



# COMPLIANCE NEWSLETTER

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## Compliance Officer Forum

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### HITECH *Health Information Technology for Economic & Clinical Health Act*

**Purpose** To promote adoption & meaningful use of health information technology to improve efficiency & effectiveness of systems.

Enacted as part of the 2009 ARRA\*

Addresses privacy & security concerns with electronic transmission of health information:

- a. Strengthened and broadened the enforcement of HIPAA and Privacy Rules
- b. Added breach notification requirements
- c. Increased penalties for not being compliant, but did not change the Security Rule

### Breaches

An impermissible use or disclosure of protected health information (PHI) is presumed to be a breach unless demonstrated that there is a low probability that the ePHI has been compromised (used for personal gain, shared with others, modified or destroyed, etc.) or that it falls into one of the following exceptions:

- a. Improper access was unintentional (misspelling)
- b. Inadvertent disclosure (mistakenly emailed Claims rather than Prior Auth)
- c. Recipient could not have reasonably retained the data
- d. Data was limited to a data set that did not include dates of birth or zip codes
- e. Data was not used or further disseminated by the person who inadvertently received it

### Prevention

HPN and its Affiliated Medical Groups are required to monitor access to EHR through random audits to determine if all accesses were appropriate.

The greatest risk would be employee health records, including your own. Keep in mind, if you do **NOT** have a reason for accessing a medical record (patients, family, friends, co-workers or your own), then avoid the temptation & prevent a potential breach.

### Penalties

Penalties for violators in the event of an ACTUAL breach are severe and substantial.

If you suspect that ePHI was accessed or exposed inappropriately, please notify your Compliance Officer immediately so a risk assessment may be performed. This is for your protection, the company's, and most importantly, for the protection of our members.

\*The HITECH Act was enacted under the 2009 American Recovery & Reinvestment Act

For more information, refer to HPN's HIPAA/HITECH Compliance Training Module and HIPAA/HITECH policies located on your group's website under Compliance.

### Encrypt to Protect

Emails must be encrypted to prevent any unauthorized individuals from accessing or intercepting sensitive data.

When sending an email from HPN's server, simply include the word "encrypt" anywhere in the subject line.

You may also manually encrypt emails in Outlook:

1. Compose a new email
  2. Click **File**, choose the **Info** tab
  3. Click **Properties**, then **Security Settings**
  4. Check the box "Encrypt Message Contents and Attachments"
  5. Select **Ok** and **Close**. Your email is now encrypted.
- Contact your IT Department for further assistance.

### REPORT Compliance Concerns

Corporate Hotline: 855-682-4127

- ◆ Reports are kept confidential and may be made anonymously.
- ◆ Without fear of reprisal or penalties.
- ◆ Report to your Supervisor, HR, or Compliance Officer if you suspect any non-compliance.

### Protected Health Information (PHI) What is PHI?

Health information is considered to be PHI if it was created or received by a health provider, plan, or organization; and if it relates to any past, present, or future health condition. Any information concerning a patient should be treated as PHI, especially if it could potentially identify them.

Examples of PHI: Member ID#, Medical Records, Photos, Social Security Numbers

Everyone is responsible for ensuring that PHI is protected to prevent disclosure to unauthorized persons. These are a few ways in which you should protect PHI:

- Only look at, discuss and/or use PHI when needed to perform job duties
- Confirm recipient identity before disclosing information
- Confirm fax or mailing address
- Never listen to voicemails on speaker
- Encrypt emails
- Never leave PHI unattended/unlocked

### Model of Care

#### Interdisciplinary Care Team (ICT)

The ICT is a group of professionals, limited or approved by the member, and is provided to the member when they experience any of the following:

- Care level of "high"
- Any care transition (change in level of care, unplanned admission, etc.)
- Any member who has been identified as high risk by the ICT Pharmacist
- A significant change in health status
- Any experience in barriers to achieving goals requiring support of the ICT
- Any member whose assessment identifies needs requiring support of the ICT

#### Care Plan Goals must be SMART

- Specific: clear with a targeted result to be achieved
- Measurable: criteria of how the result will be measured (quantity, frequency, time period)
- Achievable: realistic, clinically appropriate, and credible
- Results-oriented: focused on outcomes that must be achieved. Requires focused interventions and effort
- Time-bound: specific deadline when goal must be achieved

The HPN Model of Care training has been updated to include this additional information. View all of HPN's Compliance Training Modules, Policies & Procedures, and Standards of Conduct on your groups website or at [www.heritageprovidernetwork.com/?p=compliance](http://www.heritageprovidernetwork.com/?p=compliance)

### COMPLIANCE OFFICERS

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