Living with HIPAA: **Compendium of Next steps from Rural Hospitals to Large Health Systems to Physician Practices**

Presented by HIPAA Pros **5th Annual HIPAA Summit** Baltimore, Maryland October 31. 2002 HC Healthcare Solutions



Living with HIPAA

- Implementation priorities
 - Assuring money and effort is well spent
 - The three legs of Administrative Simplification
 - Where to begin?
- Identifying "chunks"
- What is "reasonable?"
- Who will do the work?





Experiential Based

- Rural Hospital Experiences Best Practices
- Community Hospitals: Security Needs
 - Large Health Systems:compliance tracking tools
- How to establish priorities
- Determining "Chunks"





LESSONS LEARNED

#1

EDI Remains a Major Concern

Vendor Readiness

Facility Readiness





RECOMMENDATION

#1

EDI Task force working with vendors and health plans to identify data elements and prepare for testing by April 14, 2003





LESSONS LEARNED

#2

Most of HIPAA Compliance comes down to Behavioral Changes

Staff....Physicians....volunteers...etc









Staff Training

✓ <u>Ongoing</u>

✓ Focused





LESSONS LEARNED

#3

Future Compliance demands solid

✓ Policies

✓ Procedures

✓ Training





RECOMMENDATION

#3

Establish a "HIPAA Coordinators" Group to Encourage Exchange of Information





LESSONS LEARNED



Need to consider

"Contingency Plans"





RECOMMENDATION



Get Moving

Get Serious

Get Done





The end goal: find it, follow it and protect it

- All the activities basically follow the PHI
- More than electronic, paper and oral
- What is it and who controls it?
 - Surprise: not you
 - It's everything for all intents and purposes!







Some days we just get stuck, and bogged down. Some days all you can do is smile and wait for someone to kindly remove your butt from the hole you find it wedged into.





Common Security Compliance Findings





Applicable to Community Hospitals and all Other HIPAA entities (that's the lesson learned!)





The Proposed HIPAA Security 16 Standards: Subject Areas

- Administrative Procedures [45 CFR §142.308(a)]
- Physical Safeguards [45 CFR §142.308(b)]
- Technical Security Services [45 CFR §142.308(c)]
- Technical Security Mechanisms [45 CFR §142.308(d)]





Administrative Procedures

- Certification Process and Program Development [45 CFR §142.308(a)(1)]
 - Internal or external
 - Contingency Program Development [45 CFR §142.308(a)(3)]
 - Must include: Applications and Data Criticality Analysis
 - Data Backup Plan

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- Disaster Recovery Plan for the Entire Enterprise
- Emergency Mode of Operation
 - **Testing and Revision Procedures**



Administrative Procedures [18 (continued)

- Records Processing Policies and Procedures Development [45 CFR §142.308(a)(4)]
 - Receipt, manipulation, storage, dissemination, transmission, disposal of PHI
 - Information Access Control Policies and Procedures
 [45 CFR §142.308(a)(5)]
 - Access Authorization (overall access procedures)
 - Access Establishment (Initial right of access)
 - Access Modification (job change or termination)





Administrative Procedures [19 (continued)

- Security Configuration Management Policies [45 CFR §142.308(a)(8)]
 - Hardware and software installation and maintenance review and testing
 - Hardware and software inventory
 - Security Testing (host and network
 component penetration testing) Protocols and
 Services





Administrative Procedures (continued)

- Training Program Development
 [45 CFR §142.308(a)(12)]
 - Security Awareness Training for ALL Personnel
 - Periodic Reminders
 - Virus Protection Education
 - Log in Access Education
 - Password Management Education





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Physical Safeguards

 Assigned Security Responsibility [45 CFR §142.308(b)(1)] (must understand all aspects of information security)





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Technical Security Systems

- Access Control [45 CFR §142.308(c)(1)(i)]
 - Implementation Features at least one of the following:
 - Context-based
 - Role-based
 - User-based
- Audit controls [45 CFR 42.308(c)(1)(ii)]
 - Mechanisms to record and examine system activity





Technical Security Mechanisms²³

Network Controls [45 CFR §142.308(d)(2)]

Alarm (IDS)







"The computer expert is here, Mr. Rumson."







LARGE IDS

- Multiple Acute Care Hospitals
- Long-term Care Facilities
- Health Plan
- Clinics
- Dental Clinics
- Faculty Practice Plans





HIPAA Implementation Situation²⁷

- Organize HIPAA implementation for a large, urban single entity healthcare system with 130 facilities ranging from large acute care to small clinics.
- Track and monitor implementation
 progress throughout a diverse, distributed entity.





HIPAA Implementation Tasks 28

- Create an implementation plan for 7,500
 HIPAA recommendations and findings.
- Organize and coordinate central and local implementation teams.
- Manage and track compliance implementation as findings are addressed in an auditable manner.





HIPAA Implementation Plan 29

- Perform Analysis
- Design Implementation Projects
- Formulate Organization Structure & Operating Processes
- Formulate Organizational Roles and Responsibilities
- Create and Deploy Implementation Tools





Analysis

 Recommendations and findings were extracted from reports and categorized with 25 unique identifiers that include regulation paragraph number and section, implementation workgroup, and action required for implementation.





Projects were formulated based on type of action required on recommendations and findings.

Projects were prioritized based on the regulatory risk profile of the entity.





Organization

- Structure was designed to include executive management, privacy officer, compliance directors, implementation workgroups and consultant subject matter experts.
- Process for organizational behavior was predefined to ease information and workflow during implementation.
- Roles & responsibilities were defined within process to assist team behavior and function.





- Compliance tracking database was design and developed to house recommendations, work groups and projects.
- Tool enables users to monitor their area of responsibility for HIPAA implementation.
- Tool provides compliance audit trail for regulatory enforcement inquiries.





Compliance Tracking Tool

Features:

- My Dashboard, for executive level compliance tracking
- My Recommendations, for manager level tracking of activity by recommendation and finding
- Projects, for project creation, maintenance and tracking
 - Recommendations, for user designed query searches of recommendation database, and recommendation management.





Compliance Tracking Tool

My Dashboard

My Statistics		Reco	ommendation Statistics Recomme	ndation Se	earch
Recommendations by Reg. Class Level 2			Recommendations by Project P	riority	
Name	Rec.	Prj.	Name	Rec	c. Prj
Access of Individuals to their own PHI	318	314	High	126	4
Accounting Of Disclosures	152	152	Low	3	4
Additional Requirements for Health Plans	0	0	Medium	99	2
Additional Restrictions on Uses and Disclosures Requested by Individuals	24	24	Mission Critical	0	1
Administrative Procedures	1298	1298	None	0	0
Alternative Means or Location of Communication Requested by Individuals	48	48			
Amendment of PHI	80	80	Recommendations by Project S		
Code Sets	0	0	Name	Rec	c. Prj
Complaints to the Covered Entity	0	0	Completed	0	0
Coordination of Benefits	33	0	Defined	0	0
Electronic Signature Standards	0	0	In Progress	0	0
Eligibility for a Health Plan	53	53	Plan Complete	228	11
Enrollment & Disenrollment in a Health Plan	0	0	Recommendations assigned	0	0
General Provisions	0	0	Started	0	0
Group Health Plan	6	2	Stopped before completion	0	0
Health Care Claim Status	34	34	Workgroup assigned	0	0
Health Care Claims or Equivalent Encounter Information	0	0			
Health Care Payment and Remittance Advice	34	34	Recommendations by Status		
Health Plan Premium Payments	0	0	Name		. Prj.
Mitigation of Harmful Effects of a use or disclosure	1	1	Assigned to group	0	0
Notice of Privacy Practices	0	0	Assigned to project		6747
Physical Safeguards	466	466	Compliance in progress	0	0

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	Recommendations by Project Priority			
	Name	Rec.	Prj.	
	High	126	4	
	Low	3	4	
	Medium	99	2	
	Mission Critical	0	1	
3	None	0	0	

Recommendations by Project Status				
Name	Rec.	Prj.		
Completed	0	0		
Defined	0	0		
In Progress	0	0		
Plan Complete	228	11		
Recommendations assigned	0	0		
Started	0	0		
Stopped before completion	0	0		
Workgroup assigned	0	0		

name	Rec.	rij.	
Assigned to group	0	0	
Assigned to project	6855	6747	
Compliance in progress	0	0	
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Compliance Tracking Tool

My Dashboard		Administration	Recommendation	Project	
Facility Types	Facility Type			A	dd New
Facilities					
Networks	Facility Type	Definition		Edit	Delete
Source Type	AC	Acute Care Facility - Hospita		<u>Edit</u>	<u>Delete</u>
Source Name	ACMH	Acute Care & Mental Health	Facility (Hospital)	<u>Edit</u>	<u>Delete</u>
8	CF	Correctional Facility		<u>Edit</u>	<u>Delete</u>
Source Status	D&TC	Diagnostic & Treatment Cent	er	<u>Edit</u>	<u>Delete</u>
Departments	EO	Executive Office		<u>Edit</u>	Delete
Sub Departments	H&HC	Home & Health Care		<u>Edit</u>	<u>Delete</u>
Groups	LTC	Long Term Care		<u>Edit</u>	<u>Delete</u>
Reg. Class Level I	MPHP	Metro Plus Health Plan		Edit	<u>Delete</u>
Reg. Class Level II	OH	Oral Health		<u>Edit</u>	<u>Delete</u>
Reg. Class Level III	от	Other		<u>Edit</u>	<u>Delete</u>
Reg. Ref./Deadline	RC	Rehab Center		<u>Edit</u>	<u>Delete</u>
Organization Level I	SBC	School Based Clinic		<u>Edit</u>	<u>Delete</u>
-	SC	Small Clinic		<u>Edit</u>	<u>Delete</u>
Organization Level II	SNF	Skilled Nursing Facility		Edit	<u>Delete</u>
Project Status	UKN	Unknown		Edit	<u>Delete</u>
Project Priority					
Users					

User Type

An Application Built By:









My Dashboard		Administration		Recommendation	Project		
My R	lecommendati	ons			Search For Existing Recommenda	tions Create New Recomm	nendation
Text	Status	Facility Nam	e	Reg. Class Level I	Text		Delete
<u>Detail</u>	Assigned to project	Queens Ho	ospital Center	Privady	Work with the Medical Record	s Department to create	
<u>Detail</u>	Assigned to project	East New 7	York D&TC	Privacy	Work with Medical Records to	develop a process to	
<u>Detail</u>	Assigned to project	Gouverneu	r D&TC	Privacy	While it is a best practice to k	eep employee	
<u>Detail</u>	Assigned to project	Renaissan	ce Health care Network D&TC	Privacy	While it is a best practice to k	eep employee	
<u>Detail</u>	Assigned to project	Segundo R	uiz Belvis D&TC	Privacy	While it is a best practice to k	eep employee	
<u>Detail</u>	Assigned to project	MetroPlus	Health Plan	Privacy	Once health assessment form	s are entered into	

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Delete

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My Dashboard		Administration	Recom	mendation	Project	
Recommendat	ion Detail:				Back to Ma	in Page
Description		Edit	Notes			Add
Text			Notes	User	Date	
		create a procedure to ensure th	at			
	d in the designated reco	ord set.				
Status	Assigned to project					
Reg. Class Level I	Privacy					
Reg. Class Level II	Access of Individuals t	to their own PHI				
Reg. Class Level III	N/A					
Regulatory Referenc	e 164.524					
Regulatory Deadline	2003/04/14					
Org. Level I	Local Type 2					
Org. Level II	Designated Record Se	et				
Facility Name	Queens Hospital Cent	er				
Facility Type	AC					
Dept Name	Psychiatry					
Sub Dept Name	N/A					
Network Name	Queens Health Netwo	rk				
Network Code	QN					
Location	70					
Source Name	Queens Hospital Cent	er				
Source Section	Behavioral Health/Psy					
Source SubSection						



My Dashbo	ard	Administration	Recommendation	Project						
Recommendati	My Recommendations									
Search For Existing Recommendations										
		ect the saved search form the drop down menu belo ch by clicking edit. Or, create a new search with no								
DRS	▼ Go	D!								
Edit Saved Search										
Create New Search										
Create New Reco	mmendation									
To create a new recommend * means required	ation, please provide	the following information and click "Add".								
Text:		A								
		_								
		*								
Status	Assigned to gr									
Reg. Class Level I	EDI	· · · · · · · ·								
			-							
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My Dashboard	Administration	Recommendation	Project
			,

Projects

Detail Project Name	Manager	Sponsor	Start Date	End Date	Priority	Status
Detail AO – Correctional Health					N/A	N/A
<u>Detail</u> AO – Group Health Plan					N/A	N/A
Detail AO – Health & Home Care					N/A	N/A
Detail AO – Metro Plus					N/A	N/A
Detail CO – Business Associates			2002/06/01	2004/04/14	N/A	N/A
Detail CO – Chain of Trust Partners					N/A	N/A
Detail CO – Trading Partner Agreements					N/A	N/A
Detail DRS – Access of Individuals to their own PHI			2002/10/01		N/A	N/A
Detail DRS – Accounting of Disclosures			2002/10/01		N/A	N/A
Detail DRS – Additional Restrictions on Uses & Disclosures by Individuals			2002/10/01		N/A	N/A
Detail DRS – Amendment of PHI			2002/10/01		N/A	N/A
Detail DRS – Safeguards (administrative, technical and physical)			2002/10/01		N/A	N/A
Detail DRS – Uses & Disclosures for TPO			2002/10/01		N/A	N/A
Detail DRS – Uses & Disclosures of PHI: General Rules			2002/10/01		N/A	N/A
Detail DRS – Uses & Disclosures: Authorization or Individual Agree or Object NOT REQUIRED			2002/10/01		N/A	N/A
Detail DRS – Uses & Disclosures: Authorization REQUIRED			2002/10/01		N/A	N/A
Detail DRS – Uses & Disclosures: Individual Agree or Object REQUIRED			2002/10/01		N/A	N/A
Detail EDI – Additional Requirements for Health Plans			2002/10/01		Low	Plan Complet





	My Dashboard	Administration	Recommendation	P	Project			
Projec	Project Details:							
Project	Description	Edit	Notes		Add			
Name:	CO – Business Associ	ates	Notes User	. Date)			
Manage Snorsor								
Sponsor Start Da								
End Date								
Priority:	N/A							
Status:	N/A							
Descript	ion:							
Recom	mendations			Sta	atus Delete			
<u>Detail</u>	A procedure should be devel necessary for the order.	loped for all vendors requiring them to submi	t invoices for payment without the PHI,		signed to 🛛 🗖			
<u>Detail</u>	A procedure should be devel the PHI, if the PHI is not neo	loped specifically for Quest Diagnostics indi cessary for the order.	cating that invoices should be submitte		signed to 🛛 🗖			
<u>Detail</u>		dors receive personally identifiable health inf treatment), and that reason is	formation from Bellevue for reasons othe		ssigned to 🛛 🗖			
<u>Detail</u>		loped specifically for Quest Diagnostics, and originating Department to review the	d for any other vendors that include PHI		ssigned to 🛛 🗖			
<u>Detail</u>		dors receive PHI from CIH for reasons other), and such vendors are providing	than treatment, payment or health care		ssigned to 🛛 🗖			
<u>Detail</u>		loped specifically for any other vendors that view the invoices and submit it for	include PHI on invoices. Such a proced		ssigned to 🛛 🗖			
	CHC Healthca	re Solutions		HIP	PROS.			

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Summary

- Use of an implementation partner has distinct advantages to the organization:
 - Available implementation tools.
 - Proven HIPAA implementation management methods and techniques.
 - Regulatory subject matter expertise built through training and experience.





Where to start?

- Assuming a work plan exists from the initial baseline assessment, it is clear that providers must first address "HIGH" risk areas
- "Typical" high risk areas include:
 - Vendor readiness
 - Health Plan directives
 - Lack of Compliance Plan components (required)
 - Training, training and more training
 - Business Associates
 - Physical Security
 - Records management





Setting Priorities

Infrastructure issues

- Firewalls
- Protecting the network
- Access controls
- Patient rights
 - HIPAA is a patient-centric set of regulations and the patient rights (Notice of Privacy Practices, handling disclosures) documentation of decisions is a critical step



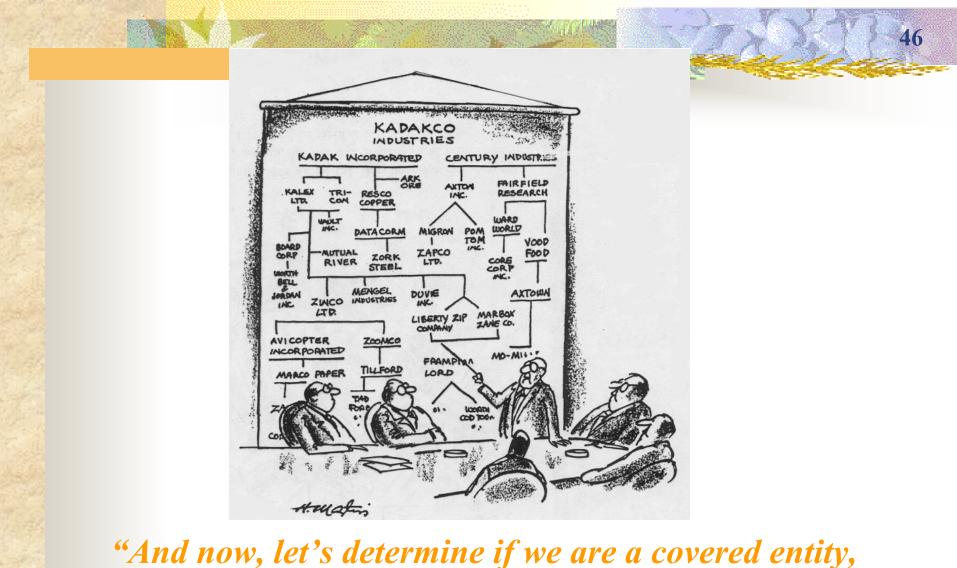


Manageable "Chunks"

- Working in the above priorities, define chunks of tasks that can be delegated to the work groups all designed to address the high priority areas
 - Security in the systems: effected by decisions already made to address the EDI concerns
 - EDI task forces: focus is on meeting testing parameters and assuring the system (whether computerized or manual) allows all components of your HIPAA Covered Entity to capture the required data elements
 - Privacy projects: awareness training, formation of compliance office, documents, management of patient rights and Business Associates







"And now, let's determine if we are a covered entity, affiliated single covered entity, hybrid covered entity or organized health care arrangement."





Covered Entity Decisions

- Single entity
- Affiliated Single entity
- Hybrid entity
- Organized health care arrangement
 - Considerations
 - Pros/Cons
 - documentation





Improving Cash Flow

- EDI standards require uniform
 - codes for all payers
- Uniformity = Cost Savings
 - This is the bottom line!







Question & Answer







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