011

Previous Revision Dates/Supersedes Policy: 10/2004 / Not applicable



- McLaren Regional Medical Center
- Ingham Regional Medical Center
- Bay Regional Medical Center
- Lapeer Regional Medical Center
- McLaren Medical Management Inc.
- Visiting Nurse Services of Michigan

Request for Financial Assistance

Total of Balance(s) Due _____ Acct. #'s _____

Patient Name _____

Name of Responsible Party _____ Spouse's Name _____

Social Security Number _____ DOB _____ Social Security Number _____ DOB _____

Employer _____ Employer _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Number of Dependents in Household _____ Age of Dependents _____

Please Check One:

- Actively Employed
- Unemployed
- Retired
- Disabled

Pay Days (Check Day & Frequency)

- M T W TH F Sat Sun
- Weekly Bi-Weekly Monthly Semi-Monthly

SAVINGS (CD, Money Market, IRA), Checking and Credit Union Accounts

Bank Name	City	Type of Account	Account Number	Balance

Do you own your home? Yes No If Yes, list below.

Do you own any other property? Vehicles, RV's, Other real estate Yes No If Yes, list below.

ASSETS

Asset – Home, Vehicle, etc.	Market Value	Loan Amount Outstanding

HOUSEHOLD MONTHLY INCOME AND EXPENSES

Income Item	Amount (Monthly)	Expense Item	Amount (Monthly)
Total Household Gross Pay		Rent/Mortgage	
Interest Income		Property Taxes	
Rental Income		Automobile	
Alimony		Insurance: Homeowners	
Child Support		Insurance: Health	
Pension		Insurance: Life	
General Assistance		Utilities	
Unemployment		Groceries	
State/Federal Assistance		Gasoline	
Contributions from Others		Medical	
Land Contract Income		Alimony/Child Support	
Worker's Comp		Other	
Military Family Allotments		Other	
Other (please specify)		Other	

INSTALLMENT LOANS AND CREDIT CARDS

Creditor	Balance Owed	Monthly Payment

Total Income	Total Expenses

Please attach any further details regarding your Income and Expenses that may be pertinent to your application.

I hereby affirm that the above information is correct to the best of my knowledge. I authorize McLaren Health Care Corporation (MHCC) and its subsidiaries to verify any information for completeness and accuracy. I further authorize such information to be available for release to MHCC and its affiliates. I understand that as a charitable organization, MHCC may provide me with discounted or free care. I further understand that a personal credit report may be obtained in the decision making process.

Patient or Responsible Party Signature

Date

Spouse's Signature

Date

Approvals are valid for six months, upon which updated information will be required for any future services. Agreeable payment arrangements must be made for any remaining balance and can be re-evaluated at MHCC's discretion.

APPROVED DENIED

APPROVAL SIGNATURE

DATE

REASON FOR DENIAL:

Dear Patient,

McLaren Medical Management, Inc. offers a financial assistance program that you may be eligible to receive.

Please fill out the attached Financial Assistance Application and return it with a copy of your most recent federal income tax return. Or send us documentation stating any annual benefits you received. (Social Security, pensions, or a bank statement showing a monthly Direct Deposit)

IF YOU HAVE NO INCOME, PLEASE ATTACH A LETTER STATING THIS.

IF YOU HAVE ANY QUESTIONS ON COMPLETING THE APPLICATION, PLEASE CONTACT OUR OFFICE AT 810-342-1000 OR 800-624-1063.

THANK-YOU

MMMI PHYSICIAN BILLING
401 S BALLENGER
FLINT MI 48532

DATE:

DEAR PATIENT/GUARANTOR:

MCLAREN MEDICAL MANAGEMENT INC ENDEAVORS TO PROVIDE QUALITY HEALTH CARE SERVICES TO MEET THE NEEDS OF ALL PEOPLE IN THE COMMUNITY IT SERVICES.

UPON REQUEST, WE PROCESS APPLICATIONS FOR FINANCIAL ASSISTANCE FROM INDIVIDUALS WHO FEEL THEY ARE UNABLE TO PAY FOR SERVICES RENDERED.

ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE INDIVIDUAL OR FAMILY INCOME AS COMPARED TO THE FEDERAL POVERTY GUIDELINES.

OCCASIONALLY REQUESTS ARE DENIED FOR PATIENTS WHO DO NOT MEET THE ELIGIBILITY CRITERIA.

YOUR REQUEST FOR FINANCIAL ASSISTANCE WAS REVIEWED AND DENIED FOR THE FOLLOWING REASON:

_____ YOU DID NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION

_____ YOU DID NOT PROVIDE THE NECESSARY INCOME DOCUMENTATION

_____ INCOME WAS DETERMINED TO BE ABOVE THE FEDERAL GUIDELINES

_____ OTHER: _____

PLEASE CONTACT PHYSICIAN BILLING AT (800) 624-1063 FOR A PAYMENT ARRANGEMENT AND ANY QUESTIONS YOU MAY HAVE. YOUR PROMPT ATTENTION IS APPRECIATED.

PHYSICIAN BILLING DEPARTMENT
MCLAREN MEDICAL MANAGEMENT INC
401 S BALLENGER
FLINT MI 48532

Dear Patient,

Your application for Financial Assistance has been reviewed and approved for \$_____.

This figure is based on the Federal Poverty Guidelines. If ongoing assistance is needed, you will be required to reapply.

All future balances may be your responsibility to pay. We suggest you begin paying your insurance copay at the time of service, rather than allowing a large balance to accumulate. If you do not have insurance, please make arrangements with the Clinic Office to pay on the date of service.

If you have any questions, please contact the Physician Billing Office at (810) 342-1000 or 800-624-1063.

Sincerely,

Physician Billing
McLaren Medical Management Inc

MCLAREN MEDICAL GROUP

Zero Income Verification Form

This form should only be used when the applicant for Financial Assistance lists no income.


All fields on this form must be completed for the form to be valid.

Applicant Name:	Applicant Current Address:
-----------------	----------------------------

Applicant Income Verification
I, _____, certify that I have no earned or unearned income. I give McLaren Medical Group permission to verify this statement. I understand that if McLaren Medical Group finds that I have earned or unearned income, I will be disqualified from receiving financial assistance.
I am currently being supported by (list how you are meeting basic expenses, food, clothing, shelter, including the names of all individuals providing support): _____ _____ _____ _____ _____
I understand that McLaren Medical Group may contact the individuals listed above to verify the information provided.

Signature
Applicant Signature: _____
Printed Name: _____
Date: _____

Not a part of the permanent medical record

		Policy Title:	Credit Balances
Effective Date:	10/96	Policy Number:	2215
Review Date:		Category:	Business/Leadership
Revised Date:	1/5/07	Oversight Level:	2
Administrative Responsibility:	Director of Physician Billing		
Interpretation:	Operations Managers and Physician Billing Department		

1. Purpose

To establish a standard procedure to assure appropriate refund of all credit balances.

2. Scope

MMMI Workforce

3. Definitions

3.1. Credit Balance - Overpayment of money has been made for services rendered.

4. Policy

4.1. It will be the policy of MMMI to refund Credit Balances as they are identified.

5. Procedure

5.1. On a regular basis credit balances will be reviewed and identified for appropriate processing.

5.2. These will be processed under the direction of the Manager in charge of billing for the respective insurance.

6. Exceptions

None

7. References

Medicare Hospital Manual 484

8. Appendix

None

9. Approvals

Robert Patton

(Original signed policy on file in MMMI Practice Management)

Robert Patton
President

07/5/07


Date

MMMI Compliance Committee: 1/16/07

Previous Revision Dates/Supercedes Policy:
Unknown / 15.7



Closing Process

		Policy Title:	Daily Close
Effective Date:	10/96	Policy Number:	2100
Review Date:	11/12/2014	Category:	Business/Leadership
Revised Date:	1/15/2015	Oversight Level:	2
Administrative Responsibility:	MMG Senior Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manager		

1. Purpose

To provide an accurate accounting of all patient visits, procedures, diagnoses and accounts receivables.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. At the end of each business day, the Daily Close procedures shall be performed as outlined in this policy.

5. Procedure

5.1. Review computer printed schedule and reconcile to all routers for the day. For Convenient Care, review sign in sheet and MA Patient Log and reconcile to all routers.

5.2. All No Shows and cancellations shall be entered into the computer, marked on the schedule and routers.

5.3. All missing routers are to be noted on schedule. Missing routers are to be located by staff members. Any missing routers shall be reported to Operations Manager/designee for follow up.

5.4. All unbilled routers are to be collected and entered into the computer within 24 hours.

5.5. All routers shall be attached to the Cashier Totals Closing Report (PLUS).

5.6. Balance the cash draw to the Cashier Totals Closing Report (PLUS). The Reconciliation Sheet shall be completed and attached to the Cashier Totals Closing Report (PLUS).

5.7. Daily, a deposit shall be filled out and balanced to the Cashier Totals Closing Report (PLUS); any discrepancy shall be reported to the Operations Manager/designee in accordance with the Working Cash Policy (2115).

5.8. The verified bank deposit slip shall be attached to the Cashier Totals Closing Report (PLUS) after the deposit is made, in accordance with the Deposit Policy (2105).

5.9. The Cashier Totals Closing Report (PLUS) with the attached routers, reconciliation sheet, and deposit slips shall be filed and saved for seven (7) years after the end of the current fiscal year of the business day.

5.10. Cash drawer and deposit cash shall be locked in a file cabinet or safe in the Operations Manager's/designee's office.

6. Exceptions

6.1. When billing charges "in batch," the Charge Posting Balancing Report will apply and it will be attached to routers.

7. References

Policies: Deposit Policy (2105) and Working Cash Policy (2115).

8. Appendix

Appendix A - MA Patient Log
Appendix B - Reconciliation Sheet

9. Approvals

William Hardimon

(Original signed policy on file in MMG Practice Management)

William Hardimon
President/CEO

1/19/2015

Date

Previous Revision Dates/Supercedes Policy:
06-2006 / 7/20/2010

**McLaren Medical Group
RECONCILIATION SHEET**


DATE: _____

Beginning of Day:

1¢	x		=	
5¢	x		=	
10¢	x		=	
25¢	x		=	
50¢	x		=	
\$1	x		=	
\$5	x		=	
\$10	x		=	
\$20	x		=	
\$50	x		=	
		Total		
Signature: _____				

End of Day:

1¢	x		=	
5¢	x		=	
10¢	x		=	
25¢	x		=	
50¢	x		=	
\$1	x		=	
\$5	x		=	
\$10	x		=	
\$20	x		=	
\$50	x		=	
		Total		
Signature: _____				

 <p>McLAREN MEDICAL GROUP A McLAREN HEALTH SERVICE</p>		Policy Title:	Deposits
Effective Date:	10/96	Policy Number:	2105
Review Date:	6/01	Category:	2
Revised Date:	07/20/10	Oversight Level:	Business/Leadership
Administrative Responsibility:	MMG Director of Finance and Director of Physician Billing		
Interpretation:	Operations Managers		

1. Purpose

To protect and prevent the loss of collected money.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Money collected by the center in the form of checks and cash from patients making payments on their accounts shall be deposited in a bank account designated by McLaren Medical Group. These deposits shall be made daily and in accordance with the provisions of this policy.

5. Procedure

5.1. The working cash drawer shall be balanced and reconciled at the close of business each day, in accordance with procedures of the Working Cash Policy (2115) and the Daily Close Policy (2100).

5.2. All checks and cash are verified against the Cashier Totals Closing Report (PLUS).

5.3. Deposits are made daily by either night drop or walk in banking the next day of business. All bank deposit carbons must be initialed by the preparer.

5.4. When and before a deposit is taken to the bank, the person making the deposit shall enter the date, amount of the deposit and sign the Monthly Deposit Log. This entry shall be witnessed and signed by a second employee verifying the amount to be deposited. As part of verifying the amount of the deposit, the second employee shall count the checks and cash.

5.5. A bank verified deposit receipt shall be obtained and attached to the Cashier Totals Closing Report (PLUS) for which the deposit was made. The deposit receipt must be initialed by the verifying employee.

5.6. The Monthly Deposit Log shall be filed in the Deposit Record Book and stored for a minimum of seven (7) years.

5.7. Each month a copy of the Monthly Deposit Log is to be given to the Operations Manager for approval. Upon review and approval, the Operations Manager faxes to Physician Billing.

5.8. If a shortage or overage occurs, refer to Daily Deposit Variances Policy (2095).

6. Exceptions

None

7. References

Policies: Daily Deposit Variances (2095), Daily Close (2100), Working Cash (2115)

8. Appendix

8.1. Appendix A - Monthly Deposit Log

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

9/15/10

Date

Previous Revision Dates/Supercedes Policy:

06-2006 / Not applicable

MCLAREN MEDICAL GROUP


Month
MONTHLY DEPOSIT LOG

Site Name _____

Department # _____

Date	Cash	Checks	Bank Deposit	Credit Card	Day's Total	Month's Total	BY	BY
1			-		-	-		
2			-		-	-		
3			-		-	-		
4			-		-	-		
5			-		-	-		
6			-		-	-		
7			-		-	-		
8			-		-	-		
9			-		-	-		
10			-		-	-		
11			-		-	-		
12			-		-	-		
13			-		-	-		
14			-		-	-		
15			-		-	-		
16			-		-	-		
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27			-		-	-		
28			-		-	-		
29			-		-	-		
30			-		-	-		
31			-		-	-		

Fax: Physician Billing @ 810-342-1590

		Policy Title:	Daily Deposit Variances
Effective Date:	10/96	Policy Number:	2095
Review Date:	11/12/2014	Category:	Business/Leadership
Revised Date:	1/15/2015	Oversight Level:	2
Administrative Responsibility:	MMG Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manager		

1. Purpose

To ensure proper handling of shortages in the daily deposits or petty cash.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Shortages due to theft, incorrect change, or as a result of any other processing function relative to daily deposits should be handled in accordance with provisions of this policy.

5. Procedure

5.1. Employee in question should not have to reimburse center daily starting monies due to money shortage

5.2. When applicable, a Cash Drawer Shortage/Overage form shall be sent to Operations Manager. Form should include the day of the shortage/overage, employee in question and the amount of money shorted/over and an explanation as to how or why monies might have been lost or processed wrong.

5.3. Operations Manager forwards completed Cash Drawer Shortage/Overage form to the Accounting Manager.

6. Exceptions

None

7. References

None

8. Appendix

Appendix A - Cash Drawer Shortage/Overage

9. Approvals

William Hardimon

(Original signed policy on file in MMG Practice Management)

William Hardimon
President/CEO

1/19/2015

Date

Previous Revision Dates/Supercedes Policy:

06-2006 / 7/20/2010

McLaren Medical Group
CASH DRAWER SHORTAGE/OVERAGE

DATE: _____

FACILITY: _____ DEPT#: _____

AMOUNT: _____ OVER/SHORT

COMMENTS:

EMPLOYEE


DATE

SUPERVISOR

DATE

OPERATIONS MANAGER

DATE

		Policy Title:	Charge Entry
Effective Date:	8-1-08	Policy Number:	2094
Review Date:		Category:	Business/Leadership
Revised Date:	9-18-12	Oversight Level:	2
Administrative Responsibility:		MMG Management	
Interpretation:		Operations Manager or Site Coordinator	

1. Purpose

To standardize the process of charge entry at MMG sites and ensure all charges are accurately entered into the billing system on the same business day.

2. Scope

MMG workforce

3. Definitions

3.1. Router (charge ticket; billing slip) - charge entry form that can include hospital charges, x-rays, mammograms, bone density.

3.2. Billing claim number (MSR # in Practice Plus) - sequential number assigned by computer when an appointment is made; pre-printed on routers.

4. Policy

4.1. All MMG sites will follow the same process for entering all charges as referenced in the check in/check out process (P/P 2093).

4.2. By the end of each business day any charges generated will be entered into the billing system in accordance with the provisions of this policy.

5. Procedure

5.1. Routers will be verified for completeness (all current applicable ICD-9 and CPT codes assigned) before being entered into the billing system. Biller must confirm insurance being billed. Biller can review eligibility on Plus and review scanned image of insurance card.

5.2. Enter all charges into the billing system.

5.3. The MSR is pre-printed on the router. The individual responsible for data entry and completeness of billing will initial the router.

5.4. Routers will be filed by date and physician.

5.5. The following items will be prepared to be entered into the hospital billing system.

5.5.1. Daily Schedule.

5.5.2. Router copies from the day.

5.5.2.1. Marked with any payments that belong to the hospital

5.5.2.2. Diagnosis codes that specify which goes with which procedure.

5.5.2.3. NDC codes.

5.5.3. Acuity form copies.

5.5.4. ABN's that were completed.

5.5.5. Face sheets (if the regional hospital requires them.)

5.5.6. Insurance card copies (if the regional hospital requires them.)

5.5.7. Referral copies if necessary.

6. Exceptions

6.1. Charges that are generated after normal business hours can be entered into the billing system on the following business day.

7. References

7.1. Horizon Practice Plus Manual

7.2. P/P 2093 (CheckIn/CheckOut)

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

11/26/2012

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, D.O.
Medical Director


12/4/2012

Date

Previous Revision Dates/Supercedes Policy:
Not applicable / Not applicable



Handling Emergencies

		Policy Title: Responding to Life-Threatening Emergencies
Effective Date: 10/96	Policy Number: 3305	
Review Date:	Category: Clinical	
Revised Date: 8/5/14	Oversight Level: 2	
Administrative Responsibility:	Operations Managers	
Interpretation:	Operations Managers	

1. Purpose

To provide effective artificial ventilation and circulation when a patient's respirations and/or heart have ceased to function by using CPR.

2. Scope

All MMG Physicians, Nurse Practitioners, Physicians Assistants, Medical Assistants and other qualified personnel

3. Definitions

3.1. Cardiopulmonary resuscitation (CPR) - restoration of cardiac output and pulmonary ventilation following cardiac arrest and apnea, using artificial respiration and closed chest massage.

3.2. Qualified clinical staff member - MMG workforce with current BLS certification

3.3. Life threatening conditions may include the following but are not limited to:

3.3.1. chest pain

3.3.2. severe active bleeding from any source

3.3.3. severe vomiting or diarrhea

3.3.4. acute shortness of breath

3.3.5. faints or complains of "feeling faint"

3.3.6. severe pain

3.3.7. convulsions

3.3.8. fresh burns

3.3.9. obvious fracture or dislocation

3.3.10. active labor

4. Policy

4.1. All MMG Physicians, Nurse Practitioners, Physician Assistants, Medical Assistants, and other designated staff will maintain current BLS certification. Newly hired clinical staff will be required to successfully complete the BLS certification process during the first 90 days of employment.

4.2. Individuals presenting with a life threatening condition or cardiac and/or respiratory arrest will be resuscitated and stabilized prior to the determination of the patient's insurance status or their ability to pay.

4.3. An individual suffering cardiac or respiratory arrest will receive immediate resuscitation using BLS protocol.

5. Procedure

5.1. When a patient presents with a life threatening condition clinical staff (including a provider) will be immediately summoned.

5.2. The patient will be assessed by the provider to determine if the patient can be appropriately treated on site or transported to an alternate care setting.

5.3. If the patient is in cardio-pulmonary arrest, a qualified clinical staff member will initiate CPR per BLS protocol. BLS protocol will be continued until EMS staff arrives on the scene.

5.4. In the event of cardio-pulmonary arrest or if the patient is determined to be unstable, the staff will activate Emergency Medical Services (EMS) via 911.

5.5. Care will be transferred to the EMS staff by the physician, nurse practitioner, or physician assistant. Pertinent verbal/written medical information will be provided to EMS staff.

5.6 If the patient conditions warrants, he/she may be transported to an alternate care setting via car by family/companion.

5.7. Documentation

5.7.1. All details of the event will be documented in patient's medical record, including advanced directives and disposition.

6 Exceptions

6.1 Applicable Advance Directives dictate otherwise

7 References

None

8 Appendix

8.1 Appendix A - Emergency Guidelines

9 Approvals

Mark S. O'Halla

(Original signed policy on file in MMG Practice Management)

Mark O'Halla
Interim President/CEO

8/20/2014

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, Jr., DO
Senior Medical Director

9/9/2014

Date

Previous Revision Dates/Supercedes Policy: 1/2006
June 2004/10.4



EMERGENCY GUIDELINES

GENERAL

1. In the event a patient presents with, or appears to have, one of the following conditions while awaiting treatment, clinical staff will be immediately summoned:

Life threatening conditions include but are not limited to the following:

- a. chest pain
 - b. severe active bleeding from any source
 - c. severe vomiting or diarrhea
 - d. acute shortness of breath
 - e. faints or complains of "feeling faint"
 - f. severe pain
 - g. convulsions
 - h. fresh burns
 - i. obvious fracture or dislocation
 - j. active labor
2. Patients presenting with known or suspected infectious disease will be isolated according to P/P 5135.
 3. Clinical staff/physician will assess the patient's condition and determine if the patient can be appropriately treated on site.

OFFICE STAFF

1. Alert clinical staff in the event of occurrence described in number one above.
2. Attend to family/companion.
3. Register patient if able to stabilize the patient onsite.

CLINICAL STAFF

1. Obtain a brief history, initiate a physical assessment and document findings in the patient's medical record.
2. Alert physician when possible.
3. Determine if the patient can be appropriately treated on site or transported to an alternate care setting; activate Emergency Medical Services as appropriate.
4. If the patient is unstable, initiate treatment until the ambulance arrives.
5. If the patient's condition warrants, he/she may be transported to an alternate care setting via car by family/companion.
6. Send appropriate medical information, including advance directives (if available), with the patient.
7. Document disposition of the patient in the medical record.



EMERGENCY GUIDELINES

GENERAL

1. In the event a patient presents with, or appears to have, one of the following conditions while awaiting treatment, clinical staff will be immediately summoned:

Life threatening conditions include but are not limited to the following:


- a. chest pain
 - b. severe active bleeding from any source
 - c. severe vomiting or diarrhea
 - d. acute shortness of breath
 - e. faints or complains of "feeling faint"
 - f. severe pain
 - g. convulsions
 - h. fresh burns
 - i. obvious fracture or dislocation
 - j. active labor
2. Patients presenting with known or suspected infectious disease will be isolated according to P/P 5135.
 3. Clinical staff/physician will assess the patient's condition and determine if the patient can be appropriately treated on site.

OFFICE STAFF

1. Alert clinical staff in the event of occurrence described in number one above.
2. Attend to family/companion.
3. Register patient if able to stabilize the patient onsite.

CLINICAL STAFF

1. Obtain a brief history, initiate a physical assessment and document findings in the patient's medical record.
2. Alert physician when possible.
3. Determine if the patient can be appropriately treated on site or transported to an alternate care setting; activate Emergency Medical Services as appropriate.
4. If the patient is unstable, initiate treatment until the ambulance arrives.
5. If the patient's condition warrants, he/she may be transported to an alternate care setting via car by family/companion.
6. Send appropriate medical information, including advance directives (if available), with the patient.
7. Document disposition of the patient in the medical record.

		Policy Title:	Patient Care Assessment
Effective Date:	10/96	Policy Number:	3325
Review Date:	11/26/02	Category:	Clinical
Revised Date:	9/10/13	Oversight Level:	2
Administrative Responsibility:	Ambulatory Quality Improvement Committee		
Interpretation:	Clinical Managers		

1. Purpose

To collect and analyze data for the purpose of diagnosing the patient's problems and/or needs that are within the scope of the medical staff; to establish a staff/patient relationship which includes mutual involvement in planning his/her care.

2. Scope

MMG providers and clinical staff.

3. Definitions

3.1. Initial assessment - an evaluation of patient's health status based on documentation of history, health risks, cultural/spiritual needs, and learning disabilities.

3.2. Process - continuous and systematic method of gathering data and identifying needs/problems.

4. Policy

4.1. Assessments are completed on all patients initially and annually to determine care, treatment, and services to meet the patient's needs.

4.2. Assessments are accurately written, promptly completed, properly filed, and accessible to the provider.

5. Procedure

5.1. Based on the patient's condition, information gathered in the initial assessment will include:

- 5.1.1. a physical assessment
- 5.1.2. a psychological assessment
- 5.1.3. a social assessment
- 5.1.4. nutrition and hydration status
- 5.1.5. functional status

5.1.6. social, spiritual, and cultural variables that would influence the patient's and family members' perception of grief, for patients who are receiving end-of-life care

5.1.7. the patient's perception of the effectiveness of, and any side effects related to, medications

- 5.1.8. a pain assessment
- 5.1.9. fall risk
- 5.1.10. adult abuse and neglect
- 5.1.11. special learning needs

5.2. Adult abuse and neglect information is assessed and documented annually.

5.3. When clinically indicated, based on the patient's plan of care or changes in the patient's condition, information gathered in a reassessment will include:

5.3.1. The patient's perception of the effectiveness of, and any side effects related to, medications.

5.3.2. a pain assessment for patients who are at risk

5.4. Process

5.4.1. Assessment techniques will include:

5.4.1.1. review of forms filled out by the patient

5.4.1.2. interview

5.4.1.3. examination

5.4.1.4. discussion with family members, if applicable

5.4.1.5. review of various reports, including consultation, laboratory, and radiology.

5.4.2. Documentation for the initial encounter will include:

5.4.2.1. vital signs, reason for visit, presence or absence of pain, allergies, and any immediate signs/symptoms

5.4.2.2. normal as well as abnormal facts

5.4.2.3. seven dimensions of a symptom: location, quantity, quality, frequency, what alleviates it, chronology, when and where did it happen, and other related symptoms

5.4.2.4. medical data, laboratory findings, x-ray, and data from other services to the patient

5.4.2.5. fall risk

5.4.3. Documentation for encounters after the initial will include:

5.4.3.1. patient problems; changes in status of initially identified problems/needs considering health/safety hazards; allergies; abnormal signs/symptoms; assistance with activities of daily living (ADL's); social or behavioral problems affecting patient's illness/recovery

5.4.3.2. additional problems/needs experienced by the patient

5.4.3.3. progress notes will reflect ongoing assessment

5.4.3.4. include teaching needs for the patient

5.4.3.5. utilize patient/family strengths in formulating approaches to meet problem/needs

5.4.3.6. adult abuse and neglect

5.4.3.7. fall risk screening is completed annually

5.4.4. All entries are timed, dated and signed by the provider.

6. Exceptions

6.1. None.

7. References

7.1. Healthcare Facilities Accreditation Program (2012-2013), *Accreditation Requirements for Healthcare Facilities*.

7.2. Joint Commission (July 1, 2012), *Accreditation Requirements*.

7.3. P/P 3340 Pain Management

8. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

9/12/2013

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, Jr., D.O.
Medical Director

9/12/2013

Date

Previous Revision Dates/Supercedes Policy: 11/6/2012

1/06 / 4-26-05/10.17



Accreditation Preparedness



MEDICAL GROUP

Environment of Care (EOC) Readiness Checklist

Date: _____
 Site Name: _____
 Completed By: _____

Instructions: Complete ONE checklist each month. Keep the original. Send copies to both your Immediate Supervisor and Sue Walker, EOC Coordinator (sue.walker@mclaren.org) BY THE 1ST OF THE MONTH.

Items in red indicate known TJC/HFAP Problem Areas.


Element Inspected	N/A	OK	NOT OK	If "Not OK," document action taken (REQUIRED).
Emergency warning devices:				
<ul style="list-style-type: none"> Emergency Plan, staff awareness (Staff are able to verbalize response to Fire, Tornado, Evacuation, and Disaster. Fire Drills are completed quarterly. Fire drill log is on-site). 				
<ul style="list-style-type: none"> Exit Signs are Illuminated and Emergency Exit Lights Operational (battery operated). Evacuation routes are posted (Ensure arrows point only toward the exit). 				
<ul style="list-style-type: none"> Passageways are clear and Exits are not blocked. No items plugged in while in hallway; no hallway storage. No beds or equipment storage in hallways. 				
Personal Protective Equipment (PPE) and clothing are on-site. All staff able to locate.				
Materials handling, storage, and disposal:				
<ul style="list-style-type: none"> Laundry bags are not overfilled (2/3 full is maximum; no odors). 				
<ul style="list-style-type: none"> No items within 18" of the ceiling. 				
<ul style="list-style-type: none"> All items are stored greater than 6" from the floor and away from water, heat, and electrical outlets. No shipping boxes stored with patient care items. 				
<ul style="list-style-type: none"> O₂ tank and regulator available. O₂ tanks are stored properly - no more than 11 per room and in cart (Empty and full O₂ tanks are segregated and secured, with proper signage). 				
Crash Cart checks completed DAILY. (Lock secure, defibrillator strip run daily, and only 1 month of logs are in the log book).				
Operations involving hazardous materials and processes:				
<ul style="list-style-type: none"> SDS (formerly MSDS) - Are available on the Intranet (Ensure employees know how to access SDS info and why). 				
<ul style="list-style-type: none"> Biohazard bags in exam rooms are in appropriate containers. All containers in exam rooms are labeled with Biohazard stickers. 				
<ul style="list-style-type: none"> Sharps (RED) containers are not overfilled. Containers must be secured, not sitting on the floor or counter. Key is not left in holder. Sharps containers are dated with a 90-day discard date when first put into use. Containers are valid for the 90 days or until 2/3 full. Black Box (Meds) is dated when first put into use and is valid for one year. 				
All Patient Information is protected (No identifying patient information goes in the trash. Cover sheets are used and/or pages are flipped over).				
Walking and working surfaces are clear of debris/obstructions (Hallways are clear. No decorations on fire doors, nothing is taped to walls or cabinets. All signs are in frames or laminated. No Paper Signs).				
No stained, displaced, or missing ceiling tiles.				
Stairwells are clean and well-lit (No storage in stairwells or fire exits).				
Electrical Systems hazards: Check for frayed cords; all items are plugged in. Child safety plugs are in all lobby and exam room outlets.				

Health and sanitation provision in food preparation, eating areas, restrooms, etc.:				
<ul style="list-style-type: none"> No food or drink in patient care areas or nursing/MA stations. 				
<ul style="list-style-type: none"> Medication and Specimen refrigerator's temperature logs are up-to-date (logs are not required for "Staff Only" food fridges). Temperature checks are completed twice a day for medication/vaccination storage and specimen refrigerators). All open containers in refrigerator are dated. 				
Illumination: All bulbs are operational. All lights turned on/off. No debris in light lens. Ceiling vents are dust-free.				
Fire protection equipment and hazards:				
<ul style="list-style-type: none"> Smoke detectors - alarms are functioning. Check that all fire extinguishers are up-to-date (Fire extinguishers are checked and recorded monthly with the full date of inspection, e.g. 01-03-15, and initials. Annual Hole Punch is present). Fire doors latch and close properly. Doors are not propped open. Do not block medical gas shut offs or electrical panels. Electrical panels in patient care areas and hallways are locked. 				
Calibration and maintenance records are up-to-date (Look for an inventory sticker from Biomed).				
Flashlights checked and functioning.				
Nothing is stored in the cabinets under sinks. Under-sink cabinets may also be locked.				
No torn exam tables or chairs.				
All medical records/confidential materials are secured. Large red Biohazard bin is secured.				
Locks on Reception windows/lobby doors.				
All staff should be wearing their ID badge and Patient Rights badge, above the waist.				
Patient restroom(s) must have a wireless doorbell with a sign posted. Are staff able to locate the key(s) to the restroom?				
Chapter 31.00.00, Outpatient Services, August, 2014, version, is located in the HFAP Binder, with tabs.				
CHECK ALL EXPIRATION DATES: NOTHING ON-SITE SHOULD BE EXPIRED (e.g., Cidex OPA and test strips, blood tubes, glucose test strips, test kits, medications, swabs, etc.) DO NOT USE IF PAST EXPIRATION DATE. MULTI-DOSE VIALS OF MEDICATION: Label with 28-day discard date upon first opening, time opened, and initials of staff member who opened.				
Exterior:				
Parking lot and sidewalks are free of pot holes, large cracks, debris, snow, and ice. No trip hazards should be present.				
Exterior lights and signage are in working order.				
Overall presence of building: Clean, grass cut, shrubs trimmed. No cigarette debris.				

Additional Notes and/or Concerns:



Who to Call for Assistance

		Policy Title:	Communication Barriers
Effective Date:	2/1999	Policy Number:	2135
Review Date:		Category:	Business/Leadership
Revised Date:	11/04/14	Oversight Level:	2
Administrative Responsibility:	Directors; Operations Managers		
Interpretation:	Operations Managers		

1. Purpose

To provide a means of relaying information so that patients with communication barriers may be able to understand their respective course of treatment and to address any concerns they may have.

2. Scope

Management and clinical staff

3. Definitions

3.1. Communication barrier - hearing and/or speech impairment; non-English speaking capability.

4. Policy

4.1. McLaren Medical Group (MMG) will provide effective communication for all non-English-speaking patients and patients who are hearing or speech impaired. Such means of communication will include an interpreter language line service for patients who speak languages other than English and there is no availability of an interpreter.

4.2. Other services will be available that meet special needs of patient.

4.3. Competency of interpreters and confidentiality requirements will be addressed when management considers use of a particular service.

5. Procedure

5.1. Acknowledge those patients who will have special needs, referencing appointment schedule

5.1.1. contact specific service (prior to office visit) to meet patient need

5.1.2. if patient brings in another individual to assist with needs, document this fact in the patient's medical record for the respective visit

5.2. Provide appropriate accommodations based on barrier being met

5.2.1. have writing materials available for speech-impaired patients

5.2.2. if there is no availability of an interpreter, access language line services

5.2.3. if available, staff person who can sign may be called upon to accommodate a hearing-impaired individual.

5.3. Document in the patient's medical record the use of any provision. Information shall include:

5.3.1. date

5.3.2. provision utilized

5.3.3. who was present

5.3.4. summary of discussion

5.3.5. understanding of information given

5.3.6. signature of provider

5.3.7. if there is no Business Associate Agreement in place for a particular service, document patient's agreement with use of respective service and have patient sign.

6. Exceptions

None

7. References

7.1. Link to current language line services site: <http://languageline.com/>

7.1. Regional hospital policies for language or translation services

8. Appendix

8.1. None

9. Approvals

William Hardimon

William Hardimon
President/Chief Executive Officer

11/11/2014

Date


Michael Ziccardi

Michael Ziccardi, D.O.
Medical Director

12/2/2014

Date

Previous Revision Dates/Supercedes Policy: 3/16/2010
5-2006 / Not applicable

		Policy Title: Patient Complaint and Grievance
Effective Date: 10/96	Policy Number: 1040	
Review Date:	Category: Ethics/Rights/Responsibilities	
Revised Date: 2/4/2014	Oversight Level: 2	
Administrative Responsibility:	Operations Manager; Director of Operations	
Interpretation:	Ambulatory Quality Improvement Committee; Compliance Officer; Privacy Officer	

1. Purpose

To protect and promote each patient's rights, including a complaint resolution and grievance process, in accordance with HIPAA guidelines.

2. Scope

MMG workforce, including students, interns, volunteers

3. Definitions

3.1. Complaint - dissatisfaction expressed verbally or in writing by any patient, guardian, family member, friend, or visitor regarding the care and/or services provided by MMG. This does NOT include allegations of abuse, neglect, or harm. A complaint does not require a written response to the patient.

3.2. Grievance - a written or verbal appeal expressing dissatisfaction with the resolution of a complaint. This does include allegations of abuse, neglect, or harm. This also includes a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.24. Information obtained from satisfaction surveys usually are not grievances. A grievance does require a written response to the patient.

3.3. Patient - includes family, a representative, and/or the legally responsible party who files a complaint or grievance on the patient's behalf.

4. Policy

4.1. This policy is reviewed annually.

4.2. Patients are informed of their rights with a posting of Patient's Rights in clear sight in all settings.

4.2.1. All settings will also have printed materials available.

4.3. Patient complaints and grievances received regarding any services rendered are addressed in a timely manner and in accordance with current relevant standards.

4.3.1. Patients are informed of the mechanism for resolving complaints or grievances.

4.4. Patients are not discriminated against for exercising their right to complain or grieve.

5. Procedure

5.1. Provider-based clinics will follow their regional hospital's policy and procedure for complaints and grievances.

5.2. Non-provider-based clinics will follow the following procedure:

5.2.1. Staff is to report any patient complaints and grievances to the Operations Manager.

5.2.1.1. All complaints and grievances are documented including the complaint, the investigation, and the actions taken to resolve the complaint.

5.2.2. The Operations Manager will promptly attempt to resolve any patient complaint and grievance and will utilize the Service Recovery Kit where appropriate (see Service Recovery policy #2310).

5.2.3. For patient grievances, patients are informed of the internal grievance process and is given the phone number and address for lodging a grievance with the appropriate State agency.

5.2.4. For patient grievances, patients are provided a written notice of the final decision including the name of the contact person, the steps taken on behalf of the patient to investigate the complaint, the results of the process, and the date of completion of the complaint process.

5.2.5. Patient complaints and grievances are aggregated into a quarterly summary and sent to the Quality Improvement department. The Quality Improvement department will then summarize and report to the Ambulatory Quality Improvement Committee.

6. Exceptions

None

7. References

7.1. Federal Register - 42 CFR 164.530(d)-complaint process; (f) mitigation of any harmful effects caused by violations; (g) refraining from intimidating or retaliatory acts.

7.2. Federal Register - 42 CFR 489.24 - Special responsibilities of Medicare hospitals in emergency cases.

7.3. Healthcare Facilities Accreditation Program Standards 15.00.00-15.01.08.

7.4. Joint Commission Standards RI.01.07.01.

7.5. MMG Policy #2310, Service Recovery

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

2/24/2014

Date

Michael Ziccardi, D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, Jr., D.O.
Medical Director


3/4/2014

Date

Ambulatory Quality Improvement Committee:

Previous Revision Dates/Supercedes Policy:

4-6-09 / 12-3-07 / not applicable

		Policy Title: Patient Satisfaction/ Survey Complaints
Effective Date: 5/1999	Policy Number: 9700	
Review Date:	Category: Performance Improvement	
Revised Date: 3/5/13	Oversight Level: 2	
Administrative Responsibility:	Ambulatory Quality Improvement Committee	
Interpretation:	Director, Performance Improvement	

1. Purpose

To ensure that a validated patient satisfaction survey is routinely conducted and corrective measures are taken where appropriate.

2. Scope

McLaren Medical Group (MMG) workforce

3. Definitions

None

4. Policy

4.1. Patient satisfaction will be measured using the Press Ganey survey methodology at all MMG employed practices.

4.2. Operation leadership will have access to review site level reports

4.3. Organizational level data will be presented on a routine basis to all appropriate internal and hospital level committees, to include at least quarterly to the Ambulatory Quality Improvement Committee.

5. Procedure

5.1. Press Ganey surveys will be conducted at all MMG employed practices. Survey results will be presented to all MMG committees as applicable and hospital committee structure as requested.

5.2. The Operations Manager under the direction of the Director of Operations will respond to all complaints:

5.2.1. All complaints must be documented.

5.2.2. Keep detailed documentation of all findings and communications.

5.2.3. Investigate the complaint with all pertinent persons, which may include, but not be limited to, patient, physician, office personnel, and Corporate Risk Management Department.

5.2.4. Following review of the issue, communication including findings, responses, etc., will be maintained by the respective Director.

6. Exceptions

None

7. References

None

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

4/22/2013

**Margaret Dimond
President/Chief Executive Officer**

Date

Michael Ziccardi, D.O.


(Original signed policy on file in MMG Practice Management)

5/7/2013

**Michael Ziccardi, Jr., D.O.
Medical Director**

Date

**Previous Revision Dates/Supercedes Policy: 4/1/2008
9-2005 / Not applicable**

		Policy Title:	Service Recovery
Effective Date:	4/15/2009	Policy Number:	2310
Review Date:		Category:	Business/Leadership
Revised Date:	1/22/2014	Oversight Level:	2
Administrative Responsibility:	Regional Director of Operations; President/CEO		
Interpretation:	Directors/Operations Managers		

1. Purpose

The Service Recovery policy is aimed towards achieving the best quality in healthcare by providing the customers a "Service Excellence" experience within McLaren Medical Group (MMG) and its affiliates. The goal is to equip all employees with the tools and understanding to implement "Effective Service Recovery" strategies in their respective work sites. Through actively engaging a service recovery protocol, service failures can be approached as opportunities to maintain and improve relationships. The employees will work towards regaining the confidence and commitment of customers by acknowledging and responding to their concerns in a professional and timely manner. The tracking and analysis of service failures develops a link between service recovery and the process improvement initiatives, which address the root cause of service failures, promote learning and prevent recurring service failures.

2. Scope

This policy applies to all employees at all units of MMG in coherence with the corporate customer service policies at McLaren Healthcare Corporation.

3. Definitions

3.1. A "Service Failure" - failure to deliver the promise of "Service Excellence" to the patient.

3.2. "Recovery Atonement" - a monetary or non-monetary gift or letter given to the patient as a token of apology for a service failure; it is administered on a case by case basis contingent upon the nature of the service failure.

3.3. "Service Recovery" - a process used to regain the confidence of the patient based on the promise made by MMG and all its affiliates through the acknowledgement and resolution of a service failure.

3.4. Service Excellence - services that go above and beyond the expected norms every time; it includes turning a wrong into a right or better.

4. Policy

4.1. In order to continuously achieve the “Service Excellence” factor in customer satisfaction, MMG team members will respond to all service failures occurring in their organization.

4.2. Every employee has the responsibility of making each service experience “RIGHT” when a service failure has occurred. If you are the recipient of customer complaint, you own the complaint. Employees are required to resolve issues and if appropriate, provide recovery atonements as outlined by the Service Recovery Program. All service failures will be acknowledged, addressed, and resolved. Additionally, the program includes a process for follow-up with the customer making the complaint.

4.3. MMG and all its affiliates will incorporate a Service Recovery procedure.

4.4. Service Recovery Steps to be completed in 7 working days from receipt of complaint, or less.

5. Procedure

5.1. Guiding Principle-

- Hear the customer
- Empathize by acknowledging the customer’s frustration or difficulty
- Apologize to the customer
- Respond to the problem
- Thank the customer for bringing their concern to your attention

5.2. Contact Levels

5.2.1. Point of Contact

5.2.1.1. Take ownership and responsibility.

5.2.1.2. Do not transfer blame; if possible, fix the problem quickly or offer alternative solutions.

5.2.1.3. If needed, refer to another source as deemed appropriate for the situation.

5.2.1.4. Service recovery intervention will be mitigated on a case-by-case basis by the site supervisor or the next level of management.

5.2.2. Escalation

5.2.2.1. If you believe the problem cannot be handled by you or is still unresolved, forward the issue to the next level of management.

5.3. Documentation

5.3.1. Document Service Failure as soon as possible (refer to the “Patients Relations Feedback Form”)

5.3.2. Documentation includes, but is not limited to, the following information:

- Date of Service Failure
- Customer name or the Medical Record Number (MRN)
- Description of the issue or complaint
- Location of where the Service Failure occurred
- Action taken to resolve the issue
- If not resolved, name and telephone number of the person the concern was referred to
- Recommended priority level of Service Failure and Recovery Atonement type
- Date acknowledgement or resolution letter mailed
- Date service atonement and letter mailed
- Staff person’s name, department and telephone number
- If follow-up is needed, follow the appropriate guidelines and include all follow-up documentation in the file as well.
- Document all information from the complainant, if different from the patient.

5.4. Recovery Atonements:

5.4.1. MMG and all affiliates will include the appropriate use of recovery atonements:

- The recovery atonements can range up to \$10.00 depending on the nature of the Service Failure. Exceptions to dollar range can be made based on the nature and severity of the Service Failure (refer to management, if further clarification is needed).
- MMG shall decide when to give or send recovery atonement. In some cases, recovery atonements may not be appropriate based on the nature of the service failure and could be insulting to the customer.
- Detailed information on description of priority level of the Service Failure and intervention can be found in Appendix C.

5.5. Letters

5.5.1. If detailed investigation is needed to resolve a Service Failure or requires a process change, then a letter must be sent to the customer informing them of the investigation process and /or resolution. Additionally, written response will be based on how the initial inquiry was received.

5.5.2. If the issue was sent via written correspondence (letter or email), then a written response is required. Appendix G has a sample service recovery letter.

5.5.3. If the contact was made by telephone, then follow-up can be done via telephone or written correspondence. Appendix A has scripting examples. Appendix G has a sample service recovery letter.

5.5.4. A handwritten note or card is also acceptable and appropriate.

5.6. Training:

5.6.1. Training will be provided to all employees at the initiation of the Service Recovery Policy. MMG will incorporate this policy into the New Hire Orientation Program.

5.7. Tracking and Monitoring:

5.7.1. Complaints will be tracked at a regional level. The appropriate forms (Patients Relations Feedback Form and the Service Recovery Spreadsheet) should be filled out completely in order to facilitate the tracking of common trends. The commonly identified trends will provide an insight to issues that can be identified, addressed and resolved through process improvements. Such resolutions shall increase the efficacy of the Service Recovery Program and increase patient loyalty in the process.

6. Exceptions

6.1. The policy and procedures enumerated above shall apply unless such policy or procedures are otherwise specified in a contract to which MMG or an affiliate is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

7. References

7.1. Patient Satisfaction/Survey Complaints Policy 9700

8. Appendix

- 8.1. Appendix A :Scripting for staff
- 8.2. Appendix B: Patient Relations Feedback Form
- 8.3. Appendix C: Description of Priority Levels
- 8.4. Appendix D: Letter of Response
- 8.5. Appendix E: Service Recovery Resource Kit
- 8.6. Appendix F: Service Recovery Wait Basket
- 8.7. Appendix G: Service Recovery Sample Letter
- 8.8. Appendix H: Service Recovery Atonement Tracking Sheet

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

1/28/2014

Date

Michael Ziccardi, Jr., D.O.

(Original signed policy on file in MMG Practice Management)

Michael Ziccardi, Jr., D.O.
Medical Director

1/28/2014

Date

Previous Revision Dates:
4-15-2009

McLaren Medical Group

**EXAMPLES OF
Scripting for Employees**

Verbal Intervention: “I apologize that it has taken longer than expected to see you. I realize that you had a _____ appointment time; however, your doctor is busy attending to a prior patient. We will do our best to get you in the exam room within the next _____minutes. If this changes, I shall inform you regarding the same and I thank you for your cooperation.”

Intervention with Recovery Atonement for a Priority Level 2 or Level 3: “I apologize for our delay in attending to you. I thank you for your patience. If you are unable to wait at this time, I shall be happy to reschedule an appointment for you. I realize that the delay had inconvenienced you and would like to extend this gas card as a token of our apology.”

Intervention at Level 4: “I thank you for bringing this _____
(specify Service Failure)
to my attention. I apologize for the same and assure you that all the necessary steps shall be taken to curb such behavior. I empathize with the inconvenience that you have experienced and we will make sure that such behavior is never repeated.”

McLaren Medical Group
Patient Relations Feedback Form

Priority Level:	Action Required:
Patient:	Feedback Source:
Date:	Relationship:
DOS:	Phone:
Department:	Pt. Phone/Other:

Feedback Summary:

Primary Issues of Concern:

Disposition:

- Card \$5.00 Card \$10.00 Letter

This information is considered privileged and confidential including quality assessment activities and internal peer quality peer review under the Michigan Public Health Code: MCLA 330.1143a, MCLA 330.17489, MCLA 333.21513, MCLA 333.21515, MCLA 33.20175, MCLA 331.531 and MCLA 331.533.1

APPENDIX B – P/P 2310
Service Recovery Policy

McLaren Medical Group

PRIORITY LEVELS

- 1) **Priority Level 1:** 15 - 30 min wait-time. Resolution: Verbal Intervention

- 2) **Priority Level 2:** 30 - 60 min wait-time. Resolution: Recovery Atonement \$5.00

- 3) **Priority Level 3:** Appointment cancellation within 3 hours of the scheduled appointment time. Resolution: Recovery atonement \$10.00 and an apology letter.

- 4) **Priority Level 4:** Dissatisfactory employee behavior. Resolution: A written response from the Director of Operations or President/CEO, addressing the action taken or to be taken.

(MMG Letterhead)

Dear _____,

I am writing to you regarding your visit on _____. I extend my sincerest
(specify date of service)
apologies for _____. I wanted to assure you that we
(specify nature of service failure)
would make every effort to make this right.

We appreciate your choosing McLaren as your healthcare provider. We shall continue to strive to provide you with the best service in healthcare. Please accept the enclosed gift as a token of our apology for any inconvenience that you may have experienced.

Yours truly,

Signature of President/CEO or
Director of Operations



MEDICAL GROUP

Service Recovery Resource Kit

What is needed on hand

- Form letter for patient
- Service Recovery atonement gift cards
- Site manager contact information (business cards)

Listed below are Standard Service Recovery Guidelines. Often, there are exceptions to the guidelines based on specific patient concerns. Please contact the local operations manager or regional operations director if further clarification is needed.

- **Priority Level 1**
 - Example: 15-30 minute wait beyond scheduled appointment time.
 - Resolution: Verbal intervention from staff member explaining and apologizing for the delay.
- **Priority Level 2**
 - Example: 30-60 minute wait beyond scheduled appointment time.
 - Resolution: Recovery atonement \$5.00 gift card. A form letter signed by the site operations manager and gift card should be mailed if the atonement was not provided to the patient at the time of appointment delay.
- **Priority Level 3**
 - Example: Appointment cancellation within three hours of scheduled appointment time.
 - Resolution: Recovery atonement \$10.00 gift card. A form letter signed by the site operations manager and gift card should be mailed if the atonement was not provided to the patient at the time of appointment delay.
- **Priority 4**
 - Example: Dissatisfactory employee behavior.
 - Resolution: A written response from the Director of Operations or MMMI President/CEO addressing the service failure and initiating recovery process.

**To order refills or for questions about the Service Recovery program, please contact your local operations manager



MEDICAL GROUP

Service Recovery Resource Kit

Wait Basket

Listed below are Standard Service Recovery Guidelines. Often, there are exceptions to the guidelines based on specific patient concerns. Please contact the local operations manager or regional operations director if further clarification is needed.

- **Priority Level 1**
 - Example: 15-30 minute wait beyond scheduled appointment time.
 - Resolution: Verbal intervention from staff member explaining and apologizing for the delay.

- **Priority Level 2**
 - Example: 30-60 minute wait beyond scheduled appointment time.
 - Offer something from Basket, with scripting “We are sorry for your delay, can I offer you a snack and we will get you finished as soon as we can.”

What to include in the wait basket

- 6 bags assorted Chips
- 4 packages cookies
- 10 packages crackers
- 7 packs assorted nuts (trail mix)

**To order refills or for questions about the Service Recovery Wait program, please contact your local operations manager.



Comment [KH1]: Add your regional logo

Dear Patient,


In response to your concern regarding the efficiency of your McLaren doctor's office we would like to take the time to thank you for expressing your thoughts and to appreciate the inconvenience this must have caused you. We understand the disappointment you have experienced and are working diligently to ensure further inconvenience is avoided.

The offices of McLaren Medical Group strive to provide the highest quality care to the patients it serves. Unfortunately, quality service breakdowns sometimes take place. However, you can rest assured that if a breakdown happens, we act quickly and effectively to establish the level of trust you have come to expect with McLaren Health Care.

As a token of our appreciation and apology, please accept the enclosed gift card along with this letter as our promise to you that corrective action towards your concern has been taken. If there is anything that we can do to minimize your inconvenience in regard to this matter, please do not hesitate to contact us.

Sincerely,

Operations Manager
McLaren Medical Group

		Policy Title:	Work Related Illness and Injury Incident Reporting
Effective Date:	1/1/10	Policy Number:	HR 0180
Review Date:		Section:	Human Resources
Revised Date:	2/1/14	Oversight Level:	Corporate
Administrative Responsibility:		MHCC Vice President Human Resources	

1. Purpose

To provide a consistent method of receiving, monitoring, trending and recording incidents of work related illness and injury.

2. Scope

All employees of McLaren Health Care and its subsidiaries (MHCC).

3. Policy

In the interest of providing a safe and healthy environment, and in accordance with the accrediting bodies, state and federal safety laws, MHCC establishes an expectation that all incidents of work related injuries, accidents or illnesses be promptly reported and recorded.

4. Procedure

4.1 In the event of work related injury, accident or illness the employee should immediately notify his/her manager/supervisor on duty. The employee and manager/supervisor should complete and sign the Employee Occupational Incident Report Form, and the manager/supervisor should refer the employee to the appropriate location, either Employee Health Services (EHS), emergency department, or designated occupational health clinic.

4.2 Failure to comply with this policy, including failure to report to appropriate location or failure to report for scheduled medical appointments without notice of cancellation, may result in corrective action up to and including termination.

5. References

- 5.1. Michigan Workers' Disability Compensation Act
- 5.2. Occupational Safety and Health Administration (OSHA)
- 5.3. MHCC HR 0351 Workers' Compensation Policy
- 5.4. MHCC Employee Occupational Incident Report Form #PS-1772

6. Exception Provisions

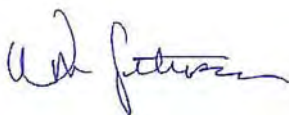
6.1 All health providers, volunteers, students and contractors requiring medical attention due to a work related illness or injury must follow subsidiary specific procedures.

6.2 If any provision of this policy conflicts with an express provision(s) of an applicable bargaining agreement or letter of agreement, the latter shall supersede this policy to the extent necessary to comply with contractual obligations.

Approvals:

Corporate HR Policy Committee: 3/20/09

Human Resources Council: 6/10/09, 11/14/13



William Peterson
Vice President Human Resources

November 25, 2013
Date

Previous Revisions: Not Applicable
Supersedes Policy: Not Applicable

Who to Call for Assistance

- Patient Emergencies – 911
- Physical Security- 911

- Anthelio Help Desk – 810.424.8400
- McLaren University Password Reset –810.342.1050 or Human Resources Contact
- MMG Compliance Hot Line – 810.342.1088
- MMG Privacy Officer – 810.342.1513
- MMG Security Officer – 810.342.1541
- MyMcLaren Password Reset – Human Resources Contact
- Patient Billing Questions – 866.814.9536 or 810.342.6505
- Physician Billing – 810.624.1063
- Webdennis Help Desk – 877.258.3932

- Communication Barriers – See Enclosed Policy PP 2135
- Patient Rights Complaint Process – See Enclosed Policy PP 1040
- Patient Satisfaction Survey Complaints – See Enclosed Policy PP 9700
- Service Recovery – See Enclosed Policy PP 2310
- Work Related Injuries – See Enclosed Policy PP 8130