5 Health Insurance Portability and Accountability Act Requirements

All staff supporting member services must have a detailed understanding of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its requirements on activities performed by the unit. The following section provides information on HIPAA, common requests/requirements and procedures stipulated by DCH.

HIPAA training will be required of all employees. MSSs are required to complete HIPAA Privacy and Awareness training within one week of employment in the contact center.

5.1 What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation enacted in 1996 to guarantee that health insurance coverage is available to workers and their families when they change or lose their jobs. The law has been expanded to include:

1. Standardizing the data content and format for electronic transactions
2. Privacy of confidential personal health information (PHI)
3. Secure physical access to records
4. National identifiers for providers, employers and health plans

To comply with the guidelines mentioned above, all Member Services Contact Center personnel for the Georgia Medicaid project will observe the following basic rules:

1. Attend HIPAA privacy training sessions as directed.
2. Consider any information regarding a member as PHI and sensitive.
3. Put work away and turn it over or cloak when you leave. Never leave PHI out your desk overnight.
4. Put all documents set for disposal containing PHI into locked secured shred bins when no longer needed.
5. Shred all unnecessary documents that contain PHI.
6. Use folders, courier bags, or interoffice envelopes when transporting PHI.(Should be secured when transported.)
7. Pick up print and copy jobs promptly.
8. Give out the least amount of PHI needed to resolve an issue or question.
9. Comply with building access and badge policies.
10. Comply with all password security when accessing electronic PHI.
11. Report any improper uses or disclosures of PHI to your supervisor.
12. Take action to mitigate the effects of a disclosure by retrieving the PHI or getting assurances that the information will be destroyed or not used improperly.
13. Ask your supervisor, manager, HIPAA security and privacy officer, or team leader when in doubt.

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In accordance with HIPAA regulations, a member is within their rights to request one or all of the following forms:

1. Request to receive confidential communications at an alternative location
2. Request for an accounting of disclosures of protected health information
3. Request for a restriction on protected health information
4. Authorization for the use and disclosure of protected health information
5. Request an amendment to protected health information
6. Request to access protected health information

In the event that a MSS receives a request of this type, the MSS needs to follow the EDS procedures described below.

EDS is to direct the member to appropriate HIPAA Privacy forms, as needed. If requested, or the MSS determines that assistance may be needed completing the HIPAA Privacy form, EDS may refer the caller to the local area Medicaid office or the DCH HIPAA Compliance Office at 404.657.9082.

The address for mailing the form is:

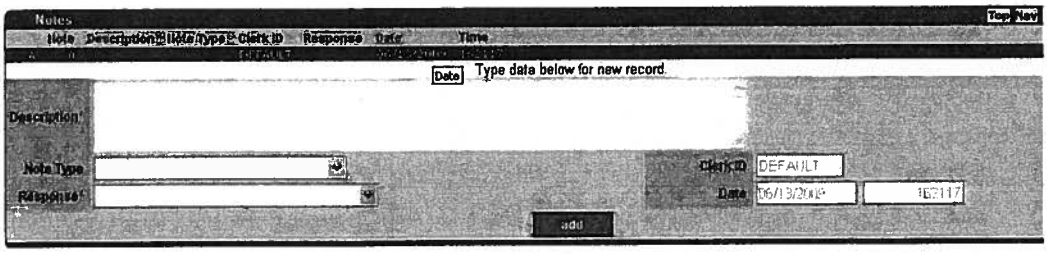
DCH HIPAA Compliance Officer
Georgia Department of Community Health
Compliance Office
2 Peachtree Street, NW - 40th Floor
Atlanta, GA 30303-3159

The following list includes types of PHI that can *never* be disclosed:

1. To the member or personal representative (as identified in the caller verification procedure)
   a. Psychotherapy notes
   b. Information such as test results that cannot be released due to the Clinical Laboratory Improvements Amendments (CLIA)
   c. Information compiled for a civil, criminal, or administrative action or proceeding (check GAMMIS, Notes panel)

      Navigation from CTMS – Information - Questions - Notes

      i. Add – Allows the user to add a new note
      ii. Clerk ID – (automatically populates)
      iii. Date – (automatically populates)
      iv. Description – enter by user
      v. Note Type – drop down
      vi. Response – drop down



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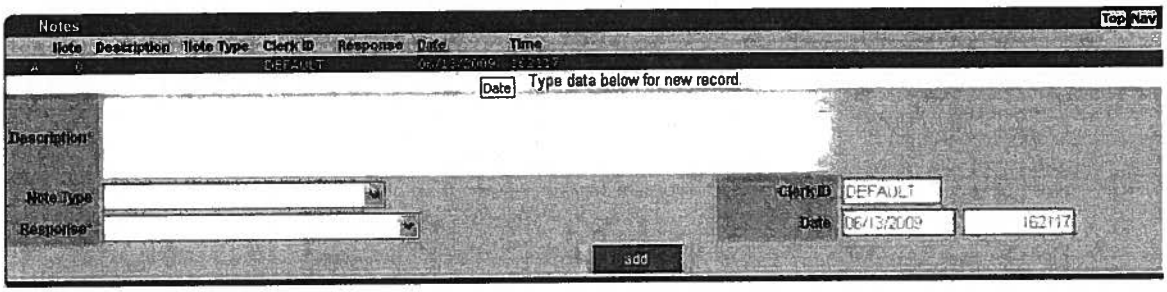
2. To custodial parent of an unemancipated minor (This phrase is intended to include persons acting in loco parentis, such as school officials who need to know the information or foster/group home parents.)
   a. Verify authority by determining type of legal authority. If there is any question, call the requestor back at the school, or offer to provide the necessary PHI directly to the treating provider.
   b. Check for existing HIPAA conditions by looking in GAMMIS, member file, in the Notes panel for the following triggers and call the DCH HIPAA Compliance Office for detailed information:

      Navigation from CTMS – Information - Questions - Notes

      i. Add – Allows the user to add a new note
      ii Clerk ID – (automatically populates)
      iii. Date – (automatically populates)
      iv. Description – enter by user
      v. Note Type – drop down
      vi. Response – drop down



      1). HIPAA-Restriction (due to investigation or to member's request)
      2). HIPAA-Confidential Common
      3). HIPAA-Amendment
      4). HIPAA-Personal Representative (written documentation is on file in Documentum) which will list representative's name
   d. Determine minimum necessary PHI to meet to requestor's purpose. There is no restriction on PHI that can be disclosed to parents except for the items listed below in Items 3 and 4. However, PHI disclosed to school officials and foster parents must be limited to the PHI necessary to accomplish the purpose of the request.

3. To a parent
   a. psychotherapy notes
   b. Information such as test results that cannot be released due to the Clinical Laboratory Improvements Amendments (CLIA)
   c. Information compiled for a civil, criminal, or administrative action or proceeding

4. When PHI *cannot* be disclosed to a parent
   a. The minor has emancipated status.
   b. There is a confidentiality agreement between parent and child in place (ask the parent).

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c. There is a third party legally appointed to make health care decisions.

d. Request regards a situation that Georgia law allows independent control by the minor: prenatal services, STD/HIV services, alcohol/ drug abuse services, mental health services, general medical health.

e. There is an abuse/neglect or endangerment issue regarding disclosure of the requested information.

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