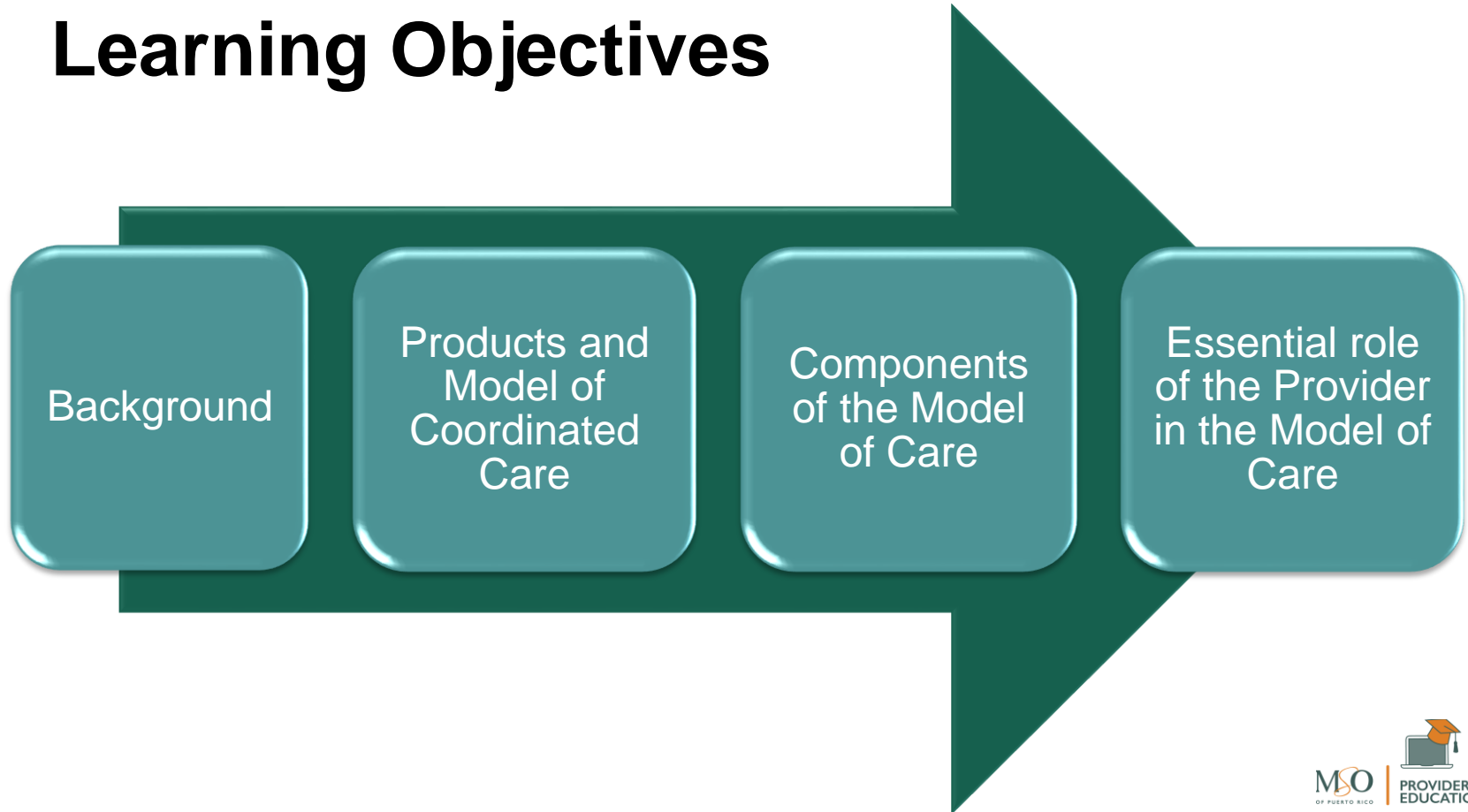




# Model of Care 2023

# Learning Objectives



# Model of Care Training

Developed to meet the guidelines of the  
Centers for Medicare and Medicaid Services\*

Every MAO must conduct and document training on Model of Care for all employed and contracted personnel and providers:

- Initial and annual training
- Methodology or types of intervention:
  - Face-to-Face
  - Interactive (web-based, audio/video conference)
  - Self-study (printed materials, electronic media)

# Background



Incorporated in the year 2000

In 2001: Approved by CMS to begin providing services as the first Medicare Advantage plan in Puerto Rico

## Focus:

Effective coordinated care  
Prevention  
Quality of life

# Background



**4.5 stars**

We celebrate that one of our contracts has been rated 4.5 stars under the Medicare Star Rating Program **for six consecutive years.**

\* Contract H4004.  
Every year Medicare evaluates plans based on a 5-Star Rating System

# What is the Coordinated Model of Care?



- A structure to ensure coordinated care is performed efficiently
  - Focused on beneficiaries with special needs
- 
- Essential tool
  - Improves quality
  - Ensures that needs are met under SNP\*

\*SNP – Special Needs Plans



***SNP Products***

***2023***



**caminamosjuntos**

# Model of Care 2023

## C-SNP

MMM Supremo (HMO-SNP)

MMM Integral (HMO-SNP)

MMM Vibrante (HMO-SNP) \*

Members diagnosed with chronic or disabling conditions:

- Diabetes
- Chronic Heart Failure (CHF)
- Cardiovascular diseases:
  - Cardiac Arrhythmias
  - Peripheral Vascular Disease
  - Coronary Artery Disease
  - Chronic Venous Thromboembolic Disorder

\*Regional plan for members of the following municipalities: Aguadilla, Isabela, Quebradillas, Camuy, Hatillo, Arecibo, Aguada Rincón, Moca, Añasco, San Sebastián, and Utuado.



# Model of Care 2023

## D-SNP

MMM Diamante Platino (HMO-SNP)

MMM Relax Platino (HMO-SNP)

MMM Dorado Platino (HMO-SNP)

MMM Valor Platino (HMO-SNP)

MMM Grande Platino (HMO-SNP)

PMC Premier Platino (HMO-SNP)

Members eligible for  
Medicare and  
Medicaid

# MOC Elements

Special Needs Population (*SNP*) Description

Coordinated Care

Mandatory Assessment of Health Risks and Reevaluation (HRA)

Individual Care Plan (ICP)

Interdisciplinary Team (ICT)

Medical Visits (Face-to-Face)

Provider Network

Quality Metrics and Performance Improvements

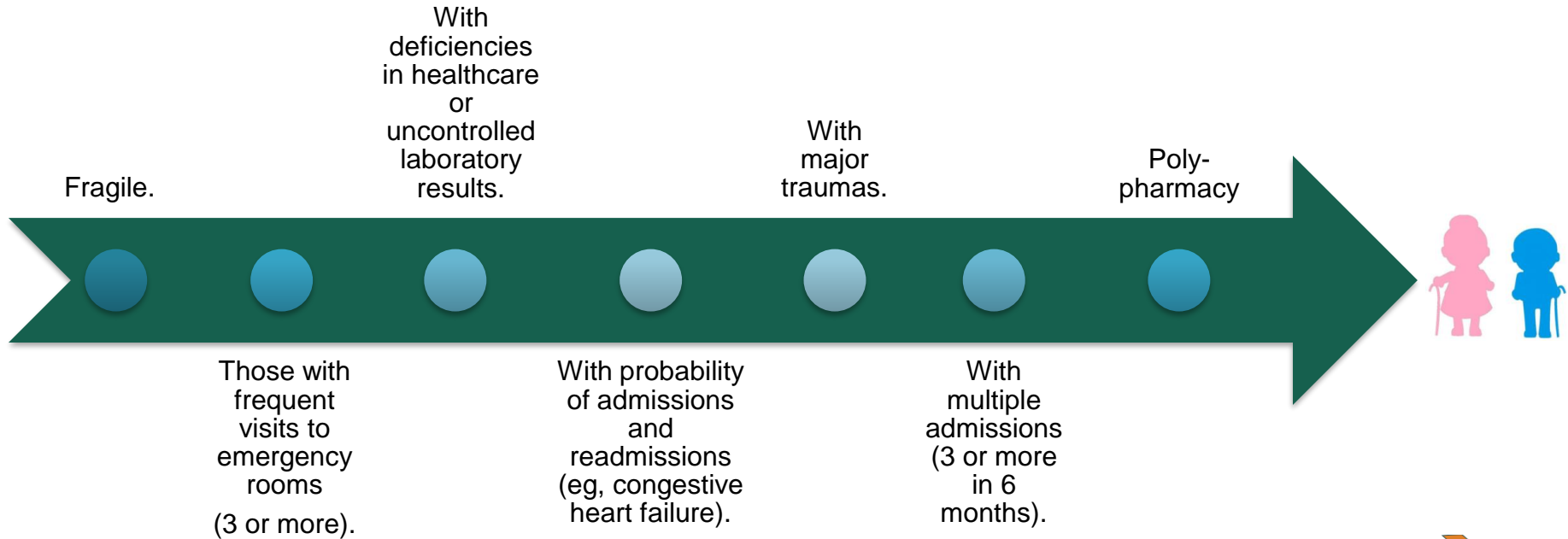
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# **MOC 1:**

## **Description of the Special Needs Population (*SNP*)**

# The most vulnerable

Identify those members with greater vulnerability.



# The most vulnerable

## Members with chronic uncontrolled conditions:

- COPD (Chronic Obstructive Pulmonary Disease)
- Asthma
- CHF (Congestive Heart Failure)
- Cardiovascular Disease
- Arteriosclerosis
- HTN (Hypertension)



## Members with disabilities

## Members that require complex procedures or transition of care:

- Organ transplant
- Bariatric surgery

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# MOC 2: Service Coordination

# Coordinated Care

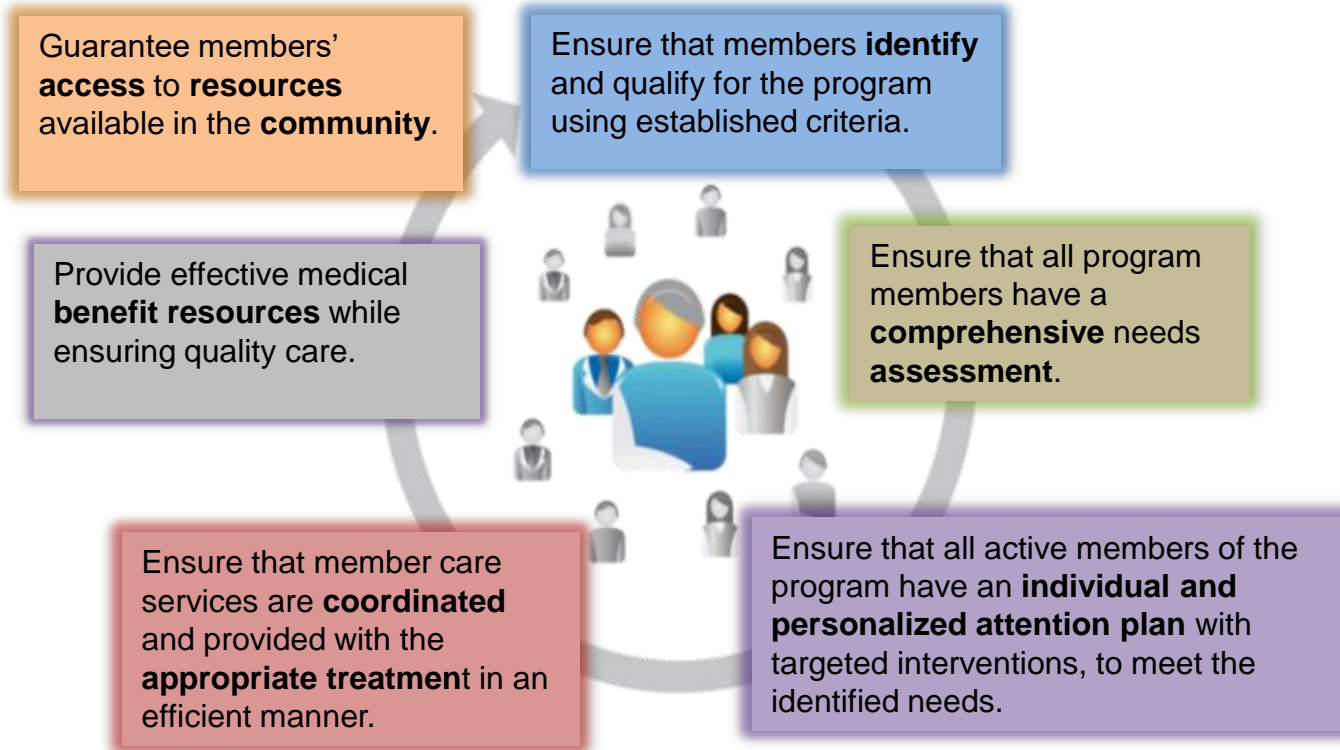
Ensures the health needs of beneficiaries of an SNP. Information is shared among the interdisciplinary staff.

Coordinates the delivery of specialized services that meet the needs of the most vulnerable population.

Performs *Health Risk Assessments, Individualized Care Plan* and has an established *Interdisciplinary Team*.



# Care Management Program Focus





# Health Risk Assessment (HRA)

HRA is performed to identify medical, psychosocial, cognitive and functional requirements of people with special needs.

Initial HRA - 90 days from membership to complete it. Annual HRA - starting 365 days after the initial or after the most recent HRA.

# Health Risk Assessment (HRA)

HRA is done by phone or on paper.

Results → Individualized Care Plan:

- \* Problems, goals and interventions with an interdisciplinary team.

HRA refers to → Care Management Programs.

- \* Case Management, among others.

Care plan is shared with:

Member + PCP and Interdisciplinary Team.

# Individualized Care Plan (ICP)

Interdisciplinary team develops an ICP for each SNP member, identifying the needs of the member based on the result obtained in the HRA.

ICP guarantees that needs are covered, the course of evaluation and coordination of services, and the member's benefits.

# Individualized Care Plan (ICP)

ICP is communicated to the member or caregiver and shared with the provider through our InnovaMD portal.

Review annually or when health status changes.

# Interdisciplinary Team (ICT)

Group focused on the member. Discusses the health status and interventions for the patient.

## Responsibilities of the providers in the ICT:

1. Participate in ICP discussion.
2. Collaborate in setting goals.
3. Involve members in the management of self-management and follow-up.
4. Integrate other doctors and providers.
5. Participate in ICT meetings.
6. Communicate changes to ICT components through meetings or phone calls.
7. Refers to the care management programs available through the plan.



# Care Transition

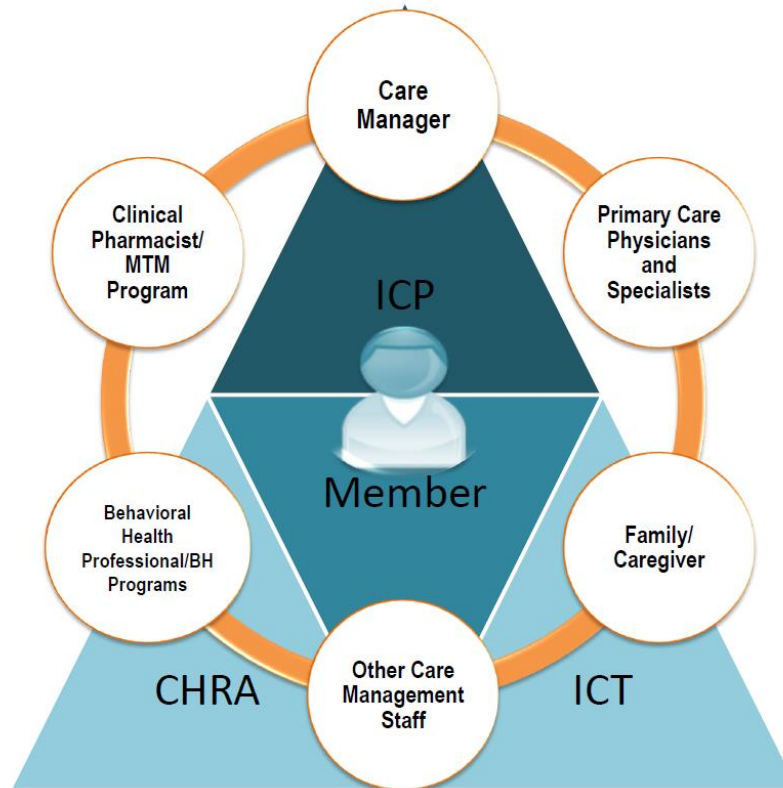
Transition processes and protocols are established to maintain continuity of care.

Different units work in collaboration with primary doctors and providers to guarantee and support the coordinated care the member deserves.

Staff available in the Discharge Planning Unit facilitates communication between care centers, primary physician and the member or their caregiver.

Member's ICP is shared with member and primary care physician when a transition of care occurs.

# Care Transition Protocols



# Provider's Role in the Model of Care

- Ensures the continuous access to services and verifies what needs and information are shared among staff.
- Promotes follow-up visit seven days after patient is discharged from the hospital.
- Coordinates specialized services to the most vulnerable population.
- Promotes Health Risk Assessment for Individualized Care Plan.
- Actively participates as part of the Interdisciplinary Team.



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# **MOC 3:**

# **Specialized Provider Network**

# **in the Care Plan**

# Focus

Maintain a network of specialized providers to meet the needs of our members by being the primary link in their care.

## The Provider Network monitors:

- The use of clinical practice guidelines and protocols.
- Collaboration and active communication between ICT and case administrators.
- Assistance in the preparation and updating of care plans.
- That all network providers are evaluated and qualified through a credentialing process.



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# **MOC 4:**

# **Quality Measurement and Performance Improvement**

# Quality Evaluation and Improvement

The plans establish a Quality Improvement Program to monitor health outcomes and performance of the care model through:

- Data collection and follow-up of the specific SNP Five Stars Program measures (HEDIS).
- Implementation of the Annual Quality Improvement Project, which focuses on improving the clinical aspect or service that is relevant to the SNP population.
- Measurement of SNP member satisfaction.

# Quality Evaluation and Improvement

The plans establish a Quality Improvement Program to monitor health outcomes and performance of the care model through:

- Chronic Care Improvement Program (CCIP) for chronic disease, that identifies eligible members, and intervention to improve disease management and evaluate the effectiveness of the program.
- Collection of data to evaluate if the objectives of the SNP program are met.
- Sharing performance results every year with members, employees, vendors, and the general public.

# References

1. *Model of Care Scoring Guidelines for Contract Year 2023.*

Retrieved from:

<https://snpmoc.ncqa.org/static/media/MOCScrngGdlnsCY2023.78de7daf63abaa3b9edd.pdf>

2. *Medicare Managed Care Manual.* Chapter 5 - Quality Assessment, section 20.2 Additional Quality Improvement Program Requirements for Special Needs Plans (SNPs).

Retrieved from:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326>

# Our commitment to quality

Today we are proud to see that MMM special needs coverage will continue to improve the quality of life for thousands around the island.



## For more information:

787-993-2317 (Metro Area)

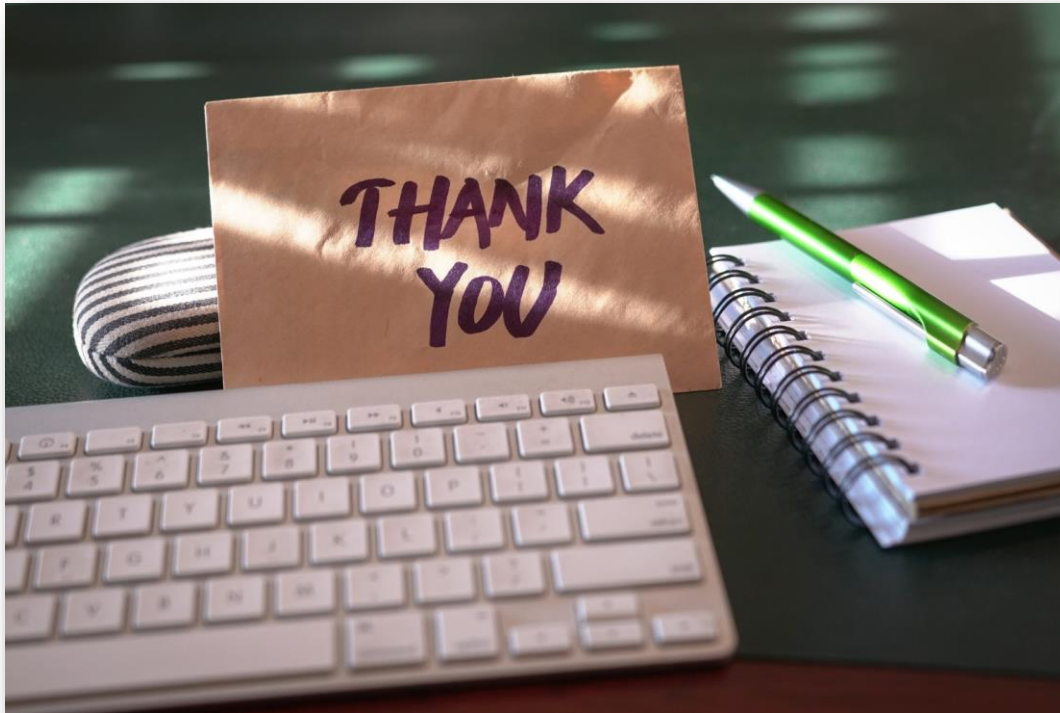
1-866-676-6060 (toll free)

Monday through Friday from 7:00 a.m. to 7:00 p.m.

# Questions?









# **Corporate Training of Regulations Applicable to the Healthcare Industry**

**October 2022 Revision**

# Agenda

## The following topics are included in the Corporate Training of Regulations Applicable to the Healthcare Industry:

1. Cultural Competence Plan
2. Previous Will for Medical Treatment in Case of Suffering a Terminal Health Condition or Persistent Vegetative State (Law 160 of November 17, 2001), better known as “Advance Directives”
3. Patients Rights and Responsibilities(Law 194 of August 25, 2000, as amended)
4. Child Safety, Well-being, and Protection Act, 246 Act
5. Gender Violence Act, 54 Act
6. Protocol for the prevention and identification of potential cases of financial exploitation of elderly or disabled adults



## Cultural Competence Plan

# What is Cultural Competency?

A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among, and between groups and the sensitivity to know how these differences influence relationships with Enrollees. It is the ability to understand, interact and collaborate well with different people.

# Cultural Competence Plan

- Employees and Associates of the Plan must provide service to all beneficiaries of any culture, race, ethnicity, gender identity, gender expression, real or perceived sexual orientation (lesbian, gay, bisexual, transgender better known as LGBTTTQ+ + population),and religion; in order to recognize the values, respect, protect and preserve the dignity of each individual.
- The purpose is to ensure that the diverse needs of the beneficiaries are considered.

# Cultural Competence Plan Objectives

- Identify Beneficiaries who have cultural limitations or language barriers.
- Ensure that all available resources meet communication requirements regarding language barriers.
- Ensure that health Providers understand and recognize needs according to cultural differences.
- Ensure that all Employees and Associates are trained to assess cultural, religious and language differences.

# Cultural Competence Plan Objectives

- Increase communication with Beneficiaries who have cultural competences or language barriers.
- Utilize culturally sensitive and appropriate educational materials for each type of cultural limitations including race, religion, LGBTTTQ+ (Lesbian, Gay, Bisexual and Transgender) communities, ethnicity or language.
- Decrease discrepancies in medical care received.
- Increase the understanding of our Employees, Contractors, health Providers, about cultural and religious differences.





# Cultural Competence Plan Components

- **Analysis of Data:**
  - Periodically conduct an assessment of our population in underserved areas.
  - Carry out regular analysis of claims and meetings to identify health needs.
  - As part of the process of registration to identify specific needs in terms of race, religion, ethnic origin and language.

# Cultural Competence Plan Components

- **Language or Interpreter Services:**
  - Providers help identify beneficiaries with possible linguistic barriers.
  - In coordination with the Beneficiary Services Department, they receive free interpreter services to access the covered services.
  - Interpreter services include interpretation for beneficiaries with limitations in the Spanish language or auditory impairments.
  - Contractors who provide service to our beneficiaries must comply with the approved Cultural Competency Plan.
  - Written materials are available in both Spanish and English.
  - All material must be understandable by a person (children) with a 4<sup>th</sup> grade of scholarship/ education.



# Cultural Competence Plan Components

- **Religious beliefs:**
  - Ensure that all Employees respect the Beneficiaries according to their religious beliefs.
  - Providers must comply with the religious beliefs of the Beneficiaries when providing medical treatment services.

# Cultural Competence Plan Components

- **LGBTQT+ Population Anti-discrimination:**
  - A Providers Guide is available for sensitive and adequate management when providing health services to LGBTQT+ + Enrollees that is distributed to all providers.
  - Respect all laws applicable in Puerto Rico such as Law 22-2013- first legislation against discrimination based on sexual orientation.
  - The Provider is responsible for training its staff on sensitivity to the LGBTQT+ population.
  - The approval and dispatch of medications, as well as medical services, should not be restricted by the Enrollee sex.

# Cultural Competence Plan Components

- **Provider Education:**
  - Provider must be educated according to the Cultural Competency Plan.
- **Electronic Media:**
  - Beneficiaries have access to the TTY / TDD line for audio-impaired services
  - Services to the Beneficiary will provide the necessary follow-up services in addition to the call.

# Cultural Competence Plan Components

- **Survey on the Cultural Competence Plan:**
  - To create awareness and increase the beliefs, values and attitudes that promote understanding of cultural, religious, sexual preferences, and language differences and identify areas of need for training.
  - This self-assessment is in line with or similar to the self-assessment of the National Center for Cultural Competence.

# Vieques and Culebra Beneficiaries

# Vieques and Culebra Beneficiaries

- A policy is established to require the providers to give priority to the Beneficiaries resident of Vieques and Culebra, so that they are taken care of within a reasonable time after arriving at the office.
- This preferential treatment is necessary due to the location of these municipal islands, considering the longer travel time necessary for their residents to obtain medical attention.





**Advance Directives  
(Law 160 of November 17, 2001)**

## Definition

- **Advance Directive:** A written instruction, such as a living will or durable power of attorney, granting responsibility over an individual's health care, as defined in 42 CFR 489.100, and as recognized under Puerto Rico law under Act 160 of November 17, 2001, as amended, relating to the provision of health care when the individual is incapacitated.

# Advance Directives Law

- Recognizes the right of every elderly person, in complete use of his/her mental faculties, declare previously his/her will related to medical treatment in case of suffering a terminal health condition and/or vegetative persistent state.
- The declarant can name a representative or leader in case any event prevents him/her from making a decision and in case he/she has not decided about a medical situation in the declaration of will; he/she can decide according to his/her values and ideas.

# Advance Directives Law

- The responsibility of notifying his/her doctor and /or the health institution about the existence of an advance directive and providing them a copy of such document relapses on the declarant.
- The advanced directive must be signed in front of a Public Notary and two witnesses that are 21 years or older.
- The Enrollee can also sign the advanced directive in presence of a physician and two witnesses who are 21 years or older.
- The Enrollee can modify the advance directives document, in part or totally; in any moment.
- The revocation of the document can only be requested by written.

## Limitations

- In case of pregnant women, any advance directive remains without effect; until her pregnancy finishes.
- The declarant cannot prohibit him/herself of receiving treatment for pain, hydration or feeding.
  - Except, when death is imminent or his/her body cannot absorb food and/or liquids. In this case, only the physician will have the authority to make a decision.
  - This law does not authorize the practice of euthanasia, or mercy-killing.



**Patients Rights and Responsibilities  
(Law 194 of August 25, 2000, as amended)**

# What does the law establish?

## Law 194 from August 25, 2000

- Created to establish the Patient Rights and Responsibility Act.
- Provide the patients rights and responsibilities and medical-hospitalary utilizers in Puerto Rico, including Providers of these services and their health insurances.
- Define terms; establish dispute settlement procedures, impose penalties; and for other related purposes.
- Custodian, guardian, spouse, relatives, legal representative, attorney-in-fact, or any other person appointed by the courts or by the patient, may exercise these rights if the patient lacks the capacity to make decisions, is declared incapable by law or is a minor.

# Patient Rights

- Obtain information of the Government Health Plan (GHP) about coordinated care, facilities, health professionals, services and service access.
- Receive healthcare services of the most highest quality.
- Be treated with respect, equality and consideration before dignity and privacy.
- Obtain information about option treatment alternatives.
- Participate in decisions about healthcare, including the right to refuse treatment.
- Receive emergency services 24 hours a day, seven days a week.



# Patient Rights

- Continuity of services.
- Request and receive copy of your health care records.
- Confidentiality of your information and healthcare records.
- Settle a complaint, grievance or appeal freely and not affecting adversely the way you are treated.
- Be able to exercise your rights without retaliation.
- Receive information about Advanced Directives and Medical Treatment.

# Patient Responsibilities

- Must be informed about your coverage, its' limits and exclusions.
- Inform your doctor about:
  - Changes in your health
  - Information that has not been understood
  - Reasons of why you cannot comply with the recommended treatment.
- Provide your Doctor all your health information.
- Follow the treatments recommended by your doctors.
- Maintain a healthy lifestyle.

# Patient Responsibilities

- Communicate your health treatment Advanced Directives.
- Maintain appropriate behavior that does not impair, hinder or prevent other patients receiving the necessary medical care.
- Provide the information required by your plan.
- Notify about any possibly fraudulent activity or inappropriate action related to health services, Providers or Facilities.

# Penalties and Patients' Advocate Office Role

- Any insurer, health care plan, health professional or health-care Provider or person or entity that fails to fulfill any of the responsibilities or obligations imposed by this Act, will incur in an administrative fault and will be punished with penalty of a fine not less than five hundred (500) dollars nor more than five thousand (5,000) dollars for each incident or violation of law.
- The Office of the Patient Advocate (OPP) was created in 2001 to guarantee compliance with the rights and responsibilities of the patient. It is empowered by Act No. 77-2013 and Act No. 170-1988, as amended, to investigate and address any complaint related to the violation of the legal provisions set forth in Act No. 194-2000, as amended, known as "Patient Rights and Responsibilities Charter".

## OPP Contact Information:

*Patient`s Advocate Office*

Mailing Address: PO Box 11247 San Juan , Puerto Rico 00910-2347

Physical Address: Mercantil Plaza Building, floor 9 Hato Rey, Puerto Rico.

Telephones: 787-977-1100 (Urban) 1-800-981-0031 (Island) ;

To request a grievance: 787-977-1100

Fax: 787-977-0915

[info@opp.pr.gov](mailto:info@opp.pr.gov)

[www.opp.pr.gov](http://www.opp.pr.gov)





**Child Safety, Well-being, and Protection  
Act No. 246 of December 16, 2011, as amended**

# Child Safety, Well-being, and Protection Act

## Act No. 246 of December 16, 2011, as amended

- For the purpose of guaranteeing the welfare of children, and to ensure that proceedings in child abuse cases are diligently attended to; to repeal Act 177-2003, known as the "Act for the Integral Welfare and Protection of Children"; and to amend Section 2. 006 of Act 201-2003, as amended, known as the "Judiciary Act of the Commonwealth of Puerto Rico of 2003," for the purpose of requiring that it be an inherent part of the judicial education system to offer training on the issues of child abuse and protection, and of the changes in policies and procedures related to the "Child Safety, Welfare and Protection Act"; and for other related purposes.
- For the law, **child abuse** means any kind of harm; humiliation; physical or psychological abuse; carelessness; omission or negligent treatment, mistreatment, sexual exploitation; including sexual assault and obscene behavior; and any type of violence aggression directed to a child or youth by his/her parents, legal guardians or any person.

## Act No. 246 of December 16, 2011, as amended

### Health Department responsibilities

- Provide diagnostic and medical treatment services to abused children and their families;
- Provide training for medical and non-medical professionals on medical aspects of child maltreatment;
- Providing priority medical evaluation and care to children in the Department's custody, and providing prescribed medications;
- Ensuring health services to children in the Department's care, regardless of where they are placed;
- Coordinate the provision of addiction and mental health services with the Department's Service Plan.
- Establish service programs for maltreated children with special health care needs; and
- Provide expert advice on health issues and expertise in situations of institutional abuse and/or institutional neglect in educational institutions;
- Ensure that providers or privatizing entities of mental health services and facilities offer immediate attention to situations where maltreatment exists, as well as medications, and that they comply with the obligations herein imposed on the Department of Health.
- **To develop collaborative agreements with the governmental entities obligated under this Act to provide mental health or addiction services to minors, fathers, mothers or person responsible for a minor who has engaged in abusive conduct.**



# Department of Family's ADFAN Program Contacts Information

## **Physical Address**

- Roosevelt Plaza Building  
185 Avenida Roosevelt  
Hato Rey, Puerto Rico 00918

## **Postal Address**

- P.O. Box 194090  
San Juan, PR 00919-4090

Telephone:

- 787-625-4900

### **ADFAN Lines**

- Abuse Hotlines  
787-749-1333/ 1-800-981-8333

- **Guidance Hotlines**

787-977-8022 1-888-359-7777





**Domestic Abuse Prevention and Intervention Act” Act  
No. 54 of August 15, 1989, as amended**

# What does the law establish?

## Law 54- “Law for the Prevention and Intervention with Domestic Violence“:

- To establish a set of measures aimed at preventing and combating domestic violence in Puerto Rico; to define the crimes of Abuse, Aggravated Abuse, Abuse by Threat, Abuse by Restraint of Liberty, and Spousal Sexual Assault, and to establish penalties;
- To empower the courts to issue Orders of Protection for victims of domestic violence and to establish an easy and expeditious procedure for the processing and adjudication of such Orders; to establish measures aimed at the prevention of domestic violence and to order the “Oficina de la Procuradora de las Mujeres” to disseminate and orient the community on the scope of this Act and to allocate funds.
- In 2022 was include the threat of mistreatment or abuse of domestic animals within the criminal conduct that is part of the definition of domestic violence.

# What is domestic Violence?

Is a type of gender violence that happens to people who are or were partners and between whom there was a consensual relationship. It is not necessary that they live together or that they have had children together.

## Domestic violence includes:

- physical violence,
- psychological,
- intimidation or threats,
- sexual assault and
- deprivation of liberty.
- Sometimes, the aggressor does not cause harm directly to the survivor, but damages the survivor's things or other people in the interest of causing emotional harm to the survivor.

# Women`s Advocate Office Contact Information

## Physical Address

- 161 Avenida Juan Ponce de León  
San Juan, 00917

## Postal Address

- Box 11382  
Fernández Juncos Station  
San Juan, PR 00910-1382

## Telephones:

- Tel: (787) 721-7676
- Libre de costo: 1-877-722-2977  
Fax: 787-721-7711  
TTY: 787-725-5921
- **Email:**  
[intercesoraslegales@mujer.pr.gov](mailto:intercesoraslegales@mujer.pr.gov).



**Prevention and Safety Program for Victims of Gender  
Violence Act. Act No. 3 of January 18, 2022**

# Prevention and Safety Program for Victims of Gender Violence

- Gender violence occurs when a person demonstrates behaviors that cause physical, sexual or psychological harm to another person physical, sexual or psychological harm to another person motivated by gender stereotypes created by society.
- Statistically, in most of these cases the victims are women in situations of violence committed by men violence. This includes women of various ages and social, educational and economic backgrounds social, educational and economic backgrounds. However, anyone could be affected by gender-based violence
- The concept of violence includes threats, aggression, persecution and isolation, among other similar actions. These actions can occur in public and private public and private places, and manifest themselves in work, community, family, friendships, relationships, teachers, and even by strangers.

## What does the law establish?

- To adopt and create the "Prevention and Safety Program for Victims of Gender Violence Act" to protect victims of gender violence who have been issued a protection order, through the integration of services and alliances between the Puerto Rico Police, the Municipal Police, and the Judicial Branch; and for other purposes.
- This Act does not exclude any other initiative of the Executive Branch that may join efforts to provide security to victims of gender violence under the declaration of emergency issued in the Executive Order of Administrative Bulletin No. 2021-013.
- Any protocol or process approved under said Administrative Order shall be included as part of the surveillance and security program ordered in this Act, without detriment to the constitutional powers of the Legislative Assembly of Puerto Rico.





**Protocol for the Prevention and Identification of  
Potential Cases of Financial Exploitation of Elderly or  
Disabled Adults**

# What is Financial Exploitation?

Financial Exploitation is a type of abuse against the elderly or disabled adults carried out by family members, friends, neighbors, and caretakers, among others.

Act Number 121-1986 defines financial exploitation as the improper use of the funds of a competent elderly or disabled adult, of his / her property or resources by another individual, including, but not limited to, fraud, misrepresentation, embezzlement, conspiracy, forgery of documents, falsification of records, coercion, transfer of property through fraud, or denial of access to assets.



# Financial Exploitation - Reasons

## Key factors that make exploitation more likely to happen:

- The adult children's financial situation
- Use and abuse of controlled substances by close family members
- Trusting in and providing information related to finances to strangers/others
- Cognitive decline (caused by age or illness)
- Changes in the usual management of bank accounts
- Disputes among adult children for the parents' financial resources

# Signs of Potential Exploitation

## Among the signs of Financial Exploitation of the Elderly are:

- Sudden and significant reduction of the balances in checking and savings accounts
- Canceling certificates of deposit before their date of maturity
- Payments made to third party bills via direct debit
- The person looks neglected or unkempt despite adequate income
- Signature forgery
- Unpaid bills
- Termination of vital utilities such as electricity, water, and telephone
- Appearance of property liens or foreclosure notices
- Withdrawal of large sums of cash from bank accounts or changes in spending habits
- Loan applications or signatures on loan applications
- Purchase of vehicles or real estate property without the victim's consent
- Sale of vehicles or of real estate property
- Purchase or cancellation of insurance policies

# Factors that increase the risk of Exploitation

- Isolation
- Loneliness
- Family members with drug, alcohol, or gambling problems
- Cognitive and physical changes that make the elderly person or disabled adult dependent on others
- Lack of skills when it comes to managing financial or technological issues
- Death of spouse or adult children who managed or helped manage finances

# How to avoid Financial Exploitation?

Information that our Enrollees should know:

- Carefully pick and choose the person with whom you will share your financial information
- Protect your checkbook, credit cards, savings, financial statements, and any other sensitive document: keep them in a safe place
- Do not give out your Social Security number or your debit card's secret or personal identification number (PIN) to anyone, especially over the phone



# Penalties

Law Number 146-2012, sets the following penalties:

- When the sum of the funds, assets, personal or real estate property involved in a case of financial exploitation of an elderly or disabled person adds up to \$2,500.00, the offender will incur in a misdemeanor. In those cases where the sums are larger than the abovementioned, he/she will incur in a felony.
- In all cases, the Court will impose a restitution penalty in addition to the set penalty.

# Applicable Laws

## The following laws protect the elderly against Financial Exploitation:

- Act Number 121-1986, as amended, known as the *Bill of Rights of the Elderly*.
- Act Number 206-2008, which orders the Commissioner of Financial Institutions, the Corporation for the Supervision and Insurance of Cooperatives of Puerto Rico and the Office of the Commissioner of Insurance to Implement Those Regulations Necessary, in order to require any financial institution, cooperatives or insurance in Puerto Rico to establish a protocol for the prevention and detection of possible cases of financial exploitation to persons of elderly or adults with disabilities. These institutions are required to notify any situations in which financial exploitation is suspected.
- Act Number 146-2012, as amended, know as the *Puerto Rico Criminal Code*, in its Articles 127-C y D Financial Exploitation of Elderly Persons, sets forth, among other things, the modes and penalties for people who commit this crime.



# Contacts

**Every MMM Employee has the responsibility to refer any potential financial exploitation situation to:**

## **Medicaid Compliance Department**

Liza Rivera-Ortiz, Compliance Officer

Medicaid

MMM Holdings, LLC

P.O. Box 71114

San Juan, PR 00936-8014

Phone: 787-622-3000, Ext. 2233

Mobile: 787-918-7332

E-mail: [liza.rivera@mmmhc.com](mailto:liza.rivera@mmmhc.com)

Online, via the Ethics Point webpage:

[www.psg.ethicspoint.com](http://www.psg.ethicspoint.com)

Ethics Point hotline: 1-844-256-3953

Refer by e-mail: [VitalSIU@mmmhc.com](mailto:VitalSIU@mmmhc.com)

## **Medicare Advantage Compliance Department**

Myra Plumey, Chief Compliance Officer

MMM Holdings, LLC

P.O. Box P.O. Box 71114

San Juan, PR 00936-8014

Phone: 787-622-3000, Ext. 2061

Mobile: 787-379-3327

E-mail: [myra.plumey@mmmhc.com](mailto:myra.plumey@mmmhc.com)

Online, via the Ethics Point webpage:

[www.innovacarehealth.ethicspoint.com](http://www.innovacarehealth.ethicspoint.com)

Ethics Point hotline: 1-877-307-1211

Refer by e-mail: [SIU@mmmhc.com](mailto:SIU@mmmhc.com)





Thanks for your attention



# Compliance and Integrity Program

**Vital Plan** - New Plan Model 2023





# Code of Conduct and Compliance Program





**Compliance is  
EVERYONE'S  
responsibility!**

- As an Individual, Provider or Entity providing health care services to Medicaid beneficiaries under the Vital Plan,
- **Every action you take has the potential to affect beneficiaries.**

# Vision

The Health Insurance Administration (ASES), as well as the Centers for Medicare and Medicaid Services ("CMS"), require training during the first ninety (90) days from the start of employment and then annual training on the Compliance, Integrity (Fraud, Waste and Abuse "FWA"), Corporate Code of Conduct, Privacy and Security programs for organizations and entities that provide and/or administer health care services.

MMM MH Vital is committed to ethics, corporate compliance and all laws, regulations and guidelines governing Medicaid Program requirements.

# Compliance Officer–Medicaid

## Liza Rivera Ortiz

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Roles and Responsibilities of the Compliance Officer:

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Be aware of regulatory changes and/or contractual amendments and inform all operational areas;

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Maintain continuous and effective communication with regulatory entities;

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Evaluate performance of operations and require corrective and disciplinary actions if necessary;

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Keep MMM MH Vital senior management informed of all regulatory issues and requirements;

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Identify, correct and follow up on aspects that may represent a level of corporate risk, which have been identified internally or externally;

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Provide an "open door" environment for easy access by employees where they can refer and address regulatory issues without fear of retaliation.

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Support all compliance efforts established throughout the company.

## ¿What is my responsibility as an Individual, Employee, Contractor or Subcontractor of MMM MH Vital?



Comply with all ASES and Medicaid requirements, statutes and regulations, corporate policies and procedures, and the corporate Code of Ethics and Conduct



Report any violations regarding unethical behavior, suspected fraud, waste, abuse, privacy or security to management and/or the Medicaid Compliance Officer




Comply with all operational, regulatory and compliance training that is part of PSG's Compliance and Integrity programs






# What is a Compliance Program?



A Compliance Program is a set of internal controls and measures to ensure that entities follow applicable rules and regulations governing federal programs such as Medicare and Medicaid.



The adoption of a Compliance Program significantly reduces the risk of fraud, waste and abuse, while ensuring access to quality services and patient care.

# 7 Elements of an Effective Compliance Program



**Policies, Procedures and Standards of Conduct: Develop and maintain written policies and procedures**



**Compliance Officer, Compliance Committee and senior management communication: Designation of an Officer and Committee that have the responsibility and authority to operate and monitor the Compliance Program.**



**Effective Training and Education: Development and implementation of effective ongoing training and education.**



**Effective System for Auditing and Ongoing Monitoring and Identification of Compliance Risks: Use of risk assessment techniques and audits to monitor compliance and help reduce situations identified in the area**

# 7 Elements of an Effective Compliance Program



**Adequately published Discipline Mechanisms:** Policies to establish disciplinary actions and consistently enforce standards.



**Effective lines of communication:** Between the Compliance Officer, employees and management of the organization, as well as with contractors, subcontractors and related entities.

There should be a system in place to respond to regulatory inquiries, reports or situations with potential for non-compliance; Each person should have the tools to report suspected non-compliance confidentially and anonymously.



**Procedures for prompt and timely response to compliance situations:** Policies for immediate response and corrective action to prevent and avoid similar situations in the future.

# What is considered non-compliant?

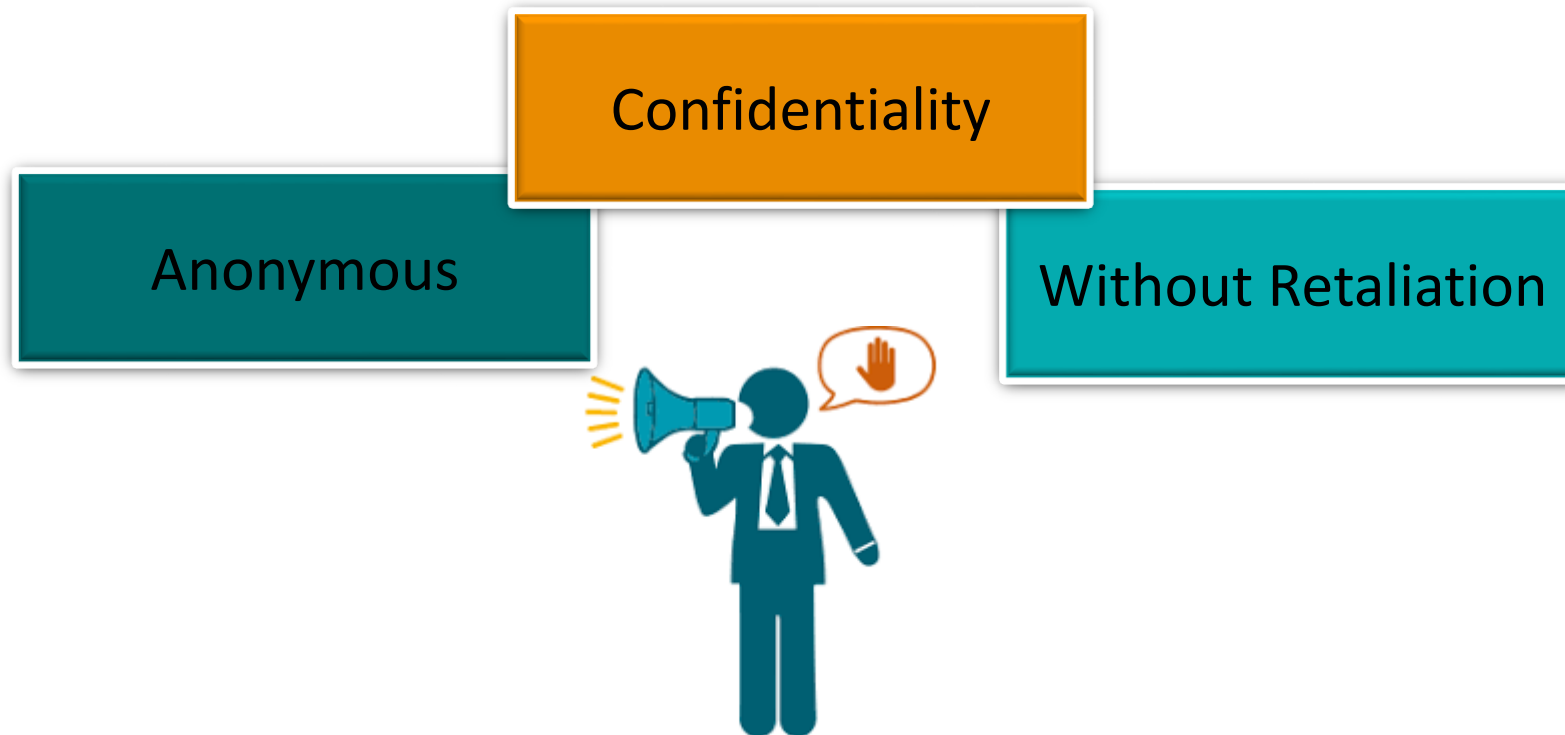
- Non-compliance is illegal or contrary to the regulation and/or policies of the organization conduct.
- Non-compliance has a direct impact in the services we give to our Providers and Beneficiaries of the Government.



# No Retaliation Policy

There will be no retaliation against you for reporting a good faith suspect of non-compliance.

MMM MH Vital offers methods to report, these are:



# How can I report Possible Non-Compliance?



## **Provider, Beneficiary or Delegated Entities**

Call the help line of Ethics Point

**1-844-256-3953**



## **Employees**

Contact your supervisor or manager

Report through the Ethics Point service line

**1-844-256-3953**



# How to prevent Non-Compliance recurrence?

- Once non-compliance is detected and corrected, a process of evaluation is very important to avoid recurrence.
- Monitoring of activities are regular revisions to assure compliance and also to confirm that corrective actions are effectively performed.
- Auditing is a formal revision of compliance with a set of particular standards (e.g. policies and procedures, laws and regulations) used as a baseline.



# Ethic – Do what is correct!

**It is important to keep an ethic and legal culture.  
It is about doing what is correct!**

- Act with Justice and Honesty
  - Comply with the law spirit
- Adhere to the most ethic standards in everything you do
  - Report suspected violation



# Corporate Code of Ethic and Conduct



Objetives:



Promote the highest Standards of Ethic and Integrity.



Establish Guidelines and Standards about how to behave responsibly



Regulate **EVERYONE'S** behavior

# Corporate Code of Ethic and Conduct

## Principles:

- We must do business in accordance with the law at any moment.
- We must strive to realize the assigned tasks using the highest ethic standards.
- We must avoid any situation where a conflict may occur or apparently exists between our personal interests and the company interests.
  - a. Conflict of Interest Policy
- We must protect confidential information from Affiliates, Providers and of the company at every moment. Included but not limit; HIPAA Law, PHI and provider confidential and sensitive information.

# Corporate Code of Ethic and Conduct

## Principles (cont.):

- We must assure that company's' data is compiled and reported correctly and honestly.
- We must assure that company's files are saved accordingly with the applicable laws and the company's Retention of Files Policy.
  - a. Retention of Files Policy
- We must use the company's property for business purpose only.
- We must share information through trainings and participate of training programs, because it's our most valuable tool to develop our most important resource, our employees.

# Corporate Code of Ethic and Conduct

## Principles (cont.):

- We must assure that our relations with other members of the Team, Business partners, Providers and Affiliates, are performed with honesty, justice, dignity and respect at every moment.
- We must respect our relation with the Government as our client.
- We must report immediately any activity or conduct that we believe is inconsistent with the policies, guides or standards.

# Conflict of Interest Policy

- As established in the Compliance Program, employees and management should avoid those situations where their personal interests can cause conflict or appear conflict with the interests of the company.
- If you find yourself in a situation where you believe that a conflict of interest may exist, you must report it to your Supervisor and/or the Compliance Officer.

# Conflict of Interest Policy

## Examples:

- Presents and Entertainment;
  - Cannot accept gifts or unusual favors from clients, competition or suppliers;
  - Gifts to clients-nominal value of \$15
- Supervise a family member;
- Do business with a family member employed by a Provider or Supplier;
- Financial relations with entities that actually have or that in the future may have relation with the company;
- Be member of the Board of Directors of another company;
- Perform any function or offer services for the competition or suppliers, without the consent of the company



# Integrity Program

Fraud, Waste and Abuse (FWA)



# Why it is important to be trained about Fraud, Waste and Abuse?

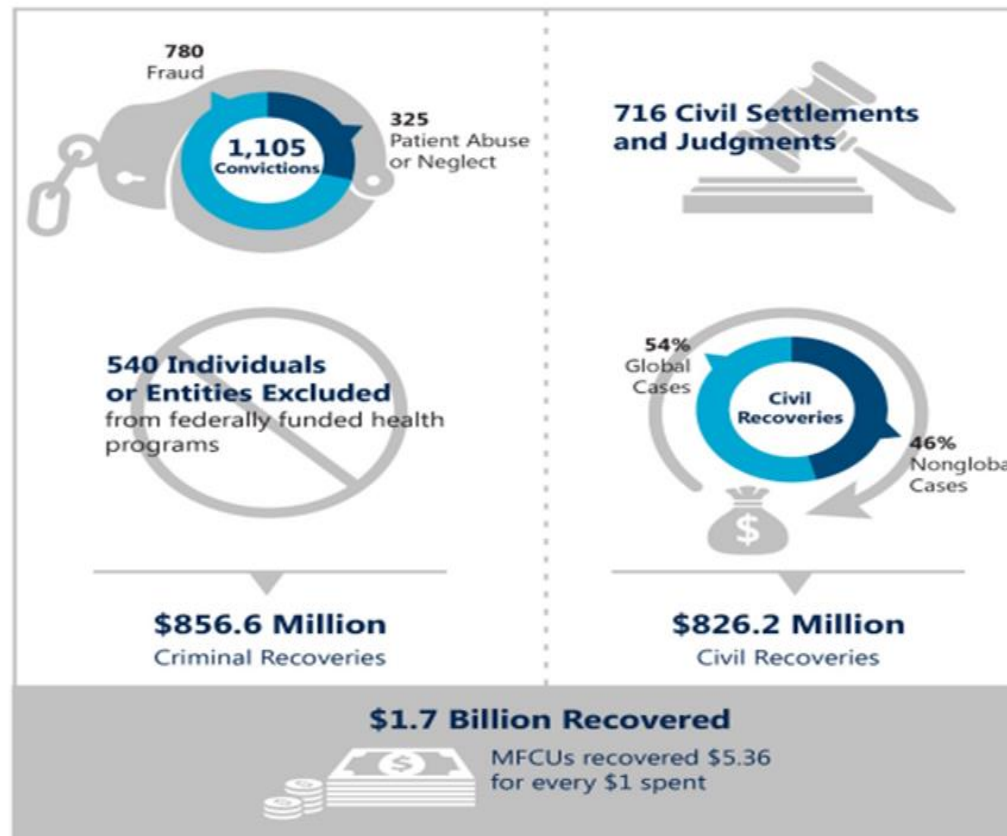
- You are part of the solution.
- You should be alert to any activity that may appear suspicious





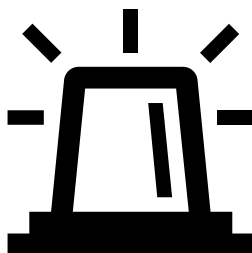


### Medicaid Fraud Control Units Fiscal Year 2021 Annual Report



Medicaid Fraud Control Units (MFCUs) investigate and prosecute Medicaid provider fraud and patient abuse or neglect. The Department of Health and Human Services Office of Inspector General (OIG) is the designated Federal agency that oversees and annually approves Federal funding for MFCUs through a recertification process. For this report, OIG analyzed the annual statistical data on case outcomes (such as convictions, civil settlements and judgments, and recoveries) that 53 MFCUs submitted to OIG for fiscal year 2021. Those MFCUs operated in all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

**\$1.7 billion**  
recovered  
during fiscal  
year 2021 by  
Medicaid Fraud  
Control Unit



# Who can commit Fraud?

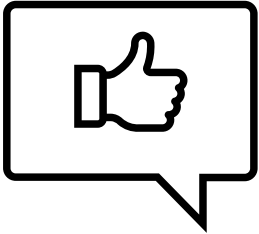


Fraud in health services can be committed at different levels, including but not limiting to;

- A Provider or Employee of a contracted entity;
- A Beneficiary;
- A Medicaid Employee, among others.

# How can I prevent FWA?

- Be sure to keep up with laws, regulations and policies;
- Make sure your data and billing are accurate and timely;
- Verify the information provided;
- Stay alert to any activity that may appear suspicious , be alert to patterns, schemes or trends presented by Providers and suppliers.



# Definitions

## Fraud

Knowingly and willfully executing, or attempting to execute, a scheme or article to defraud any healthcare benefit program or to obtain (by means or false or fraudulent pretenses, representations or promises) any of the money or property owned by, or under the custody or control of, any healthcare benefit.

## Waste

The overuse of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

## Abuse

This includes actions that may, directly or indirectly, result in unnecessary costs to the Medicaid program, improper payment and payment for services that fail to meet professionally recognized standards of care or services that are not medically necessary.

# Differences between Fraud, Waste and Abuse

The main difference is the intention and knowledge.

Fraud requires that the person has the intention to obtain the payment and the knowledge that the action is incorrect.

Waste and Abuse could involve payment for items or services, but do not require that the individual has knowingly and/or intentionally, misrepresented facts to obtain payment.

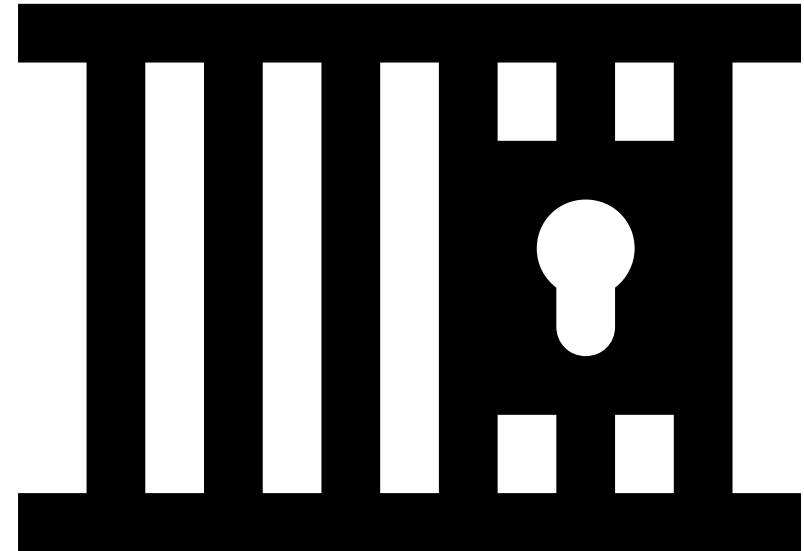
# Applicable Laws and Regulations

The False Claims Act prohibits that any person:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval.
- Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government.
- Conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government.

Penalties:

- Under the Federal False Claims Act, those who knowingly submit or cause another person to submit false claims for payment by the government are liable for three times the government's damages plus civil penalties of \$21,563 per false claim.



# Applicable Laws and Regulations

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## ***Anti-Kickback Statute***

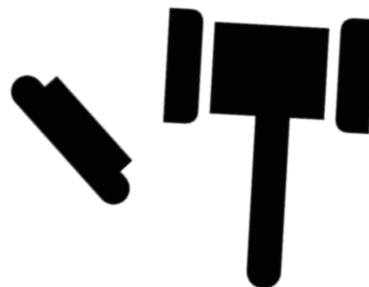
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The Federal Anti-Kickback Statute makes it a felony for healthcare professionals, entities and vendors to knowingly offer, pay, solicit or receive remuneration of any kind to induce or reward referrals or to otherwise influence business activity covered under a federal healthcare program. Remuneration includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

---

The reward may be acceptable in some industries, but not for federal health programs. Consequences:

Over-utilization, Unfair competition and others. For example, a pharmaceutical company sent home gift cards and continually waived co-payments from beneficiaries to generate referrals. This company had to pay \$ 5 million for damages and penalties.



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## ***Whistleblower Protections***

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The Federal False Claims Act includes a qui tam provision that allows people who are not affiliated with the government, to file actions on behalf of the Government.

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The provision also protects employees who file FCA qui tam cases from discharge, demotion, suspension, threats, harassment and discrimination in the terms and conditions of employment.

# Applicable Laws and Regulations

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## “Whistleblower

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Anyone who has evidence that fraud is being committed against the government is authorized to act as a whistleblower under the False Claims Act.

---

Federal law prohibits an employer from discriminating against an employee because the employee reports suspected fraud in good faith or initiates or assists in a false claims action on behalf of the government.



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## Penalties for violation of the “Anti-Kickback Statute”,

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Prohibits soliciting, receiving, offering or paying remuneration (including kickbacks, bribes or rebates) in exchange for referrals for services paid in whole or in part by a federal health program.

---

Reward may be acceptable in some industries, but not for federal health programs. Consequences: Overutilization, unfair competition, among others.

---

For example, a pharmaceutical company sent gift cards to homes and continually waived beneficiary co-payments to generate referrals. This company had to pay \$5 million in damages and penalties.



# Applicable Laws and Regulations

## Penalties for violation of the Anti-kickback Statute

- Civil penalties may include fines up to \$73,588 per violation plus three times the amount of the remuneration.
- Criminal penalties include fines, imprisonment or both.

## Estatuto Stark o Ley de Auto-Referido

Prohibits; A Physician from referring patients for certain types of Health Services to an entity in which the Physician (or a member of his or her immediate family) owns or has any financial interest or compensation arrangement (exceptions apply).

# Applicable Laws and Regulation

## Stark Law Damages and Penalties

- Penalties for violating the Stark Law include,
- Up to a \$23,863 fine for each service provided.
- Recovery of claims and,
- The possibility of exclusion from Federal health care programs.

## Exclusion

No Federal health program payment may be made for any item or service performed, ordered, or prescribed by an individual or entity excluded by the Office of Inspector General.

42 U.S.C. § 1395 (e) (1)

42 C.F.R. § 1001.1901



# Applicable Laws and Regulations

## Contract with ASES

This contract was established between MMM MH Vital and ASES to define the requirements and responsibilities acquired by being part of the Health Plans selected by Medicaid to manage the Health services of the beneficiaries they serve. They have state and federal requirements that each Health Plan must comply with.



# List of Excluded Individuals and Entities (LEIE)



Excluded Physicians may not charge directly for the treatment of Medicare and Medicaid patients, nor can they bill their services indirectly through an employer or a medical group.



Providers are also responsible for not employing or hiring excluded individuals or entities, whether in a clinic, or in any health care setting where federal funding payments are received. This requires that all current and potential employees and contractors be evaluated against the List of Excluded Individuals and Entities of the Office of Inspector General.



Each Employee, depending on their role within in MMM MH, must be able to recognize warning signs of potential fraud or abuse. Below are some examples and indicators of possible fraud or abuse.

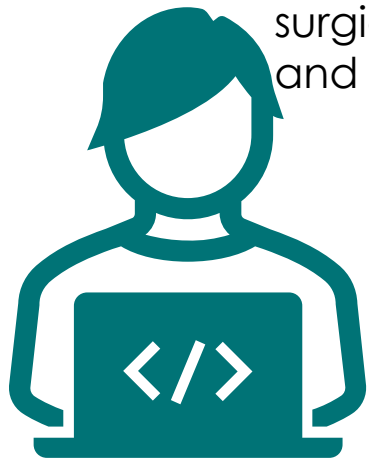
# Examples of potential FWA

## Upcoding

Billing for services at a level of complexity that is higher than the service actually provided or documented, to receive a higher reimbursement.

## Unbundling

Unbundling is billing separately for services or items that should be billed together at a lower overall rate. For example, in laboratory tests or services within a global surgical procedure code that cover pre and post-operative procedures.



## Eligibility Fraud

Medicaid Beneficiaries can also participate in fraud and abuse. Eligibility fraud involves misrepresenting one's circumstances in order to obtain program coverage for which one does not qualify.

## Falsification of Credentials of healthcare Providers

Forging credentials from providers may put patients at risk because they may be receiving treatment from an unqualified, or unlicensed, provider. And result in improper payments for services from an individual that does not meet the required professional qualifications.

# Examples of potential FWA

## **False Representation**

A Provider submits false claims by falsely representing the person who actually provided the service. In these cases the person who provided the service is prevented from receiving the payment, for example, because he is not licensed, or because he is excluded by OIG.

## **Non-Medically Necessary Services**

For example, bill for expensive therapies, surgeries, home health services or equipment that the patient does not need.

## **Fraude y Abuso de los Beneficiarios:**

Beneficiaries may abuse the system through the inappropriate use of services, such as the sale of prescription drugs or medical equipment. Other forms of fraud may include lending a medical plan card to an ineligible person so that person can receive health services to which he or she is not entitled.

# FWA Key Indicators:

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A medical order, progress note, preauthorization request, result, or other document that appears to be altered or falsified.

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The services are not supported by Beneficiary's medical history.

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A Provider that bills services much more than other Providers of the same specialty and/or region.

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A Provider who prescribes mainly controlled medications.

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A Beneficiary with various narcotic orders, high doses and different prescribers.

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Medical records have no evidence of the results of billed studies.

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A Provider with a pattern of misuse of modifiers.

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# Measures to Prevent FWA

## Provider Enrollment and Contractual Requirements:

- Processes have been established to validate that Contracted Providers comply with State requirements, licensure, disclosures of interest in property and criminal convictions, among others

## Education of Beneficiaries and Providers:

- MMM MH Vital must ensure that Beneficiaries, Providers and their employees are effectively educated about fraud and abuse, and how and where to report it.

## Mechanisms to Report Suspected Fraudulent Activity :

- MMM MH Vital has several mechanisms to report suspicious situations confidentially "hotline", "Ethics Point", email and postal mail. MMM MH Vital prohibit retaliation against any Employee who, in good faith, refers a possible FWA case.

## Exclusion Screening:

- MMM MH Vital has implemented policies and procedures to review the lists of individuals or entities excluded by OIG before hiring a Provider, Employee or Contractor, and then monthly.

# What can Beneficiaries do to prevent FWA?

- Protect information from the health plan ID card: never offer plan information to strangers or callers;
- Relate to the terms of your cover;
- Save copies of laboratory results and studies to avoid duplicity;
- Verify the information before signing any health insurance or claim for health services;
- Review the summary of services received by the Beneficiary;
- Do not give money to someone who offers to perform or accelerate some management at ASES or the Medicaid office.

# Don't forget!



## Report FWA

You do not have to determine whether the situation is fraud, waste or abuse. Report any concerns to the MMM MH Vitals' Medicaid Compliance Department.

The Medicaid Compliance Department will investigate and make the appropriate determination.

### Consequences of committing FWA:

- **Consequences of committing FWA:**
- The following are potential penalties. The actual consequences will depend on the violation.
  - – Civil Money Penalties;
  - – Conviction/criminal penalties;
  - – Civil lawsuit;
  - – Incarceration;
  - – Loss of licenses;
  - – Exclusion of Federal Health Programs.

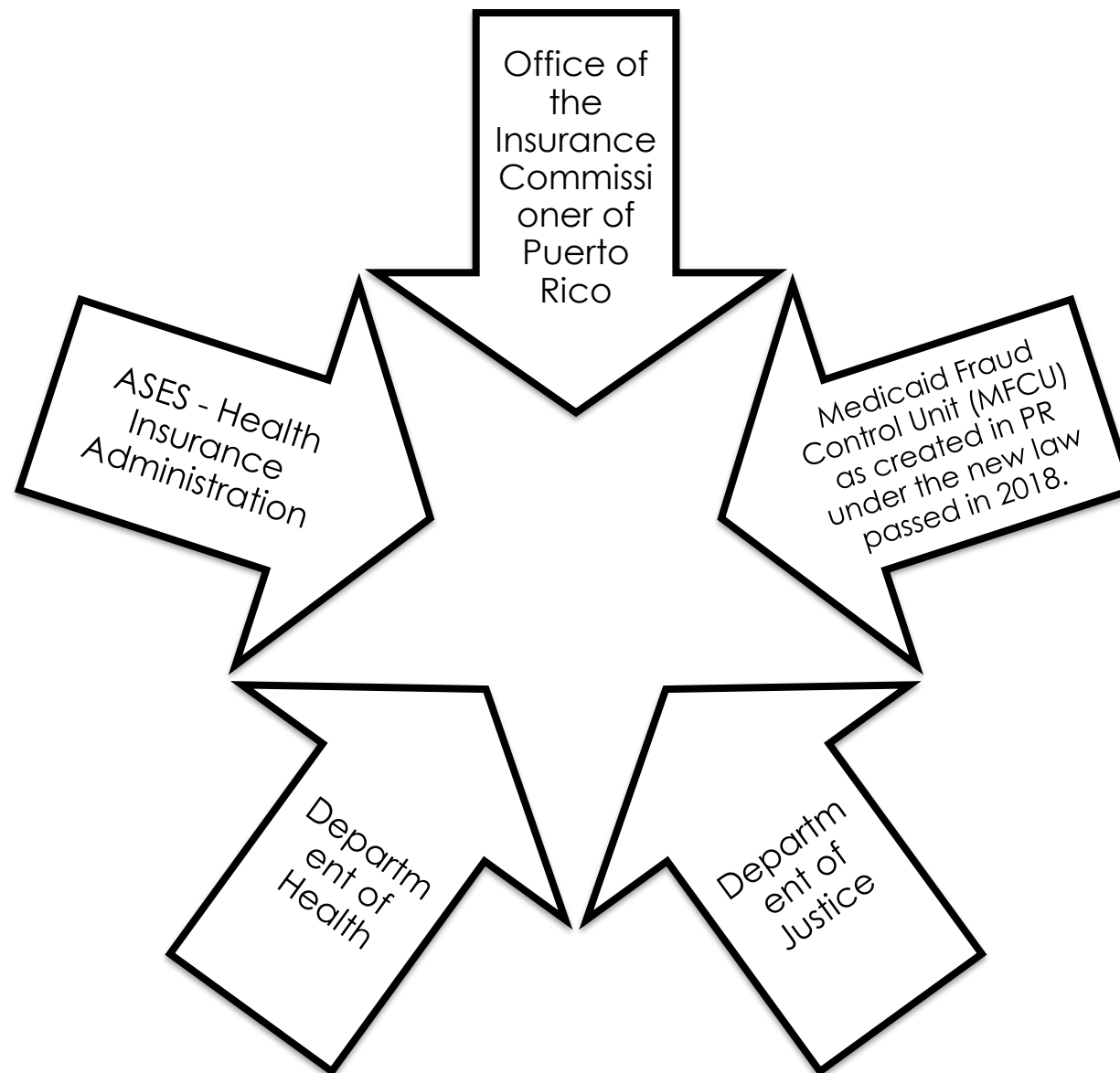
# How to Report?

- Ethics Point website: [www.psg.ethicspoint.com](http://www.psg.ethicspoint.com)
- HotLine **1-844-256-3953**
- Email: **VitalSIU@mmmhc.com**



Each Employee has the right, obligation and responsibility to report suspicions FWA and possible violations.

# Regulatory Agencies attentive to the FWA





# **Privacy and Security HIPAA**

Health Insurance Portability and Accountability Act



## HIPAA Law

- HIPAA is a federal law that all health plans and health care providers must comply with to protect the privacy and security of an individual's health information.
- HIPAA is overseen by the Department of Health and Human Services (HHS) and enforced by the Office for Civil Rights (OCR).

# What is HIPAA?

It's acronym means:

- Health
- Insurance
- Portability and
- Accountability
- Act of 1996



# H I P A A

Was created to grant more access to health insurance, protect privacy of health information, and promote standardization and efficiency in healthcare industry.

The section of Privacy consists of **establishing safeguards to** prevent not authorized access to protected health information and establishes the rights of the individual with respect their protected health information.

As individuals who have access to protected health information, you are **responsible of adhering to HIPAA.**

# HIPAA

- Signed on August, 21th 1996;
- Total validity from April 14th 2003;
- Applies to electronic and paper health information;
- HIPAA has (3) components: Administrative Simplification, Security and Privacy.
- Seeks to improve efficiency and effectiveness of the medical attention system unifying and protecting medical information;
- Promotes development of an information system through the adoption of standards for the electronic transmission of certain medical information;
  - Uniformed standards for claims and other financial and administrative transactions;
  - Privacy and security standards to manage healthcare personal identifiable information.

# HIPAA Privacy Rules

## Propósito:

Protects the confidentiality of the PHI in all formats (paper, verbal and electronic).

Grants the members understanding and control on how their PHI is used..

Ensures that PHI is used for health purposes only..

Establishes that protected health information (PHI) can only be disclosed for treatment, payment or health care operations (TPO) or with the consent (valid authorization) of the individual. .

Establishes individual's rights respect to their health information. .

Establishes the notification process for HIPAA Breaches.

# Relationship of HIPAA to the laws of Puerto Rico

- By express provision of the United States Congress, the Act applies to the states and territories, including Puerto Rico. "State means any of the several states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands and Guam".
- Provides that only any present or future local legislation that is stricter and provides greater rights to individuals regarding their health information can preempt HIPAA.
- It occupies the state field; it displaces, supersedes and prevails over any local law that is contrary to HIPAA.

## HIPAA Covered Entities:

- Health Plans;
- "Healthcare Clearinghouses" (these are central institutions that set up transactions);
- Healthcare providers (physicians, hospitals, pharmacies, etc.).

## Minimum Necessary Standard:

- HIPAA requires the covered entity to use or disclose PHI in a limited manner, only the information necessary to accomplish the purpose of the disclosure to the person requesting it. (Minimum Necessary Standard).

# Genetic Information Nondiscrimination Act

- The Genetic Information Nondiscrimination Act (GINA) - became law on May 21, 2008
- GINA protects individuals from discrimination based on their genetic information in health coverage and employment.
- GINA is divided into two sections or titles. Title I of GINA prohibits discrimination based on genetic information in health coverage. Title II of GINA prohibits discrimination based on genetic information in employment.
- In the proposed rule issued on October 1, 2009, OCR proposes to amend the Privacy Rule to clarify that genetic information is health information and to prohibit the use and disclosure of genetic information by covered health plans for underwriting purposes, including eligibility determinations, premium calculations. The proposed rule would prohibit the use and disclosure of genetic information by covered health plans for underwriting purposes, including eligibility determinations, premium calculations, requests for pre-existing condition exclusions, and any other activity related to the creation, renewal, or replacement of a health insurance contract or health benefits.
- OCR published this proposed rule with a 60-day public comment period.

# “PHI” - Protected Health Information



PHI debe ser vista sólo por personas autorizadas a ver la información.



PHI should be seen only by persons authorized to see the information..



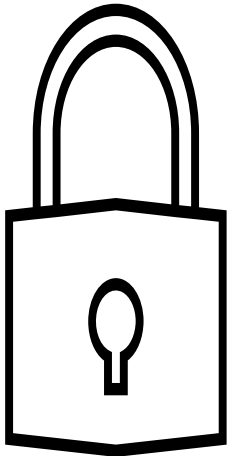
PHI should be transmitted or shared only with persons authorized to receive or share the information..



“PII - Personally Identifiable Information: Personally identifiable information must also be protected and limited to authorized persons only.

# “PHI”

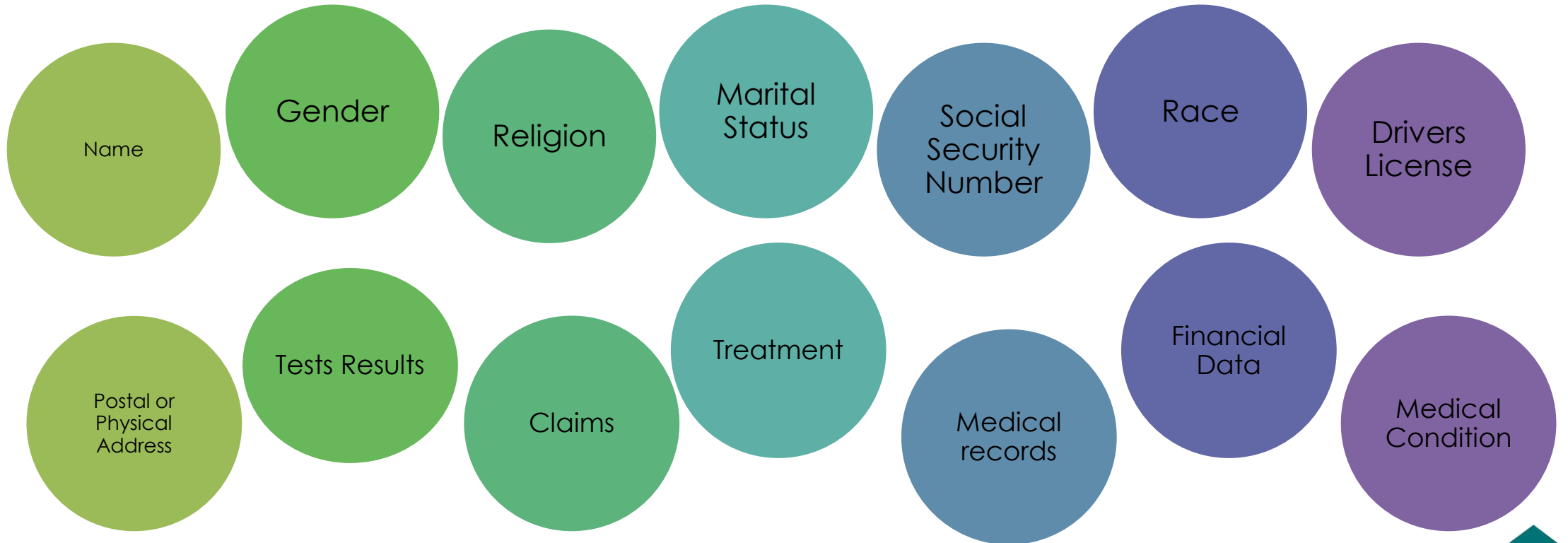
- PHI is individually identifiable health information collected from an individual, created or received by a covered entity; and
- That relates to the past, present or future physical or mental health or condition of the individual; or to the provision of health care to an individual; or to the past, present or future payment for health care services to the individual; and
- That identifies an individual or can identify an individual.
- That may be transmitted or maintained electronically, as well as by any other means.





# What does HIPAA protect?

Examples of Protected Health Information (PHI)



# Difference between use and disclose

- **Use**

The sharing, application, examination or analysis of PHI within the covered entity.

- **Disclose**

The release, transfer, provision of access to, or otherwise disclosure of PHI outside of the covered entity

# PHI Authorization of Disclosure



**No** authorization is needed for an Individual to use and/or disclose his/her PHI for **Treatment**, **Payment** and/or **Health surgery**.

In some instances **the law allows** disclosing PHI **without** authorization of the individual, ex. For audit purposes for governmental entities.

**Any other use requires authorization**

The insurance has a PHI Authorization Form available so that Beneficiaries add persons of their preference to receive their PHI.

# PHI Disclosure to Relatives and/or Guardians of Emancipated and not Emancipated Minors

- The parents or legal tutors of the not emancipated minors have the right to have disclosed protected health information (PHI) of such minors.
- The parent or tutor will be the personal representative of the minor, without the necessity of requiring a PHI authorization to disclose his/her information.
- The legal representatives of minors, others than their parents (e.g. legal guardians) must present evidence of their authority to the plan, prior any disclosure of information.

## **Disclosure of PHI to Relatives and/or Guardians of Emancipated and Non-Emancipated Minors:**

If the minor is emancipated: (by reason of marriage, because the parents or a court emancipated the minor) then the minor may choose to whom his or her PHI is disclosed.

When permitted by law, parents or legal guardians may not obtain PHI from the unemancipated minor when:  
the health care service does not require parental or guardian consent  
and;  
the minor and a court or other person authorized by law consent to such health care service.

Also, the parent or legal guardian may consent to a confidentiality agreement between a Health Care Provider and the minor regarding a medical service.

# Notice of Privacy Practices (NPP)

- It is a document that explains the rights of individuals to their PHI, the legal duties and privacy practices of the covered entity (e.g., MMM MH) with respect to individuals' health information, and the ways in which the covered entity may use or disclose such information.
- A health plan must distribute its notice of privacy practices to each new enrollee upon enrollment and send a reminder to each enrollee at least one every three years that the notice is available upon request.
- A health plan must make its notice



## Notificación de Prácticas de Privacidad de MMM Multi Health, LLC

Esta Notificación es efectiva desde el 31 de julio de 2018

**ESTA NOTIFICACIÓN DESCRIBE CÓMO SU INFORMACIÓN MÉDICA PUEDE SER UTILIZADA O DIVULGADA Y CÓMO USTED PUEDE TENER ACCESO A ESTA INFORMACIÓN. POR FAVOR, REVÍSELO CUIDADOSAMENTE.**

MMM Multi Health, LLC está comprometida en proteger la privacidad de sus expedientes médicos y su información de salud personal. MMM Multi Health está requerida por ley a mantener la privacidad de su información personal y proveerle a usted una notificación de nuestros deberes legales y prácticas de privacidad respecto a su información de salud personal. En caso de que ocurra una violación a la seguridad de su información protegida de salud, usted tiene derecho a ser notificado. Esta notificación describe cómo MMM Multi Health usa y divulga su información de salud personal. También describe sus derechos y nuestros deberes respecto a su información de salud personal. MMM Multi Health sigue los deberes y prácticas de privacidad notificados en esta aviso y no usará ni compartirá su información personal de salud de otra manera que la descrita en esta notificación a menos que usted lo autorice por escrito. Usted puede encontrar copia de esta notificación en nuestra página web [www.multihealth-vital.com](http://www.multihealth-vital.com).

### ¿Qué es "información de salud personal"?

- Son los datos que usted nos dio cuando se afilió a MMM Multi Health incluyendo sus expedientes médicos y otra información médica y de salud.
- Las leyes que protegen su privacidad le dan derechos relacionados a obtener información y controlar cómo su información de salud es usada. MMM Multi Health le entrega una notificación escrita que se conoce como Notificación de Prácticas de Privacidad que contiene información sobre:
  - cómo MMM Multi Health protege la privacidad de su información de salud
  - cómo MMM Multi Health usa o divulga su información de salud
  - cómo usted puede ver la información en sus archivos

### ¿Cómo MMM Multi Health Protege la Privacidad de su Información de Salud?

Su información de salud está en un registro médico que es propiedad de MMM Multi Health.

- MMM Multi Health se asegura que personas no autorizadas, no puedan ver o cambiar sus expedientes.
- MMM Multi Health cuenta con un protocolo de seguridad en todas las áreas y equipos en los que podría encontrarse información de salud de los afiliados.
- Generalmente hablando, MMM Multi Health necesita de usted o su representante legal una autorización por escrito antes de que MMM Multi Health divulgue

MUH-PD-MMMMH-15



PO Box 72010  
San Juan PR 00936-7710



# What is a “Breach”

## 45 CFR 164.402

A breach is an unauthorized acquisition, access, use or disclosure of unsecured PHI that compromises the privacy and security of the PHI. Use and disclosure of PHI not authorized by HIPAA is presumed to be a breach unless the covered entity or business associate demonstrates that there is a low probability that the PHI has been compromised

All HIPAA breaches must be reported to affected individuals within 60 days of discovery of the breach or from the date the breach should have been discovered.

In addition, the company must notify HHS and the press of the breach. The timing of that notification will depend on the number of individuals affected by the breach.

500 or more affected individuals: the notification to the press and HHS must be within 60 days of when the violation was discovered or should have been discovered.

499 or fewer affected individuals: violations must be reported to HHS in the next calendar year.

# HIPAA'S Security Rules

## Purpose:

- The Security Rule requires covered entities to protect PHI in electronic form (ePHI). It establishes controls to safeguard the confidentiality, integrity, and availability of ePHI. Confidentiality: ensuring that ePHI is not available or disclosed to unauthorized persons. Integrity: ensure that today's ePHI entry is the ePHI that will be retrieved in the future (ePHI has not been altered or destroyed in an unauthorized manner).
- Availability: ensure that ePHI is available to those who need it, when they need it.
- It is intended to protect ePHI from any reasonably anticipated threats or hazards, and from improper use or disclosure.



# Security Incidents



Security incidents should be reported to your supervisor immediately and directly to the security officer (Juan Arill, Vice President of Information Technology).



## Examples of Security Incident:

Malware (virus/trojan) infections	Discovery of an unauthorized user account	Theft / loss of equipment	Improper use of systems	Abuse of privileges in a network environment.
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## Consider that...

- Improper storage, transmission or handling of PHI may result in theft or loss of the information and access to unauthorized individuals called a breach.
- If you become aware of an unauthorized disclosure of PHI, you should immediately contact the Privacy Officer ([Limarie.Mendez-Feliciano@mmmhc.com](mailto:Limarie.Mendez-Feliciano@mmmhc.com)) and/or the PSG Compliance Office.
- To comply with the law, any unauthorized access to PHI must be notified to the affected individuals, ASES and the Office for Civil Rights within the required timeframes.
- Any Beneficiary has the right to file HIPAA non-compliance complaints if he/she feels that his/her information has not been handled appropriately.

## Consider that...

- The complaint may be filed with MMM MH Vital, the Office of Civil Rights of the Federal Department of Health and Human Services, ASES, or the Office of the Patient Advocate.
- Penalties for violations of HIPAA standards include but are not limited to;
  - Fines
  - Prison
- This training applies not only to MMM MH Vital employees, but also to its contracted Providers, Contractors and Subcontractors, including their employees.

## Remember...

- Follow the procedure for proper disposal of sensitive information using locked recycling boxes.
- Keep laptops, smart phones, USB and any other memory sticks or documents containing PHI in a secure location.
- Be sure not to leave documents containing PHI on printers or fax machines.
- Never leave PHI in plain sight on your desk.
- Use strong passwords. Keep your ID and password confidential and secure. Never share your password or user name (User ID).
- Do not access PHI that you do not need to access.
- Never share your corporate ID with anyone..

# Remember...

- Immediately inform your supervisor if your corporate ID is lost or stolen.
- Visitors must have visitor identification before entering company premises and must be escorted by a supervisor or manager at all times.
- If you observe an unfamiliar or suspicious person in your work area, notify your supervisor immediately.
- Do not leave documentation with PHI, laptop, cell phone, USB or any portable storage device in the car.
- Do not open emails with attachments from unidentified contacts.
- Before leaving your computer unattended, press Ctrl + Alt + Delete and lock it.
- Do not install applications unless approved by the MMM IT Department.
- Do not surf the Internet for personal use.



# Contact Information:

**How to report incidents of non-compliance and FWA?**

**Online through the Ethics Point website:**  
[www.psg.ethicspoint.com](http://www.psg.ethicspoint.com)

**Ethics Point Hotline: 1-844-256-3953**

**Refer via email: [VITALSIU@mmmhc.com](mailto:VITALSIU@mmmhc.com)**

**¡Thanks!**

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**Departamento de Cumplimiento - Vital**

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**Shahayra Aguilú Benítez**

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**Gerente de Cumplimiento-Medicaid**

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**Oficial de Cumplimiento - Medicaid**

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¡Thanks !

