



PENINSULA RSN

HIPAA AND MEDICAID COMPLIANCE POLICIES AND PROCEDURES

Policy Name: HIPAA ADMINISTRATIVE REQUIREMENTS
FOR IMPLEMENTATION AND
MAINTENANCE

Policy Number: 5.03

Reference: 45 CFR Parts 160, 162 and 164

Effective Date: 5/2005

Revision Date(s): 1/2008

Approved by: PRSN Executive Board

PURPOSE

To outline the obligations relating to the implementation and maintenance of the Health Insurance Portability and Accountability Act (HIPAA) and regulations promulgated there under.

This policy applies to members of the Peninsula Regional Support Network (PRSN) workforce as defined by the Health Insurance Portability and Accountability Act of 1996.

DEFINITIONS

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

Workforce Members means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for PRSN, its offices, programs or facilities, is under the direct control of PRSN, office, program or facility, regardless of whether they are paid by PRSN.

Business Associate (BA) means a person or entity who, on behalf of PRSN, or an office, program or facility of PRSN, but not in the capacity of a workforce member, performs, or assists in the performance of, a function or activity involving the use or disclosure of PHI, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services involving disclosure of PHI.

Privacy Notice means the notice of privacy practices relating to PRSN's use and disclosure of PHI that is mandated under HIPAA regulations for distribution to all individuals whose information will be collected by or on behalf of PRSN.

PROCEDURE

1. **Personnel Designations:** PRSN has documented designations of the following:

Privacy Officer: PRSN has a designated individual to be the Privacy Officer, responsible for the development, implementation, and maintenance of PRSN wide policies and procedures relating to the safeguarding of PHI.

Contact Person or Office: PRSN has a designated individual, position title, or office responsible for receiving complaints relating to PHI and for providing information about PRSN's privacy practices.

2. **Training Requirements:** PRSN must document the following training actions:

On or before the effective date of the HIPAA privacy regulations [4/14/03], and every three years thereafter, all PRSN employees and other workforce members must receive training on applicable policies and procedures relating to PHI as necessary and appropriate for such persons to carry out their functions within PRSN.

Each new workforce member shall receive the training as described above within a reasonable time after joining the workforce, and every three years thereafter. Each workforce member, whose functions are impacted by a material change in the policies and procedures relating to PHI, or by a change in position or job description, must receive the training as described above within a reasonable time after the change becomes effective.

3. **Safeguards:** PRSN has in place appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.
4. **Complaint Process:** PRSN has in place a process for individuals to make complaints about the PRSN's HIPAA policies and procedures and/or the entity's compliance with those policies and procedures, and must document all complaints received and the disposition of each complaint.
5. **Disciplinary Action:** PRSN will initiate disciplinary action against workforce members who fail to comply with HIPAA policies and procedures. [Note - there are exceptions for disclosures made by workforce members who qualify as whistleblowers or certain crime victims.]

6. Mitigation Efforts Required: PRSN will mitigate, to the extent practical, any harmful effects of unauthorized uses or disclosures of PHI by PRSN or any of its business associates.

7. Intimidating or Retaliatory Acts and Waiver of Rights Prohibited:

Prohibition on Intimidating or Retaliatory Acts: No employee of PRSN shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of their rights or participation in any process relating to HIPAA compliance, or against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of PHI in violation of the regulations.

Prohibition on Waiver of Rights: No employee of PRSN shall require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, enrollment in a health plan or eligibility for benefits.

8. Policies and Procedures: PRSN will document the following actions relating to its policies and procedures:

Required Policies and Procedures: PRSN has in place policies and procedures to assure appropriate safeguarding of PHI in its operations.

Changes to Policies and Procedures: PRSN changes its policies and procedures as necessary and appropriate to conform to changes in law or regulation. PRSN also may make changes to policies and procedures at other times as long as the policies and procedures are still in compliance with applicable law. Where necessary, PRSN will make correlative changes in its Privacy Notice. PRSN will not implement a change in policy or procedure prior to the effective date of the revised Privacy Notice.

9. Documentation Requirements: PRSN maintains the required policies and procedures in written or electronic form, and will maintain written or electronic copies of all communications, actions, activities or designations as are required to be documented hereunder, or otherwise under the HIPAA regulations, for a period of six years from the later of the date of creation or the last effective date.

10. Distribution of Privacy Notice: PRSN makes available Privacy Notices to all contracted providers of PRSN for distribution to consumers new to service. PRSN will promptly revise and distribute its notice whenever there is a material change to the uses and disclosures, the individual's rights, PRSN's legal duties, or other privacy practices stated in the notice.

MONITORING

This policy is mandated by contract or statute.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
2. If a provider performs below expected standards during the review listed above, a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.