Privacy in Perspective –
 Dealing with Hybrids & Other Unique Collaborations

> Thursday, September 8, 2005 Washington, DC

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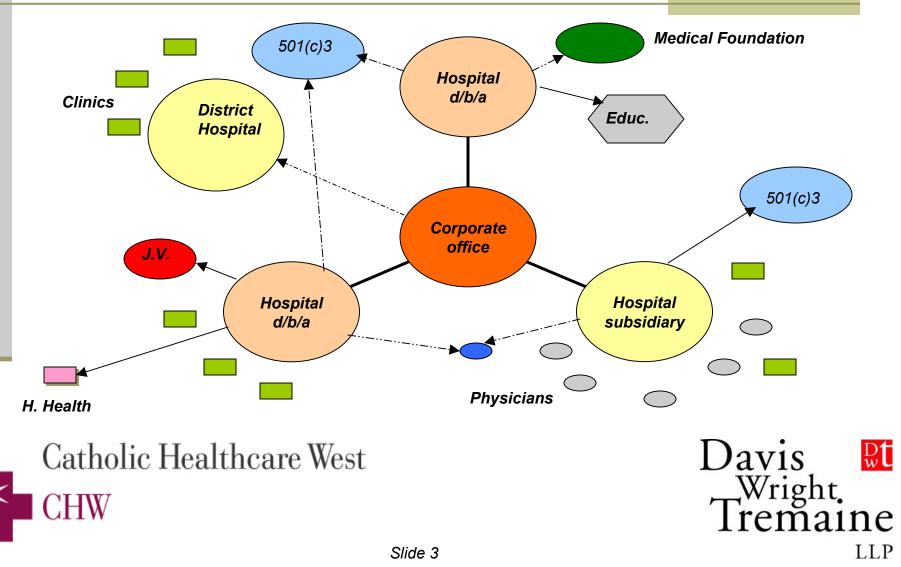
Issues Addressed

- Legal vs. Operational Relationships
- Hybrids
- ACE Regulatory Enforcement
- Basic Organizational Structures and Strategies
- Enforcement Table
- Collaboration Types involving PHI
- CHW HIPAA Org Chart
- Customizing Authorizations
- NPP in terms of ACE and Websites postings





Capturing the Right HIPAA Org Structure



Basic organizational structures and strategies

- ACE horizontal integration
- Organized Health Care Arrangements (OHCAs) – vertical integration
- Hybrids internal segregation
- Authorizations to permit disclosures between separate entities – external segregation





Legal Relationships v. Operational Relationships

<u>Legal</u>

- Wholly owned subsidiary of parent
- Separate entities with a common parent
- Supporting organization (e.g. foundation)
- Joint venture



Operational

- Health system of multiple hospitals
- Hospital and freestanding clinic
- Hospital and research facilities
- Health clinic and social services



Hybrids

- Single legal entity
- Covered entity
- Business functions include both covered and non-covered functions
- Designates health care components that includes any component that would be a covered entity if a separate legal entity





Covered Entity (CE)

- Identification necessary for patient enforcement
 - Responsible for PHI
 - Exercise of patient rights
 - Notice of Privacy Practices (NPPs)
 - Separate covered entities
 - Share PHI for treatment and payment
 - Limited sharing for operations

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Affiliated Covered Entity (ACE)

- CEs that are under <u>common ownership</u> or <u>control</u> may designate themselves as a single ACE.
 - "Common ownership is defined as an ownership or equity interest of <u>five percent</u> or more."
 - Common control exists if an entity has the power directly or indirectly - to <u>significantly influence or direct the actions or</u> <u>policies</u> of another entity. If the affiliated entity contains health care components, it must implement safeguards to prevent the larger entity from using protected health information maintained by the component entity. Privacy Rule, *December 2000 Preamble*





Organized Health Care Arrangement (OHCA)

- 1. A clinically integrated care setting in which individuals typically receive health care from more than one healthcare provider (legally separate); or
- 2. An organized system of health care in which more than one CE participates, and they:
- (i) hold themselves out to the public in a joint arrangement, and
- (ii) participate in one or more of the following joint activities -- Utilization review, Quality Assessment and Improvement activities, Shared Risk Pool Program
- Note: an Acknowledgment obtained by one CE means the other CEs do not need to also seek one.





Basic organizational structures and strategies - ACE

- An ACE <u>may</u> use a single NPP as if it were a single CE
- The CEs that together make up the ACE are jointly and severally liable for any civil monetary penalty under HIPAA
- An Authorization (beyond TPO) is sufficient for all CEs – not so for an OHCA
- California --Title 22 limitation on ACE structure
- Minimum necessary still applies





Basic organizational structures and strategies - OHCA

- An OHCA <u>may</u> use a single NPP, just like a covered entity for all its activities.
- The CEs that together make up the OHCA are NOT jointly and severally liable for any civil monetary penalty under HIPAA.
- An Authorization (beyond TPO) is NOT sufficient for all CEs
- May need more BAA's in place
- Minimum necessary still applies





Basic organizational structures and strategies - Hybrid

- Applies to multi-purpose organizations
- Limits exchange of PHI between health care components and non-health care components
- Rules on permitted uses and minimum necessary may otherwise limit such exchanges
- Minimizes regulatory burden on non-health care components





Basic organizational structures and strategies - Authorizations

- Trumps HIPAA's limitations on use and disclosure of PHI between
 - Components of a single CE
 - Two CEs
 - A CE and a non-CE
 - Allows for use on health information for other purposes (e.g. education, social services, surveillance, research)





Customizing Authorizations

- To provide additional requirements required under State law
- To provide for use and disclosure of non-health related information subject to regulations
 - Financial information
 - Educational records
 - Employment information
- Limitation on compound authorizations





- Title 22 Limitations -- California
- Managing Patient Rights
 - Alternative Communication
 - Accounting for Disclosures
 - Is disclosure on behalf of CE or ACE?
 - Approval of Restrictions and communication to all HIPAA entity members
 - Who receives Complaints and maintains required documentation on behalf of hospital, CE and ACE?
 - Who within ACE manages NPP Acknowledgements for hospital, CE, and ACE?





Enforcement Issues

- Patient's rights against CE
- OCR rights actionable against ACE/OHCA/CE

 - - ACE may be viewed as larger than an OHCA which may be viewed as larger than a CE





HIPAA Enforcement Table

Rights of	CE	BA	OHCA	ACE*	Hybrid
Patients	Yes	No	No	No	Yes
OCR	Yes	No**	No	Yes	Yes

*Good uniform controls?

*Consider Number of OCR "dings" and penalty caps

**Yes if BA is already a CE

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Davis Wright Tremaine Examples of Collaboration Types where PHI may be exchanged

- Joint Ventures
- Management Agreement (e.g. District Hospitals)
- Medical Foundations
- Multi-purpose agencies Social Service Groups
- Research





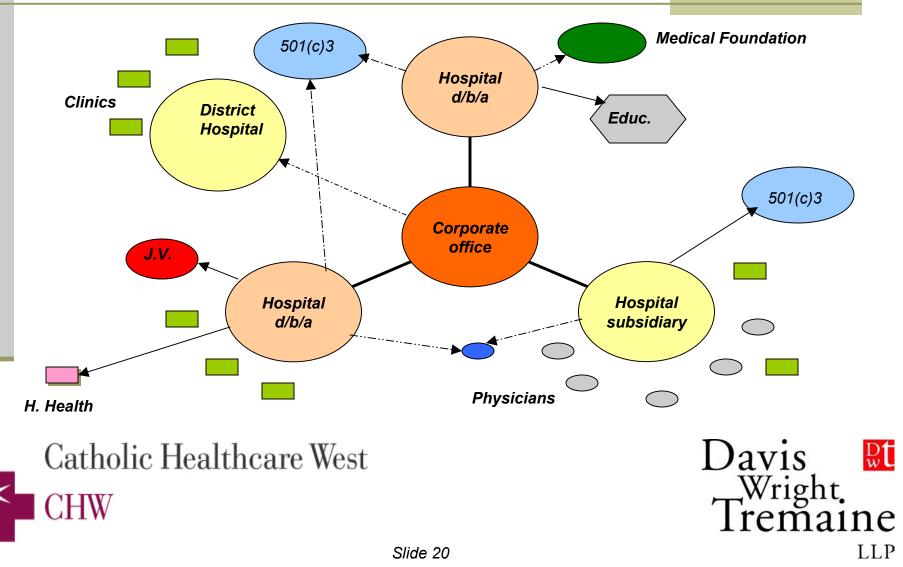
Examples of Collaboration Types where PHI may be exchanged

- Education/Schools
- Public health
- Surveillance
- Electronic Community Health Records





Capturing the Right HIPAA Org Structure



HIPAA Org Documentation

The designation of an affiliated covered entity must be documented and the documentation maintained as required by § 164.530(j).





CHW HIPAA Organization Chart

- Part A List of hospitals and clinics and other entities and business units who may or may not be covered entities and their HIPAA status within CHW.
- Part B List of 501(c)(3) fundraising foundations and their relationships to covered entities within the CHW ACE.
- Part C List of plans, both insured and self-insured, and plan administrators.
- Part D List of entities in which CHW or its affiliate may have an ownership interest but does not have management responsibility nor operating responsibility.





CHW HIPAA Org Chart – Part A

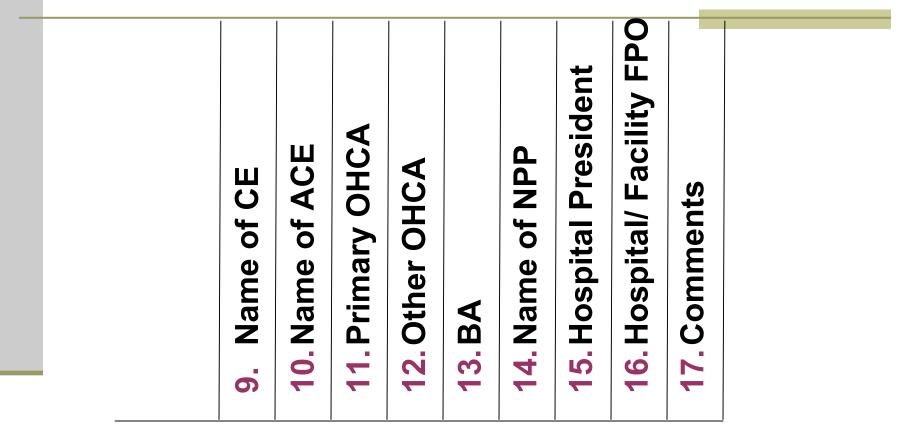
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Level 1 Legal Entity	Level 2 Legal Entity or d/b/a	Level 3 Legal Entity or d/b/a	Level 4 Legal Entity or d/b/a	If Joint Venture, Managed or Operated by CHW Facility?	Using PHI?	Name of Hybrid (if applicable)	Name of Non-Covered Component	
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CHW HIPAA Org Chart – Part A



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Who Documents HIPAA Org?

Recommendations

- Single Custodian
- Documentation needs to reflect both your legal and operational reporting structure
- Readily accessible internally
- Internalize HIPAA Org analysis into legal check off process for creating or changing status of JV's, partnerships, new corporations, 501(c)'s and other entities
- Annually review and update





HIPAA Org Annual Review

Who should be involved?

- Custodian of HIPAA Org Document
- Hospital/Facility Administrator
- Legal Counsel
- Privacy Official
- Marketing and Communication Dept
- 501(c) President
- Benefits Director





Notice of Privacy Practices (NPP)

- Different for each CE

 - clinics
 - hospital
- Non-HIPAA provisions related to other requirements (e.g. education, financial)
- If website supports multiple CEs
 - No ACE NPP → post all NPPs
 ACE NPP → only One NPP

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Closing Thoughts

- Identify and distinguish legal and operational relationships
- Document your organization structure
- Make sure CE or health care component of hybrid maintains control and custody of medical records
 - Authorizations may be the easier solution, business associate agreements are not when providing integrated services





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