



COMPLIANCE NEWSLETTER

Heritage Provider Network

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Minimum Necessary Standard

45 CFR 164.502(b), 164.514(d)

The minimum necessary standard is a key protection in the HIPAA Privacy Rule. It requires covered entities/business associates (such as HPN, its affiliated Medical Groups, and FDRs) to make reasonable efforts to limit the use/disclosure of protected health information (PHI) to the least amount needed to accomplish the intended purpose or to carry out a particular function.

The minimum necessary standard does not apply to:

- Health care provider requests for treatment purposes
- To the patient who is the subject of the information
- Uses or disclosures made with patient authorization
- Uses or disclosures that are required by law

Putting the Minimum Necessary Standard into Practice

Q: “Our department wants to send out postcards to all of our patients. Is this acceptable?”

A: What is the intended purpose? What is the minimum necessary PHI needed? Do not use or disclose diagnosis or individually identifiable or any other sensitive PHI.

Q: “I know that all employees sign a confidentiality statement upon hire, so is it okay to share PHI with any coworker?”

A: No. If the person does not need the PHI to complete their job duty, you should not share. Sharing PHI unnecessarily could result in disciplinary action, up to termination.

If you have any questions, contact your supervisor or Compliance Officer. See also policy: [HIPAA Minimum Necessary Data Request and Disclosure](#)

OIG and GSA Exclusion Screenings

What is required?

HPN and its affiliated Medical Groups, and its First Tier, Downstream, and Related Entities (FDRs) are required to screen all new employees, temporary employees, volunteers, consultants, governing body members, and FDRs prior to hire/contracting and monthly thereafter against:

- The Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) to identify individuals/entities that have been excluded from Medicare and other federal health programs; and
- The exclusion list maintained by the General Services Administration (GSA) in the System for Award Management (SAM) database to identify individuals/entities excluded from federal procurement.

Why must we review both lists for exclusion?

CMS forbids the use of federal funds to pay for services, equipment or drugs prescribed/provided by a provider, supplier, employee or FDR excluded by the OIG/GSA.

To make sure this doesn't happen, we screen prior to hire/contract and monthly thereafter to ensure these persons are not excluded and do not become excluded.

For more information review HPN's Compliance Plan, policies and procedures located at www.hpnaco.com/Compliance/ and CMS's [Medicare Managed Care Manual, Chapter 21, 50.6.8](#)

REPORT!

FRAUD, WASTE, ABUSE & NON-COMPLIANCE

- Reports are kept confidential to the extent possible and may be made anonymously.
- Report without fear of reprisal or any other penalty, including retaliation or intimidation.
- Reports may be made 24/7, to your Compliance Officer through the Compliance Confidential Hotline, by email, or by mail.

Please refer to HPN's [Whistleblower Protection policy](#)

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