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## SECTION 16: REGULATORY COMPLIANCE

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**Section 16: Regulatory Compliance** ..... **16-1**  
    Fraud, Waste, and Abuse ..... 16-2  
    Health Information Privacy And Accountability Act (HIPAA) ..... 16-2  
    Advance Directives ..... 16-4  
    DHCS Medi-Cal Fee-For-Service Provider Enrollment Requirement ..... 16-5

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## SECTION 16: REGULATORY COMPLIANCE

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### FRAUD, WASTE, AND ABUSE

HPSJ cooperates with the California Department of Health Care Services (DHCS) in working to identify Medi-Cal fraud, waste, and abuse. Fraud and abuse prevention is monitored and managed by the HPSJ Quality Improvement Department.

HPSJ works with analysts, investigators, and clinicians to perform audits to monitor compliance with standard billing requirements. These audits can be used to identify the following activity (not an inclusive list):

- Inappropriate “unbundling” of codes
- Claims for services not provided
- Up-Coding/Incorrect coding
- Potential overutilization
- Coding (diagnostic or procedural) not consistent with the Member’s age/gender
- Improper use of benefits
- Use of exclusion codes
- High number of units billed

When required, HPSJ will report suspected fraud and/or abuse to the DHCS and Department of Justice (DOJ) Bureau of Medi-Cal Fraud. Providers must cooperate in potential investigations by making office staff and subcontracted personnel available for interviews, consultation, conferences, hearings, and in any other activities required in an investigation.

For information regarding potential fraud, waste, and abuse or to report potential occurrences, Providers should contact the UM Department at (209) 942-6320.

### HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires HPSJ and all network Providers to protect the security and maintain the confidentiality of Member’s Protected Health Information (PHI). PHI is any individually identifiable health information, including demographic information. PHI includes but is not limited to a Member’s name, address, phone number, medical information, social security number, ID Card number, date of birth, and other types of personal information.

#### HPSJ Efforts to Protect PHI

HPSJ has a comprehensive training program as well as detailed policies governing the protection

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## SECTION 16: REGULATORY COMPLIANCE

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of PHI. In addition, all HPSJ staff with access to PHI are trained on privacy and information security laws to ensure full compliance. Member information on HPSJ computers can only be accessed by authorized staff and all computer servers are protected from theft and natural disasters.

HPSJ also makes sure that Members are notified of the plan's privacy practices, advised of their privacy rights, and informed as to how to obtain written information or file a complaint regarding a potential violation of their privacy rights.

### **Protecting PHI at Provider Sites**

Providers should have office policies and procedures in place in order to comply with HIPPA requirements. These policies and procedures should include, but not be limited to:

- Keeping medical records secure and inaccessible to unauthorized access
- Limiting access to information to only authorized personnel, HPSJ, and any regulatory agencies
- Ensuring that confidential information is not left unattended in reception or patient care areas
- Safeguarding discussions in front of other patients or un-authorized personnel
- Providing secure storage for medical records
- Using encryption procedures when transmitting patient information
- Maintaining computer security
- Securing fax machines, printers, and copiers

### **Routine Consent**

Member PHI can be appropriately disclosed for the following reasons (not an inclusive list):

- Verifying eligibility and enrollment
- Authorization for Covered Services
- Claims processing activities
- Member contact for appointments
- Investigating or prosecuting Medi-Cal cases (i.e., fraud)
- Monitoring Quality of Care
- Medical treatment
- Case Management/Disease Management

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## SECTION 16: REGULATORY COMPLIANCE

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- Providing information to public health agencies permitted by law
- In response to court orders or other legal proceedings
- Appeals/Grievances
- Requests from State or federal agencies or accreditation agencies

Providers must obtain specific written permission to use PHI for any reason other than the ones listed above.

### **Member Access to Medical Records**

Providers must ensure that their medical records systems allow for prompt retrieval of medical records and that these records are available for review whenever the Member seeks services. Member medical records should be maintained in a way that facilitates an accurate system for follow-up treatment and permits effective medical review or audit processes.

Medical records should be provided to Members upon reasonable request and should be organized, legible, signed, and dated.

### **Reporting a Breach of PHI**

A breach is an unauthorized disclosure of Protected Health Information (PHI) that violates either federal or State laws or PHI that is reasonably believed to have been acquired by an unauthorized person. This could include, but not be limited to:

- Release of Member's PHI to unauthorized persons
- Misplacing or losing any electronic devices (e.g., thumb drive, laptop) that contain PHI

If a Provider becomes aware of a breach, the Provider should notify HPSJ immediately by contacting the HPSJ Provider Services Department at (209) 942-6340.

### **ADVANCE DIRECTIVES**

HPSJ recognizes the Members' rights to formulate Advance Directives, including the right to be informed of State law in respect to Advance Directives and receive information regarding any changes to that law.

HPSJ notifies Members of their right to formulate an Advance Directive at the time of initial enrollment and annually thereafter through the *Combined Evidence of Coverage and Disclosure Form*. PCPs and Specialists providing care should assist adult Members over eighteen (18) years of age and older in receiving additional information and understanding their right to execute Advance Directives. Below are key actions that should be taken to assist Members.

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## SECTION 16: REGULATORY COMPLIANCE

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- At Member's first PCP visit, office staff should ask if they have executed an Advanced Directive and the Member's response should be documented in the medical record.
- If the Member has executed an Advance Directive, a copy should be included as a part of the Member's medical record.
- Providers should discuss the potential medical situations with the Member and any designees named in the Advanced Directive. This discussion should be documented in the medical record.

### **DHCS MEDI-CAL FEE-FOR-SERVICE (FFS) PROVIDER ENROLLMENT REQUIREMENT**

- In accordance with DHCS guidelines, provider's interested in contracting with Health Plan of San Joaquin (HPSJ), are required to be enrolled in the Medi-Cal fee-for-service (FFS) program. Providers enrolled in the Medi-Cal FFS program must also be credentialed by HPSJ and meet all screening and enrollment requirements pertaining to FFS provider and must adhere to all criteria outlined in regulatory provider bulletins. For more information or to apply, please visit <http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx> or call the Provider Enrollment Division (PED) at (916) 323-1945 or submit an e-mail to [PEDCorr@dhcs.ca.gov](mailto:PEDCorr@dhcs.ca.gov). To access the Open Data Portal and view the list of providers enrolled in the Medi-Cal FFS program, please visit <http://www.dhcs.ca.gov/provgovpart/Pages/PED>.

If possible, a copy of the Advance Directive should be placed in Member's chart.