



PENINSULA RSN

HIPAA AND MEDICAID COMPLIANCE POLICIES AND PROCEDURES

Policy Name: HIPAA AGENCY STAFF TRAINING

Policy Number: 5.05

Reference: 45 CFR Parts 160, 162 and 164

Effective Date: 8/2005

Revision Date(s): 1/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

The Health Insurance Accountability and Portability Act (HIPAA) was passed in 1996 as part of Congressional Response to the breach of confidentiality of consumer's protected health information. Health is a broadly defined term in HIPAA to include all medical, psychological, therapeutic and social services provided to a consumer where the information is either stored electronically or the fee for the services is billed electronically. The Peninsula Regional Support Network (PRSN) both stores protected health information electronically and bills for services electronically so we are what is called a "covered entity" under HIPAA.

PROCEDURE

1. HIPAA requires that agency staff are trained every three years on the requirements of the Privacy and Security Regulations of the law.

2. The training outline includes the following:

An Overview of the Law

- Technology
- Policy
- Practice
 - Purpose of the Privacy Regulations
 - Purpose of the Security Regulations

- Purpose of the Breach Notification Regulations
- Purpose of the Standardization of the Transaction and Code Sets

Privacy Regulations

- Definition of Protected Health Information
 - Individual Rights to Notice, Access, Accounting and Modification.
 - Business Relationships
 - Policies and Procedures of the Agency
 - Need to Know “Minimal Necessary Disclosure”

Security Regulations

- Administrative Safeguards
 - Contingency Plan
 - Chain of Trust Agreements
 - Access procedures
 - Incident Response Procedures
 - Virus Protection and Backup requirements
 - Media Controls (use and storage of disks).
- Technological
 - Authorization Controls
 - Data Authentication
 - Unique User ID
 - Passwords/PIN/Tokens (Password Management)
 - Automatic Log off
- Physical Safeguards
 - Assigned Security Responsibility
 - Physical Access Control
 - Controls over physical media
 - Secure Workstation Location
 - Policy over Workstation Use
 - Security Awareness Training
 - Work Station Use

Breach Notification Regulations

- Definition of a Breach
 - Description of Unsecured Protected Health Information
 - Disclosures excluded from Breach definition
 - Identifiers that compromise the security or privacy of the PHI

- Agency Process for breach identification
 - Procedure for informing appropriate agency staff
 - Method for determining whether incident was a breach or not
 - Notification Requirements
 - Timeliness of Notification
 - Content of Notification
 - Methods of notification
 - Requirement to inform the HHS Secretary
 - Documentation Requirements
 - Agency procedure for documenting potential breach incidents
3. The Training Curriculum is reviewed and modified as required annually through the efforts of the Privacy Officer and the Security Officer of the agency.

MONITORING

This policy is mandated by 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 Policy.