

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This statement gives you notice of a data collection as required by law (section 552a(e)(3) of the Privacy Act of 1974). This statement is not a consent form. It will not be used to release or to use your health care information.

I. The authority for this data collection is given under section 1886(j)(2)(D) of the Social Security Act, which authorizes the Secretary to collect the data necessary to establish and administer the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS).

Medicare participating Inpatient Rehabilitation Facilities (IRF) must do a complete assessment that accurately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The IRF must use the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) as part of that assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A (Fee-for-Service) and Part C (Medicare Advantage) inpatient, and it may be used to assess other types of inpatients. The information that is collected on the IRF-PAI is submitted to the Centers for Medicare & Medicaid Services (CMS), which uses the information to be sure that the IRF is paid appropriately for the services that they furnish you, and to help evaluate whether the IRF meets quality standards and gives appropriate health care to its patients.

CMS safeguards the IRF-PAI data in a data system. The system limits data access to authorized users and monitors such users to ensure against unauthorized data access or disclosures. This system conforms to all applicable Federal laws and regulations as well as Federal government, Department of Health & Human Services (HHS), and CMS policies and standards as they relate to information security and data privacy. The applicable laws and regulations include, but are not limited to: the Privacy Act of 1974; the Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E-Government Act of 2002; the Clinger-Cohen Act of 1996; the Medicare Modernization Act of 2003; and the corresponding implementing regulations.

While you have the right to refuse to provide information to the IRF for the assessment, this information is very important in ensuring that the IRF is paid appropriately for the services it provides, meets quality standards, and furnishes appropriate health care to its patients. We hope that you will cooperate with your IRF in gathering the necessary data. As explained below, any information that you provide to the federal government through this assessment will be protected under the Federal Privacy Act of 1974 in accordance with the IRF-PAI System of Records Notice. Furthermore, you will always have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.



II. PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the IRF-PAI System of Records No. 09-70-0521. The information will primarily be used to support payments for Fee-for-Service care provided to Medicare Part A beneficiaries by IRFs under the IRF PPS. This information may also be used or disclosed for additional purposes that are related to the principal purpose for which the data was collected. These additional uses are called “routine uses,” which are discussed in detail below.

III. ROUTINE USES

The following “routine uses” specify the circumstances when CMS may release your information from the IRF-PAI System of Records without your consent. Prior to receiving data under one of these routine uses, each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Furthermore, disclosures of protected health information authorized by these routine uses may be made only if, and as, permitted or required by the ‘Standards for Privacy of Individually Identifiable Health Information.’ (45 CFR Parts 160 and 164, which are commonly referred to as the “HIPAA Privacy Rule.”) The routine uses are:

1. To support agency contractors, consultants, or grantees who have been engaged by the agency to assist in the performance of a service related to this System of Records and who need to have access to the records in order to perform the activity.
2. To support Quality Improvement Organizations (QIO) in connection with review of claims, or in connection with studies or other review activities conducted pursuant to part B of Title XI of the Act, and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans.
3. To assist another Federal and/or state agency, agency of a state government, agency established by state law, or its fiscal agent to:
 - a. Contribute to the accuracy of CMS’s proper payment of Medicare benefits;
 - b. Enable such agency or agent to administer a Federal health benefits program, or as necessary to enable such agency or agent to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; or
 - c. To improve the state survey process for investigation of complaints related to health and safety or quality of care and to implement a more outcome oriented survey and certification program.
4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health, or for understanding and improving payment projects.
5. To support the Department of Justice (DOJ), a court or an adjudicatory body when:
 - a. The agency or any component thereof;
 - b. Any employee of the agency in his or her official capacity;
 - c. Any employee of the agency in his or her individual capacity where the DOJ has agreed to represent the employee; or
 - d. The United States Government is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant



and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.

6. To a CMS contractor (including, but not necessarily limited to fiscal intermediaries, carriers and Medicare Administrative Contractors (MAC)) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.
7. To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs.
8. To assist a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (e.g., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status, and even then, only if they meet the following requirements:
 - a. Provide identifying information for IRFs that have an accreditation status with the requesting deemed organization;
 - b. Submission of a finder file identifying beneficiaries/patients receiving IRF services;
 - c. Safeguard the confidentiality of the data and prevent unauthorized access; and
 - d. Upon completion of a signed data exchange agreement or a CMS data use agreement.
9. To assist insurance companies, third party administrators (TPA), employers, self-insurers, manage care organizations, other supplemental insurers, non-coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP)) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:
 - a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third party administrator;
 - b. Utilize the information solely for the purpose of processing the individual's insurance claims; and
 - c. Safeguard the confidentiality of the data and prevent unauthorized access.
10. To appropriate Federal agencies, Department officials and contractors, as well as CMS contractors, to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this System of Records.



IV. EFFECT ON YOU IF YOU DO NOT PROVIDE INFORMATION

The IRF needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your IRF will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it difficult to evaluate if the facility is giving you quality services. While this information is important, there is no federal law basis for your IRF refusing you services if you refuse to provide the requested information.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information, which that Federal agency maintains in its IRF-PAI System of Records: Call 1-800-MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager.

TTY for the hearing and speech impaired: 1-800-820-1202

