



**Samaritan Health Plans  
Policies & Procedures**

**SHP Compliance Department**

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

**CP-18 Confidential and Proprietary Information**

<b>Effective Date:</b> 10/1/2015
<b>Last Revision Date:</b> 1/4/2019
<b>Dissemination Date:</b> 1/4/2019
<b>Required Review Date:</b> 11/1/2019

**PURPOSE**

The purpose of this policy is to identify how Samaritan Health Plans (SHP) uses confidential and proprietary information.

**APPLICATION / SCOPE**

All SHP employees, all First-tier Downstream and Related entities, any provider or supplier billing SHP, and SHP’s Pharmacy Benefits Manager (PBM)

**DEFINITIONS**

- I. **Proprietary Information and Materials:** Information and materials developed during employment and belonging to SHS, e.g., inventions, program and research development, marketing and selling, patentable developments, computer software, documents, case studies, course outlines, tape recordings, films, advertising materials, mailing lists, visual aids, and other materials.
- II. **Delegated Entity (DE):** First-Tier, Downstream or Related Entity, Sub-Contractor: any party that has entered into a written arrangement with SHP to provide administrative or healthcare services for a SHP member.
- III. **Downstream Entity:** Any party that enters into a written arrangement, acceptable to the Centers for Medicare and Medicaid Services (CMS), with persons or entities involved with the Medicare Advantage (MA) benefit or Part D benefit, below the level of the arrangement between an Medicare Advantage Organization (MAO) or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
- IV. **FWA:** Fraud, Waste, and Abuse monitoring regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.
- V. **FDR:** First-Tier, Downstream, and Related Entity.
- VI. **First-Tier Entity:** Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 CFR 423.501)



**Samaritan Health Plans  
Policies & Procedures**

**SHP Compliance Department**

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

**CP-18 Confidential and Proprietary Information**

<b>Effective Date:</b> 10/1/2015
<b>Last Revision Date:</b> 1/4/2019
<b>Dissemination Date:</b> 1/4/2019
<b>Required Review Date:</b> 11/1/2019

**POLICY**

All information concerning patients, physicians, employees, volunteers, financial data, and business records is confidential/proprietary information and will not be released without appropriate authorization.

**PROCEDURE**

- I. Confidential and proprietary information may not be released without appropriate authorization. Any disclosure of non-work-related patient information will be considered a breach of confidentiality. Discussions regarding confidential information shall take place in an appropriate setting to minimize disclosure to inappropriate individuals.
- II. Employees and students are responsible for safeguarding member and SHP company information against loss, destruction, tampering, and unauthorized copying, access, or use.
- III. Confidential trash is defined as any material that contains financial, administrative, and/or clinical results that can be associated with the name of a patient, employee, student, volunteer, or physician. Confidential trash will be disposed of through established confidential trash systems within each department.
- IV. Only authorized users will be allowed access to computer systems or networks. The security and integrity of computerized information are the responsibility of each system user.
- V. Failure to adhere to policies on confidential information and protection of patient privacy may result in corrective action as referenced in the Personnel Policy and Procedures.
  - A. All employees will sign a Code of Conduct Statement and an Employee Confidentiality Statement. These statements will be signed at the time of orientation and retained in the employee personnel files in Human Resources. Compliance will be assessed at the time of performance appraisals.
  - B. Volunteers will sign Volunteer Confidentiality Statements when they begin volunteer work. These statements will be retained in the volunteer personnel files in the Volunteer Services office.
  - C. Clinical affiliation agreements with colleges and universities will include reference to student responsibilities regarding confidentiality of information and protection of patient privacy. Copies of these agreements will be maintained in the Office of Medical Education.



**Samaritan Health Plans  
Policies & Procedures**

**SHP Compliance Department**

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

**CP-18 Confidential and Proprietary Information**

<b>Effective Date:</b> 10/1/2015
<b>Last Revision Date:</b> 1/4/2019
<b>Dissemination Date:</b> 1/4/2019
<b>Required Review Date:</b> 11/1/2019

- VI. Appropriate SHP policies and procedures will be reviewed during orientation.
  - A. New employees and students will review pertinent policies on management of information, confidentiality, and patient privacy as part of department orientation.
  - B. Volunteers will receive instruction regarding patient rights and confidentiality.
- VII. Computer system and network access will be approved by the department manager and the Information Systems Department.
- VIII. Termination of privileges: Upon termination of employment or transfer to another job classification, the following security issues will be addressed by the transferring/terminating manager:
  - A. Access/passwords to department computers/network will be removed.
  - B. Department equipment/property in possession of employee will be returned.
- IX. Confidential trash will be collected and submitted to an authorized firm for final disposal.
- X. Appropriate authorization will be obtained prior to release of confidential or proprietary information.

**RELATED DOCUMENTS**

- I. CP-01 Commitment to Statutory, Regulatory and Contractual Requirements
- II. CP-02 Member Privacy Rights
- III. CP-03 Fraud, Waste, and Abuse Program
- IV. CP-07 SHP Mobile Devices Policy
- V. CP-09 Minimum Necessary Standard
- VI. CP-11 HIPAA Security
- VII. CP-12 Uses and Disclosures of Member Information
- VIII. CP-15 Conflict of Interest



**Samaritan Health Plans  
Policies & Procedures**

**SHP Compliance Department**

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

**CP-18 Confidential and Proprietary Information**

<b>Effective Date:</b> 10/1/2015
<b>Last Revision Date:</b> 1/4/2019
<b>Dissemination Date:</b> 1/4/2019
<b>Required Review Date:</b> 11/1/2019

- IX. CP-16 Mandatory Training Compliance Communication
- X. CP-17 SHP Corporate Integrity Program
- XI. SHP Code of Ethics and Conduct

**REFERENCES**

- I. The HIPAA Training Handbook, 2008 by the Healthcare Compliance Association  
Minneapolis, MN

**RESPONSIBLE PARTY**

The SHP Compliance Officer is responsible for updating and oversight of this policy and the procedures regarding Corporate Integrity.

**RELATED DOCUMENTS**

None

Required Review Date: 11/1/2018			
Revision #	Approved Date	Approved By	Revision Description
3	1/4/2019 / SK	Denise Severson	Verified Content and Formatting / No changes
2	3/21/2018 / SK	Denise Severson	Verified Content and Formatting
1	2/24/2017 / SK	Denise Severson	Verified Content and Formatting