

DHMH POLICY

<http://www.dhmh.state.md.us/policies/inpolm.htm>

OFFICE OF HUMAN RESOURCES

DHMH POLICY 02.09.11
Effective Date: November 16, 2011

HIPAA TRAINING POLICY

I. EXECUTIVE SUMMARY

This policy establishes a HIPAA Training Program for the Department that includes a mandatory training presentation of the Health Insurance Portability and Accountability Act (HIPAA) guidelines overview to all current and new employees of the Department (Level 1 Training). In addition, more in depth, skill-based training requirements are directed for those employees whose job duties are directly affected by changes brought about by the Department's response to HIPAA (Level 2 Training). The policy also provides for monitoring and tracking of all HIPAA-related training and delineates the responsibilities of the organizational units performing these functions.

II. BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), also known as HIPAA, and the Health Information Technology for Economic and Clinical Health Act of 2009 (Public Law 111-5), also known as HITECH, mandate the U.S. Department of Health and Human Services (HHS) to develop standards for maintenance and transmission of health information that identifies individual patients.

The primary objectives of the Acts are to enhance privacy and confidentiality of patient information and to standardize the reporting and billing processes for all health and medical-related information. All hard copy and electronic forms, and reporting systems such as Medicaid's MMIS II will be directly impacted. The security controls associated with every automated process that contains patient information, such as our new WIC, MPC, and PCIS systems, will also be directly affected. In addition, the privacy and security sections of this law affect electronic, written, and oral forms of health information maintenance and transmission. Failure to comply with the requirements of this law can result in significant penalties.

In order to ensure DHMH compliance with HIPAA regulations, a Privacy Officer was designated for DHMH in the Office of the Inspector General.

This policy outlines the basic training requirements to meet the goal of ensuring that all DHMH employees are presented with an overview of the HIPAA guidelines (level 1 training), in addition to job-specific technical (level 2 training) instruction for certain employees that are impacted by these regulations. A process is also established for informing the external customers of DHMH about their HIPAA-related rights. This version supersedes DHMH Policy 02.09.11 dated September 28, 2003 and August 17, 2006, with a major difference being the Corporate Compliance Officer and Privacy Officer's role in the Level 1 & 2 HIPAA training.

Department of Health & Mental Hygiene

Office of Regulation and Policy Coordination - Policy Administrator
201 West Preston Street – Suite 512 – Baltimore Maryland 21201-2301
Phone 410 767-6499 FAX 410 767-6483

III. POLICY STATEMENTS

A. DEFINITIONS

1. "Covered entity" means under HIPAA, a health plan, a health care clearing-house, or a health care provider that, at any time, transmits any health information in electronic form in connection with a HIPAA transaction.
2. "Business unit (headquarters)" means a major organizational unit of DHMH within the headquarters office (e.g., AIDS Administration, Office of Health Services, Budget Management Office, Office of Health Care Quality, etc.).
3. "Business unit (field)" means all local health departments, residential facilities (MHA, DDA and CHA), regional DDA offices, and other DHMH units (Boards, labs, OCME, etc) located throughout the State.
4. "External customer" means an individual or agency who receives direct services from DHMH.
5. "Due diligence" means the demonstration of good faith efforts on the part of DHMH to be compliant with all of the HIPAA rules.
6. "Transaction" means under HIPAA, the exchange of information between two parties to carry out financial or administrative activities related to health care.
7. "Code sets" means under HIPAA, any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. Code sets include both the codes and their descriptions.
8. "Privacy and security" means the maintenance of health care records in a manner which ensures that access is available only to individuals and/or agencies that have a right to the information.

B. HIPAA TRAINING REQUIREMENTS

1. LEVEL 1 TRAINING

- a. All DHMH employees are to attend a training overview of HIPAA, which will prepare them to:
 - (i) Describe what HIPAA is and how it came to be;
 - (ii) Identify major components and implementation timeframes of HIPAA (privacy, security, code sets, due diligence, and transactions);

- (iii) Identify the areas where HITECH made significant modifications to HIPAA (business associates, breach, notification, enforcement, and penalties)
- (iv) Be cognizant of the current departmental policies and State laws, including the Maryland Confidentiality of Medical Records Act, regarding HIPAA rules;
- (v) Determine what is considered private vs. public information;
- (vi) Identify penalties associated with violations of HIPAA rules;
- (vii) Report suspected violations of HIPAA rules;
- (viii) Identify how to obtain additional assistance or information regarding HIPAA within DHMH; and
- (ix) Describe generally how HIPAA could affect them and their work unit.

b. Upon completion of Level 1 training, employees will sign a form acknowledging receipt of this training. One copy of the acknowledgement form will be given to the employee and another will be placed in their official DHMH personnel file.

c. Once all current DHMH employees have received Level 1 training, the HIPAA overview will be incorporated into new employee orientation programs at both the headquarters and field business units.

d. On-going documentation of HIPAA Level 1 training in new employee orientation programs will be documented through continued use of the acknowledgement form.

2. LEVEL 2 TRAINING

a. Each DHMH covered entity will identify categories of workers with HIPAA-related training needs, using a standard HIPAA Training Needs Assessment tool.

b. Each DHMH covered entity will identify current workers by name within each relevant job category as described above.

c. Covered entities within each major program administration (MHA, DDA, etc.) will meet to collaborate on developing Level 2 modules, with the Corporate Compliance Officer/Privacy Officer providing technical assistance and consultation as required.

- d. Each DHMH covered entity will submit proposed Level 2 modules and implementation plans to the Corporate Compliance Officer/Privacy Officer for final review and approval.
- e. Each DHMH covered entity will begin implementation and documentation of approved Level 2 modules for workers identified in 2b above, with priority given to workers engaged in conducting transactions and using code sets affected by HIPAA.
- f. Each DHMH covered entity will provide ongoing Level 2 training for new employees where applicable.

C. HIPAA TRAINING DEADLINES

- 1. All employees were to have received documented Level 1 HIPAA Training by October 2002.
- 2. All Level 2 HIPAA Training should have been completed and documented by the field and headquarters business units by October 2002.
- 3. Beginning November 2001, on-going Level 1 and Level 2 HIPAA Training will be provided to all new employees, preferably within 30 days of start of employment with DHMH, but otherwise as soon as possible.

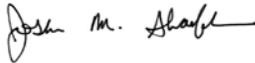
D. THE ASSIGNMENT OF RESPONSIBILITIES FOR THE HIPAA TRAINING PROGRAM

- 1. The Office of the Inspector General has the responsibility to periodically audit Level 2 training records of each DHMH covered entity to insure compliance with HIPAA training requirements.
- 2. The Corporate Compliance Officer/Privacy Officer has the responsibility to:
 - a. Coordinate scheduling and delivery of the Level 1 and Level 2 Training with the DHMH OHR-Training Services Division;
 - b. Conduct Level 1 training for headquarters business units;
 - c. Incorporate Level 1 training into headquarters new employee orientation program;
 - d. Document, monitor and track Level 1 training conducted at all DHMH business units; and
 - e. Develop an e-learning variation of Level 1 training for use by headquarters and field business units as appropriate.

IV. REFERENCES

- Health Insurance Portability and Accountability Act of 1996, (Public Law 104-191)
<http://aspe.hhs.gov/admsimp/pl104191.htm>.
- Health Information Technology for Economic and Clinical Health Act of 2009, (Public Law 111-5), as part of the American Recoveries and Reinvestment Act of 2009
<http://www.gpo.gov/fdsys/pkg/PLAW-111publ5/pdf/PLAW-111publ5.pdf>:
- Maryland Confidentiality of Medical Records Act of 1990, Health General Article §4-301, Annotated Code of Maryland
http://www.mlis.state.md.us/asp/statutes_respond.asp?article=ghg§ion=4-301&Extension=HTML
- DHMH HIPAA Websites:
<http://www.dhmh.state.md.us/hipaa/> and <http://indhmh/hipaa/> - (inside DHMH).

APPROVED:



Joshua M. Sharfstein, M.D., Secretary

November 16, 2011
Effective Date