A BRIEF LOOK AT -

HIPAA

The federal government passed a law in 1996 called the Health Insurance Portability and Accountability Act (HIPAA) that makes confidentiality of a person's Protected Health Information (PHI) extremely important.

HIPAA is intended to protect the privacy of people receiving health care if the provider of that care conducts even one covered transaction electronically. The covered transactions are:

- ☐ health care claims or equivalent encounter information,
- ☐ health care payment and remittance advice,
- ☐ coordination of benefits,
- ☐ health care claim status,
- ☐ enrollment and disenrollment in a health plan,
- ☐ eligibility for a health plan,
- ☐ health plan premium payments,
- ☐ referral certification and authorization,
- ☐ first report of injury,
- ☐ health claims attachments, and
- ☐ other transactions that the Secretary of the Department of Health and Human Services may prescribe by regulation.

Title II of HIPAA defines the Administrative Simplification (A/S) requirements for health care providers such as the agency/hospice for which you work. A/S is divided into three components:

- ✳ Transactions Rule
- ✳ Privacy Rule
- ✳ Security Rule

What is the Transactions Rule?

The Transactions Rule adopts standards for electronic transactions and for code sets to be used in those transactions. The basic intent is to establish a uniform and comprehensive set of standards for the electronic transmission of health information by all providers. Electronic transmission includes using:

- ☐ internet;
- ☐ extranet (information is accessible only to collaborating parties);
- ☐ leased lines;
- ☐ dial-up lines;
- ☐ private networks; and
- ☐ transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk.

The code sets are any set of codes used in these transactions and their descriptors and include:

1. tables of terms,
2. medical concepts,
3. medical diagnostic codes, and
4. medical procedure codes.

What is the Privacy Rule?

Essentially, the Privacy Rule is intended to give individuals a level of protection of their individually identifiable health information and to provide more control over how their health information is used and disclosed. The Protected Health Information (PHI) is any information shared orally or recorded electronically or on paper related to an individual's health condition that is found in:

- ☐ patient medical records,
- ☐ patient billing records,
- ☐ databases, and
- ☐ formal and informal discussions.

What is the Security Rule?

The Security Rule adopts standards for the security of electronic health information to assure the confidentiality of electronic protected health information. It includes:

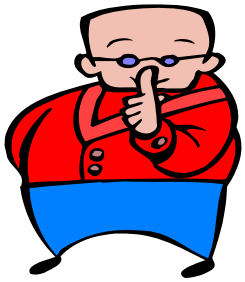
- ☐ administrative procedures to guard data integrity, confidentiality, and availability;
- ☐ physical safeguards to guard data integrity, confidentiality, and availability of information; and
- ☐ technical security services to guard data integrity.

What are the permitted uses and disclosures of PHI?

An agency can use PHI for:

- ☐ treatment, payment, and health care operations;
- ☐ treatment activities of any health care provider;
- ☐ for payment activities of the entity to which PHI is disclosed; and
- ☐ for the health care operations of another covered entity.

In all instances, the Agency must make reasonable efforts to limit the PHI used, disclosed, or requested to the minimum amount necessary to achieve the purpose of the use, disclosure, or request. This also means the agency must decide the minimum amount of PHI needed by employees to perform their duties.



Due to the nature of your work, you will be exposed to sensitive and confidential information. This information must never be used as the basis for social conversation or gossip. You must never talk to a client about another client. Failure by an employee to observe confidentiality may result in disciplinary action up to and including termination.

What are the penalties for non-compliance?

The Office for Civil Rights (OCR) has the enforcement authority for the Privacy Standard. The eHealth Standards and Services Department of the Centers for Medicare and Medicaid Services (CMS) is responsible for enforcing the Security Standard and the Transaction and Code Set Standards. The penalties have recently been revised and are:

- Civil Penalties
  $100 per incident up to a maximum of $50,000 per violation

- Criminal Penalties
  - up to $50,000 and one year in prison for obtaining or disclosing PHI;
  - up to $100,000 and up to five years in prison for obtaining PHI under false pretenses; and
  - up to $250,000 and up to 10 years in prison for obtaining or disclosing PHI with the intent to transfer, sell, or use it for monetary gain or malicious harm.

Texas H.B.300 effective September 1, 2012 increases penalties for negligent violations to $5,000.00. Intentional violations can be penalized at $25,000.00. Covered entities that intentionally disclose protected health information for financial gain may be penalized $250,000.00.

YOU CAN'T AFFORD
TO BREAK THIS RULE!

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QUIZ

1. HIPAA stands for Health Insurance Portability and Accountability Act.
   - ☐ True
   - ☐ False

2. HIPAA includes client health records but not billing records.
   - ☐ True
   - ☐ False

3. HIPAA includes rules to make electronic transmissions more uniform.
   - ☐ True
   - ☐ False

4. HIPAA does not include email transmissions.
   - ☐ True
   - ☐ False

5. Where are HIPAA standards applicable?
   - ☐ A. Home health office
   - ☐ B. Patient's home
   - ☐ C. My home
   - ☐ D. All of the above
   - ☐ E. None of the above

6. We limit the PHI disclosed. My neighbor is a doctor and knows one of our patients from church. She isn't the patient's doctor. Under the HIPAA rules, I can let the doctor know how her friend is doing under our Agency's care.
   - ☐ True
   - ☐ False

7. It is best practice to follow the HIPAA rules so there are no penalties related to non-compliance.
   - ☐ True
   - ☐ False

_____ _____

Signature Date

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ANSWER KEY

1. TRUE
2. FALSE
3. TRUE
4. FALSE
5. D
6. FALSE
7. TRUE

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