

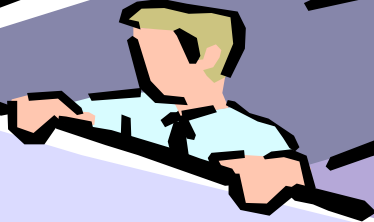
**How We Were Able to
Develop our own HIPAA
Policies, Forms,
Education Materials, etc.
and Spend Very Little
Money**

Angel Hoffman, RN, MSN

Director

HIPAA Program Office

at Corporate Compliance

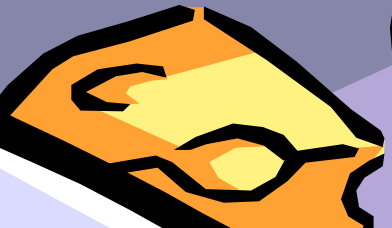


Health Care Providers

HIPAA

HIPAA
Compliance

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How we began...An Overview

- Established HIPAA Program Office
- Understanding the HIPAA privacy regulations and identifying the key points.
- Creating teams
- Developing team assignments and timelines
- Creating deliverables (e.g. policies, forms)
- Multiple revisions to deliverables
- Leadership approval
- Procedures developed at each entity
- Implementation at the entity level
- Audit and evaluation

Creating teams

- HIPAA Privacy – 10 Work groups
- HIPAA EDI – Advisory Group
 - Application subgroups with team leader for each application
 - Work driven by entity work team
- HIPAA Security – Advisory Group
 - Application/system – Focus team
 - Survey development system level
 - Development of risk assessment tool

HIPAA PRIVACY WORK GROUPS

See Title 45 of the Code of Federal Regulations (45 CFR Parts 160 & 164)

Business Associate Contracts – 164.502e/164.504e

Consents and Authorizations for uses and disclosures, authorization or opportunity to agree or object is not required – 164.506, 164.508, 164.510, 164.512

Minimum Necessary Requirements for Disclosures of Protected Health Information – 164.514d

Marketing and Fundraising – 164.508, 164.514(f)

Notice of Privacy Practices, Rights to request Privacy Protection for Protected Health Information – 164.520, 164.522

Access of Individual to Protected Health Information, Amendment of Protected Health Information – 164.524, 164.526

Accounting of Disclosures of Protected Health Information – 164.528

Employee Training – 164.530b

Complaints to the Covered Entity – 164.530d

Research

Developing team assignments and timelines

- Corporate sponsors assigned
- Group leader established for each team
- Team members volunteered and/or assigned based on expertise
- Timelines established to meet overall project timeline
- Minutes maintained and utilized as an ever growing work plan
- Work plans established for each team with assignments and due dates

Understanding the HIPAA privacy regulations and identifying the key points.

- Thorough review of the regulations
- Divided into topic areas
- Team formed for each topic area
- Identified leadership for each team
- Meetings held on a regular basis
- Membership composed of experts from across the health system
- To do list and work plan developed for each team

Identifying Risk

An individual has the right to privacy and confidentiality

Protect health information from unauthorized access

Monitor release of information

Consent for Treatment/Payment/Health Care Operations

Authorizations

Employees should only access information they need to perform their job (role based access)

Identifying Business Associates

Addressing Complaints - per new policy established

Physical Security - as related to the physical environment

Creating Deliverables (e.g. policies, forms)

- Teams identified deliverables by interpretation of the regulations
- Draft policies, forms and miscellaneous documents created/reviewed/revise
- Documents sent to leadership for approval
- Documents placed in approved format and made available on intranet

HIPAA POLICY REVIEW DOCUMENT



Names of Policies & Forms

Policy: Accounting of Disclosures of Protected Health Information

Form: Patient request for accounting of disclosure of protected health information

Policy: Complaint Management Process Pursuant to the HIPAA Privacy Rules

Form: None

Policy: Consent for Use and Disclosure of Information for Treatment/Payment/Health Care Operations

Form: Consent to Medical Care

Policy: HIPAA Training Related to Protected Health Information

Form: None

Policy: Use of Protected Health Information for Fundraising

Form: Fundraising Opt-out form

Names of Policies & Forms

Policy: Guidelines for Purchasing (Business Associate Policy)

Form: Health insurance portability and accountability. (Letter)

Form: Health insurance portability and accountability web site terms and conditions

Policy: Patient Access to Protected Health Information

Form: Request for access to protected health information

Form: Medical record charges for non-patient care requests

Form: Reviewable denial to access PHI

Form: Unreviewable denial to access PHI

Policy: Use of Protected Health Information for Marketing

Form: Marketing Authorization For Release of PHI

Policy: Minimum Necessary Standards for the Use and Disclosure of Protected Health Information

Form: None

Policy: Health Insurance Portability & Accountability Act of 1996.

Form: None

Policy: Information Restriction on Patient/Resident Information (Information Block)

Form: None

Names of Policies & Forms

Policy: Notice of Privacy Practices for Protected Health Information Pursuant to the HIPAA Privacy Rules

Form: HIPAA notice of privacy practices

Policy: Use and Disclosure of Protected Health Information for Research Purposes Pursuant to the HIPAA Privacy Rules

Form: Authorization to permit the use and/or disclosure of identifiable health information.

Form: Honest Broker Letters

Data Use Agreement

Reviews Preparatory to PHI Usage Agreement

Policy: Release of Protected Health Information

Form: Authorization for release of protected health information

Policy: Patient Amendment to Protected Health Information

Form: Request to correct/amend protected health information

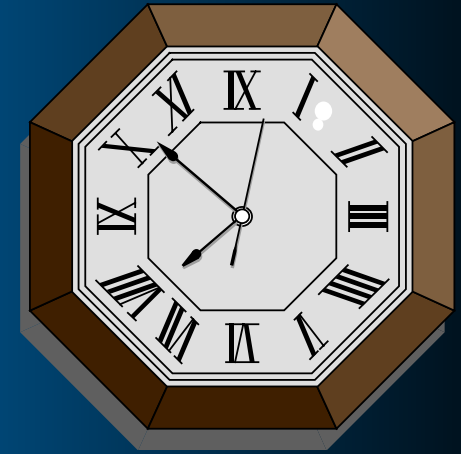
Form: Amendment denial letter

HIPAA Implementation



Procedures developed at each entity

- Implementation sessions scheduled for each entity within the system
- Managers and Privacy Officers were provided education
- Implementation binders developed and distributed to each Privacy Officer
- Information kept current on share drive



TIME IS Running out!

**What are you doing to
prepare?**

What should **you** do next at your entity?

Prepare for the introduction of new policies, forms and other documentation (i.e. replaces old ones)

Prepare for training *blitz* beginning in September 2002.

Conduct “walk throughs” identifying issues related to physical security requirements.

Discuss IT needs with CIO and IT staff.

Begin status reporting to HIPAA Program Office.

Implementation at the entity level

Procedures developed to implement key areas identified by system policies

Flexibility allowed per entity based upon resources available & operations

Procedures sent to HIPAA Program Office for system file

Educational Products

- Basic education
- Physician education
- Manager's Guide

Education

- Purchased authoring tool
- Engaged internal experts across system to write material for modules
- Elicited support from University
- Used educational material and modified it for University and health plan needs
- Significant cost avoidance realized

HIPAA Privacy Awareness Training



*Self-Directed
Learning Course for
All Staff*

Information Security Awareness Brochure for computer users

Viruses

Security Related Policies

Security Violations/Incident Reporting

Technical Assistance

Printing & Confidentiality

Proper Computer Use

Internet Use

Passwords

Use of Email

Process Monitoring

Need for constant reevaluation and monitoring of overall project status.

- Held periodic forums for Privacy Officers
- Frequent communications
- Development of a share drive
- Modification of timeline
- Answering questions and development of FAQs
- Development of a “HIPAA Ask Me” mailbox

HIPAA Project Management Time Line for Privacy Regulations

HIPAA Project Management Time Line for Privacy Regulations									
JAN '02	Feb.-	Mar.	April -	Aug.	Sept. -	Dec.	Jan '03 - Feb.	March	APRIL ' 03
	PHASE I		PHASE II		PHASE III		PHASE IV (Modified)	PHASE IV (HIPAA Privacy -full IMPLEMENTATION)	PHASE V HIPAA Privacy Compliance
	Risk Assessment /Gap Analysis		Policy Development		Implementation at entity level		Extended education and Procedure development; Program evaluation	March 3, 2003	April 14, 2003
Program Office opens		Work group To Do lists completed	HIP AA Information available on Info net	Policies in Draft format	Development of entity specific procedures		Basic Education Program (2/14/03) Procedures development (2/14/03) Audit & evaluation data collection	Audit & evaluation	Compliant with government deadline and Ongoing auditing and monitoring
		Create master work plan			Education and Training				
		Shared drive operational							


Entity Scorecard Key

Key:

Purple	NO REPORT SUBMITTED
Red	No progress has been made or past due date
Yellow	In progress
Green	Completed
Orange	Entity has not responded for current report period (12/20/02)



Entity Scorecard

				
Implementation	Team formed	0%	100%	0%
	HIPAA Presentation	0%	100%	45%
	Develop Procedures	0%	0%	90%
	Send copy of new	0%	0%	0%
Education/Training	General Education	0%	100%	30%
	Total Number of	0%	0%	0%
	Level 2 education	0%	n/a	n/a
	Physician education	0%	n/a	n/a
	Track and compile	0%	100%	30%
	Report data to	0%	100%	0%
Physical Security	Conduct walk through	0%	0%	60%
	Identify risks	0%	50%	30%
	Implement solutions	0%	0%	15%
Work with IT	Print consent forms	0%	0%	0%
	Develop role based	0%	0%	0%
	Confirm ability to	0%	na	0%
Forms	Order new forms	0%	0%	0%
	Replace old forms	0%	0%	0%
	Order registration	0%	n/a	0%
Post Notice of	All locations	0%	0%	0%
Implement HIPAA	All Departments	0%	0%	0%

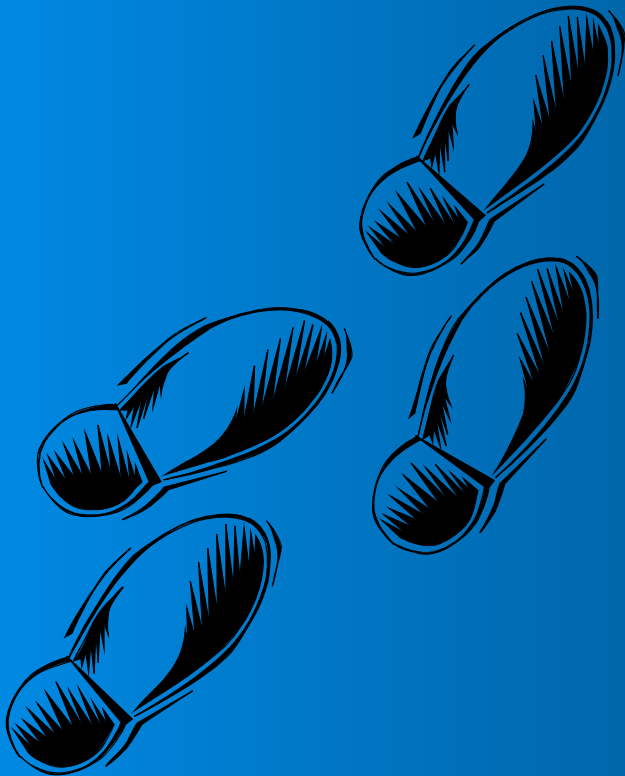
Call The HIPAA Program Office
at

888-555-1234

For Question about our Notice of
Privacy Practice call

888-555-5678

Next Steps???



Auditing and Monitoring

Established system “Go Live date” prior to government compliance date

Engaged Internal Audit Department to perform readiness surveys five weeks prior to compliance deadline

Will review data collected to address and refine system activity



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ANY QUESTIONS

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