

Massachusetts Collaborative for HIPAA

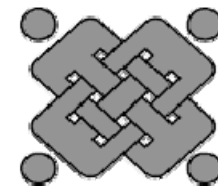
Elliot M. Stone, CEO

Massachusetts Health Data Consortium

The Fifth National HIPAA Summit

October 31, 2002, Baltimore

www.mahealthdata.org



**Massachusetts
Health Data
Consortium, Inc.**

Candidates for Regional Conveners

- Provider Association
- Health Plan Association
- IT Consultants
- WEDI SNIP regional affiliate
- Non Profit Organizations
- AHIMA chapters
- HIMSS chapters
- FI's Medicare
- Medicaid/Local Health Plan
- NAHDO Member Organization

Privacy Officers Forum

Mission Statement

Encouraged by the Massachusetts Governor's Health Care Task Force Administrative Simplification Workgroup to assist Privacy Officers & their organizations to comply with HIPAA Privacy Regulations by April 14, 2003 via:

- Convening Bi-monthly meetings
- Facilitating consensus on “reasonable & appropriate” implementation of HIPAA Policies, Procedures, Forms and Templates
- Seeking clarifications as a Community from DHHS and state officials

Privacy Officers Forum Mission Statement (con't.)

Educating Privacy Officers through:

- Regular Meetings
 - Panel Discussions and Case Studies
 - Reports from Forum Subgroups and Other Privacy Entities
 - Consortium's Web Site FAQs – www.mahealthdata.org
- A Community Resource: encouraging open sharing of work products, policies, and opinions to:
 - Save Time and Speed Compliance
 - Define Community Standards

Privacy Officers Forum

Privacy Officers Forum Co-Chairs:

- [Anne E. Doyle MBA](#), Compliance & Privacy Officer, Tufts Health Plan
- [Karen G. Grant, RHIA](#), Chief Privacy Officer, Partners HealthCare System

Members

- Payers & Govt (16): Beacon Health Strategies, Blue Cross Blue Shield of MA, BMC HealthNet, CIGNA, Delta Dental Plan of MA, Division of Medical Assistance (Medicaid), Executive Office of Health & Human Service, Fallon Healthcare System, Group Insurance Commission, Harvard Pilgrim Health Care, Harvard University Health Services, Health New England, MIT Medical Department, Neighborhood Health Plan, Tufts Health Plan, United HealthCare
- Providers (16): Baystate Health Systems, Boston Medical Center, Cambridge Health Alliance, CareGroup Healthcare System, Caritas Christi, Children's Hospital, East Boston Neighborhood Health Center, Emerson Hospital, Lahey Clinic, Mass. Medical Society, Partners HealthCare, Risk Management Foundation, Southcoast Health System, South Shore Hospital, UMass Memorial Health Care, Winchester Hospital
- IT Partners (9) : Cap Gemini Ernst & Young, Computer Sciences Corp., Fidelity Employer Services, IDX Systems Corp., Medco Health Solutions, Novell, Inc., OpenReach, Inc., Pricewaterhouse Coopers, WebMD

Privacy Officers Forum First Meeting

Survey Summary

Topics	No. Responses of 40 Total	Interest Average (1-5, 5 High)
Business Associates	36	4.3
Exemption	31	4.1
Permitted Disclosures	33	3.9
Notices of Privacy Practices	31	3.9
Minimum Necessary	36	3.8
Verification of identity	34	3.6
Authorization	32	3.6
Role Based Needs	30	3.5
Group Health Plans and		
Plan Sponsors	33	3.3
Consent	32	3.2
Research: IOM, IRB's	34	3.1

Privacy Officers Forum First Meeting Survey Summary, cont.

Topics	No. Responses of 40 Total	Interest Average (1-5, 5 High)
Deidentification	33	3.1
Covered Entities	30	2.8
Getting Started on HIPAA Compliance	33	2.6
Marketing	33	2.6
Interface to the IT Dept.	32	2.6
Fundraising	33	2.5

Total Number of Respondents: 40

Other Suggested Topics Next Page

Privacy Officers Forum

Original Topic Priorities*

Discussed:

- ✓ Consents
- ✓ Authorizations
- ✓ Business Associate Contracts
- ✓ Chain of Trust
- ✓ Accreditation Organizations (JCAHO, NCQA)
- ✓ State Law Preemption
- ✓ Minimum Necessary
- ✓ Research: IRBs
- ✓ Employer/Health Plan Sponsors
- ✓ Training

Future:

- Notice of Privacy Practices
- Role Based Needs
- De-Identification
- Verification of Identity
- Comments on the Modification of the HIPAA Privacy Regulations

* **Survey #1: October 2001**

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Privacy Officers Forum

Updated Topic Priorities*

- Definitions of Designated Record Sets
- Accounting of Disclosures
- Employer and HIPAA
- Right to Request Privacy Protection for PHI
- Policy and Procedure Review/Approval Processes
- Verification of Identity
- Role Based Needs
- Opportunity to Agree or Object to Disclosure
- Access and Amend PHI
- Personal Representatives
- Interface with IT Dept.
- De-Identification
- Group Health Plans and Plan Sponsors
- Uses and Disclosures for Research
- Marketing
- Fundraising

Survey #2: June 2002

Other Suggested Topics*

- MA CE and patients or members from other states
- Budgeting
- Mitigation if breach occurs
- Suggested safeguards when using PHI
- Hybrid entity designation
- English as a Second Language
- Confidential communication
- Patient Rights and requirements
- Definition of Health Care under HIPAA

“Ah-Ha” - Lessons Learned: Privacy Officers Forum

A Reasonable & Appropriate Community Approach to Compliance

Professional Judgment: The Rules were NOT designed:

- To put anyone out of Business
- To override the professional judgment of the covered entity
- Providers and insurers can assume that each covered entity is making reasonable judgments when requesting PHI, minimum necessary information...let's not demonize other covered entities

Business Associates: In MOST instances:

- Provider Organizations are NOT Business Associates of the Health Plans
- Brokers are Business Associates of Employers NOT the Health Plans

Pre-Emption: Federal and State Mental Health Law conflicts identified:

- Boston Bar Association will make recommendations to the MA State Legislature

“Ah-Ha” - Lessons Learned: Privacy Officers Forum (con’t.)

Minimum Necessary: An “expanded consciousness” not an adversarial state:

- Can build on “Need to Know” standard, already practiced in many institutions
- Does not require that all risk of incidental use or disclosure be eliminated
- Explicitly provides for use and disclosure that cannot be reasonably prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure
- Some covered entities’ (e.g. providers, health plans, etc.) abilities to implement “role-based access” are currently limited by their “legacy” systems
- All automated applications do not have to be replaced in order to comply
- Insurers are considering eliminating “release of info” language from subscriber’s enrollment forms (check state laws)

Reminder: There are many different opinions on how to implement “minimum necessary,” but most would agree, it is more than a presumptive “what-we-currently-do” as the minimum necessary stance - i.e. proclaiming that minimum necessary is nothing but “what I say it is”

“Ah-Ha” - Lessons Learned: Privacy Officers Forum (con't.)

Training: Stay on message: HIPAA is about “Treating Patients with Dignity”

- Use actual taped calls (with permission)– case studies work!
- Use real examples of breaches: large & small – case studies
- Explain impact on daily work (optional to mention HIPAA)
- Try to predict which changes will result in improvement
- Make privacy visible (pens, badges, signs etc..)
- Administer pre-training HIPAA surveys
- Internet & CD ROM not accessible to all providers
- Include other compliance messages with HIPAA Privacy Training

HIPAA Implementation Timeline - Privacy

Partners Healthcare System

2001					2002												2003							
Jan.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May			
Development of Consent and Authorization Forms					Pilot, Implement, and Monitor Use of Consent, Authorization, and Privacy Notice												Ongoing Monitoring and Tracking							
Development of Privacy Notice																								
					Development of PHS Forms, Policies and Procedures, and Contracts					Pilot, Implement, and Monitor Forms, Policies and Procedures/Contracts							Ongoing Monitoring and Tracking							
					Modification of Forms, Policies and Procedures as appropriate, for entity use																			
					Define Research Needs			Develop Research Policies and Procedures					Implement and Monitor Research Policies				Ongoing Monitoring Tracking							
					Conduct (Entity) Gap Analysis		Conduct (Entity) Risk Analysis and Improvement Plan			Implement Improvement Strategies				Conduct Gap Analysis		Conduct Risk Analysis and Improvement Plan			Ongoing Monitoring Tracking					
					Develop Strategy and core module for PHS Training			Conduct Training for PHS Corporate Staff												Ongoing Training, Tracking and Monitoring Training Improvement				
										Incorporate Core Training into New Employee Orientation														
Entity Privacy Awareness Campaigns/Training									Conduct Entity HIPAA Privacy Training															

PHS Training Modules

Draft, 5/8/02

HR/Occup Health

- * Policies and procedures for *
- * Occupational Health, EAP staff
- * Uses and disclosures of PHI
- * Accounting of disclosures
- * Self-insured policies and procedures

Contracting/Materials Management

- * BA Agreements
- * Uses and Disclosures of PHI
- * Accounting of disclosures

Admitting/Registration/ED/Financial Counselors

- * Consent, Privacy Notice
- * Verification of ID of person requesting information
- * Limited Access/VIP/Directory Policies

Marketing/QA/Fundraising

- * Consent, Authorization, Privacy Notice
- * Definitions policies (QA, DM, Marketing)
- * Policies and Procedures related to Fundraising/Marketing
- * Definition of "operations"

Finance (Patient Accounts, Credit Collections, Customer Service)

- * Consent policy (definition of "operations")
- * Disclosing PHI for QA/UR purposes
- * State Laws related to disclosure of PHI

Research

- * De-identification policy
- * IRB Policies/Informed Consent
- * Authorization, when needed

Core Module

- * What is HIPAA?
- * Why Privacy is Important
- * How HIPAA will impact patients/patient rights
- * How HIPAA will impact you as an employee/your responsibilities
- * What you should do to report a breach
- * What you should tell a patient or family member that wants to complain about a privacy issue

HIS Staff

- * HIS Policies and Procedures:
 - authorization, disclosure, release of information
 - amendment policies
 - accounting of disclosures
 - disclosing PHI for QA/Research
 - verification of ID of individuals requesting information
- * Federal, state laws, regs

Mental Health Clinicians (in addition to info listed under MD/Nursing):

- * Psychotherapy notes policy
- * Limited Access Policies

Medical Staff/Residents/Medical Students

- * Consent, Authorization, and Privacy Notice
- * De-identification Policy (incl. presentations)
- * Personal Database Policy
- * Using and disclosing PHI for treatment purposes
- * Protecting passwords
- * Protecting privacy in public areas and/or when using wireless technology
- * "Core" Research Policies
- * Limited Access Policies
- * Fundraising and Marketing Policies

Nursing/Patient Care Services (Rehab Therapists, Technologists)

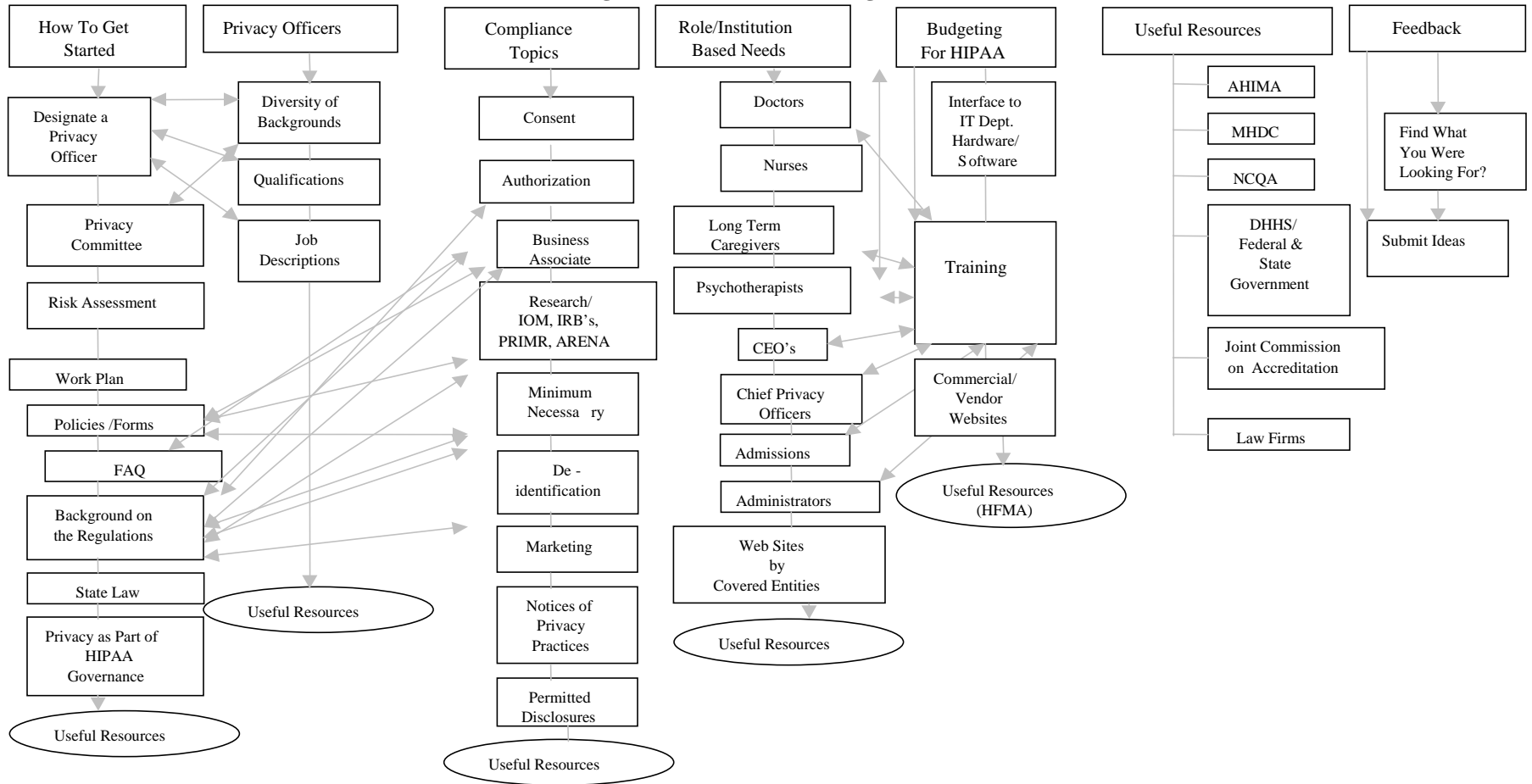
- * Consent, Authorization, and Privacy Notice
- * De-identification Policy (incl. presentations)
- * Personal Database Policy
- * Using and disclosing PHI for treatment purposes
- * Protecting passwords
- * Protecting privacy in public areas and/or when using wireless technology
- * Verification of ID of person requesting PHI
- * "Core" Research Policies
- * Limited Access Policies

Information Systems

- * Security policies and Procedures
- * Personal Database Policy
- * Disclosing PHI for QA/Research
- * Use of wireless technology

Privacy Officers Forum Resources

Navigation Map: Privacy/HIPAA Sections Web Site Design: www.mahealthdata.org



SURVEY

Security Officers Forum

III. TECHNICAL SECURITY SERVICES TO GUARD DATA INTEGRITY, CONFIDENTIALITY, AND AVAILABILITY

REQUIREMENT:

IMPLEMENTATION:

Rating (1-5, 1 low, 5 high)

Access control (The following implementation feature must be implemented: Procedure for emergency access. In addition, at least one of the following three implementation features must be implemented: Context-based access, Role-based access, User-based access. The use of Encryption is optional).	Context-based access. Encryption. Procedure for emergency access. Role-based access. User-based access.	3.6
Audit controls		2.4
Authorization control (At least one of the listed implementation features must be implemented).	Role-based access. User-based access.	3.1
Data Authentication		2.3
Entity authentication (The following implementation features must be implemented: Automatic logoff, Unique user identification. In addition, at least one of the other listed implementation features must be implemented).	Automatic logoff. Biometric. Password. PIN. Telephone callback. Token. Unique user identification.	2.9

Current Forums

Multiple inter-organizational collaborative bodies

- CIO Forum - focus on inter-organizational health data issues
- Operations Forum - focus on claims process and HIPAA transactions
- HECC - HIPAA Educational Coordinating Committee (for Tx)
- Privacy Officers Forum - focus on HIPAA privacy/compliance
- Security Officers Forum - focus on HIPAA security (kick-off 4/12/02)
- Webmaster Group - quarterly meetings

Provider Executives

What you need to know about HIPAA

If a provider organization does not successfully implement HIPAA transactions (claims, eligibility, referrals, etc.), there is a risk that the revenue stream will be affected. Therefore, the leaders/executives of every provider organization in Massachusetts should have a “HIPAA Implementation Plan” that addresses the following questions:

Legal Requirements:

- Did we file for the 1-year HIPAA transaction extension?
- Will we have started software and systems testing of transactions and code sets by April 2003?
- Will we be fully operational by October 2003?

Internal Preparation:

- Have we assigned accountability for HIPAA Transactions in the organization?
- Are we aware of the readiness of our vendor(s) re: HIPAA transactions?

External Awareness:

- Are we aware of the HIPAA implementation plans of our key Payers?

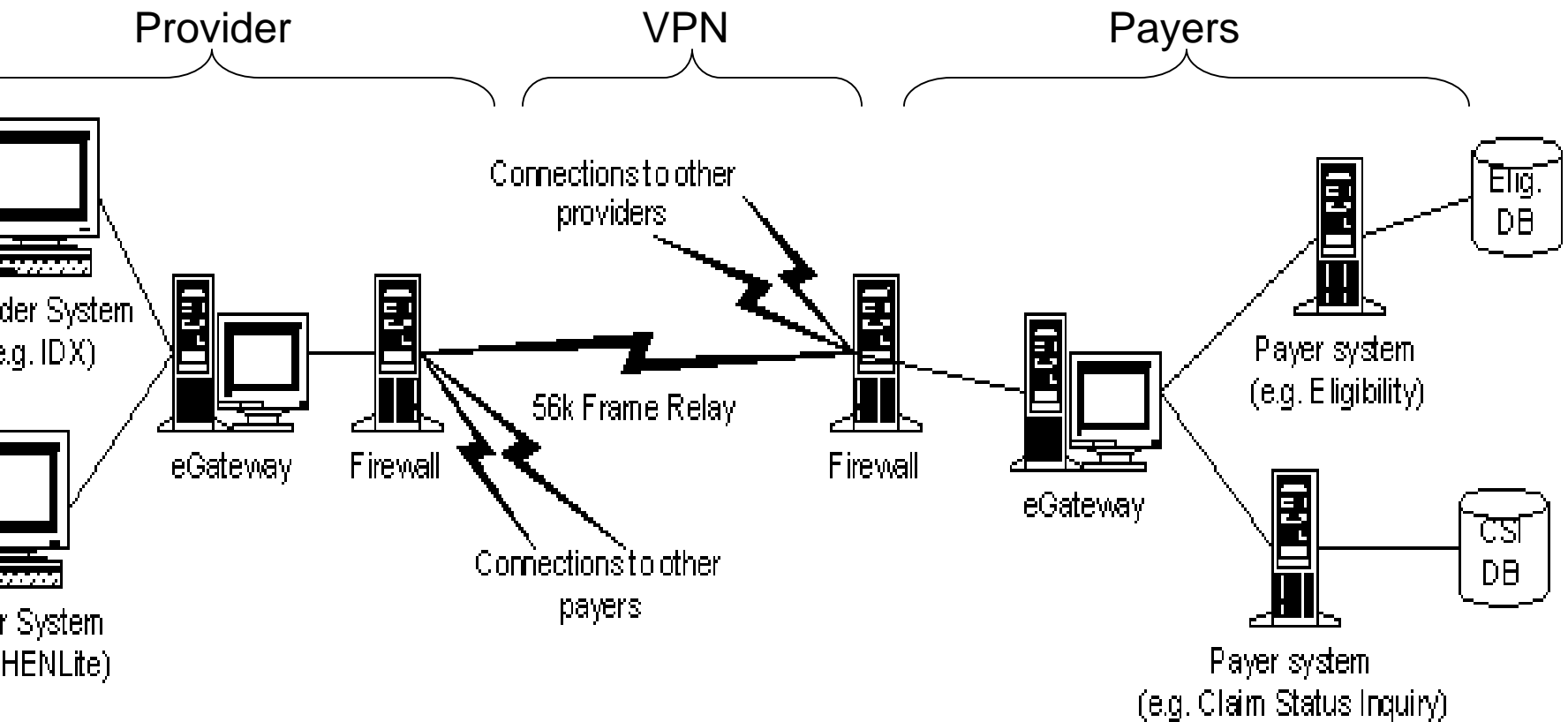
Critical Success Factor:

- Do we have a concrete plan to test transactions with our key Payers?

NEHEN Members and History

1997	1998	1999	2000	2001	2002	2003
<p>Partners engages members for feasibility study on "all-payer EDI"</p> <p>NEHEN hosts first organizing meetings of founding members</p>	<p>Initial agreement among founders (MOU and governance)</p> <p>Eligibility pilot</p> <p>HIPAA transaction rules released</p> <p>NEHENLite introduced</p>	<p>Rollout proceeds at founders</p> <p>Referral pilot</p> <p>Batch interface introduced</p> <p>Secondary connectivity (screenscrapers) developed for Blue Cross, Medicaid, and Medicare</p> <p>NEHEN incorporates</p> <p>First additional member joins</p>	<p>Additional members</p> <p>Contract affiliate class created; first one joins</p>	<p>Additional members</p> <p>Claim status inquiry pilot</p> <p>Referral inquiry pilot</p>	<p>More members in pipeline</p> <p>Remittance pilot</p>	<p>More members, affiliates, & other regions</p>
<ul style="list-style-type: none"> ✓ Eligibility • Referral submission • Claim status inquiry • Referral inquiry • Remittance • Claim submission 	<ul style="list-style-type: none"> ✓ Eligibility • Referrals submission • Claim status inquiry • Referral inquiry • Remittance • Claim submission 	<ul style="list-style-type: none"> ✓ Eligibility • Referrals submission • Claim status inquiry • Referral inquiry • Remittance • Claim submission 	<ul style="list-style-type: none"> ✓ Eligibility ✓ Referral submission • Claim status inquiry • Referral inquiry • Remittance • Claim submission 	<ul style="list-style-type: none"> ✓ Eligibility ✓ Referral submission ✓ Claim status inquiry ✓ Referral inquiry • Remittance • Claim submission 	<ul style="list-style-type: none"> ✓ Eligibility ✓ Referral submission ✓ Claim status inquiry ✓ Referral inquiry ✓ Remittance ✓ Claim submission 	<ul style="list-style-type: none"> ✓ Eligibility ✓ Referral submission ✓ Claim status inquiry ✓ Referral inquiry ✓ Remittance ✓ Claim submission

NEHEN Architecture




NEHEN Benefits

- CareGroup¹
 - cost of an eligibility check was trimmed from \$4.74 to 15 cents.
- Partners¹
 - Cost of an eligibility check went from \$2.64 to 10 cents per eligibility check
- Payers¹
 - 15' per eligibility request in call centers, reduced to 2 seconds
 - No clearinghouse costs
- Hospital Case Study²
 - \$250K implementation cost, \$72K annual NEHEN subscription fee
 - Expected savings \$485K/yr
 - Improved collections \$90K
 - Reduced labor costs for claim error rework \$395K

Massachusetts Health Data Consortium - Microsoft Internet Explorer

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HIPAA Education Coordinating Committee (H.E.C.C.)

[Description](#) | [Chairpersons](#) | [Members](#) | [Resources](#)

Mission & Goals

Background & History

Member Listings

Board, Staff & Committees

Directions

Services Overview

In the Press

Description:

- A collaborative forum coordinating educational activities related to HIPAA Transactions and Code Sets

Chairperson - Provider Roadshow Workgroup:

- Kathy Connolly, Sr. Project Manager, HIPAA Partner Readiness, Tufts Health Plan

Members - members include all major Massachusetts-based payers and provider associations

Payer Participants	Provider Participants
<ul style="list-style-type: none"> Associated Hospital Service 	<ul style="list-style-type: none"> Hospice Federation of





















Internet




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Health Insurance Portability and Accountability Act (HIPAA)

Prepare for HIPAA - General Information

HIPAA Categories	Resources (Who to contact)	References (What to read)	Education & Training (How to Comply)	Regional Initiatives (Independent Projects)
General Information on HIPAA - link to top of this category				
Transactions & Code Sets - link to top of this category				
Identifiers - link to top of this category				
Privacy				
Security - link to top of this category				

-The "" Logo indicates that there is information contained in this section -

Resources
- General Information -



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The Member Organizations of the Massachusetts Health Data Consortium *present* HIPAA Education Programs

[Past HIPAA Education Programs](#) | [HIPAA Transactions: A Community Resource](#) |

HIPAA Workshop Series

The Massachusetts Health Data Consortium has been the recipient of significant interest and concerns about the need for training to implement HIPAA. We have decided to marshal the expertise and teaching power of our member organizations to launch a series of workshops on HIPAA implementation topics.

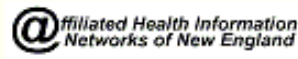
HIPAA Education Coordinating Committee (HECC)

*A Community Resource facilitated by the
MHDC Operations Forum*

PURPOSE: To coordinate communication and education among the major healthcare organizations in Massachusetts with regard to HIPAA readiness

As a service to the generous contributions our membership organizations that support the work of the Massachusetts Health Data Consortium, we are also listing

"Our members are the most prominent health care organizations in the region. The Consortium collects data, publishes comparative reports, promotes electronic standards, and educates through information exchange events and research".



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Quick Links

- [WHAT'S NEWWW / HEALTH DATA NEWS](#)
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- [SITE MAP](#)
- [SITE INDEX](#)
- [SITE SEARCH](#)
- [Acronym Glossary](#)

Products

- [Ambulatory Surgery Project](#)
- [Ambulatory Surgery Reports](#)
- [Data Elements](#)
- [Data Request Primer](#)

HealthMart 2002
[Sheraton Boston Hotel](#), Boston, MA
Thursday, October 10, 2002
 Click here for HealthMart Information

[- Click here for other Consortium events -](#)

Data Products

- ➔ [Index of Data Products](#) ➔ [Ambulatory Revenue Management](#)
- ➔ [Coding Compliance](#)

HIPAA Resources

- ➔ [Index of HIPAA Resources](#) ➔ [HIPAA Education Programs](#)
- NEW** [HIPAA Services Offered by our Members](#)

In addition the following "fast links" provide quick access to major Consortium initiatives related to HIPAA:

- [HIPAA Education Coordinating Committee \(HECC\) - for Transactions & Code Sets](#)

460 Totten Pond Road
 Suite 385
 Waltham, MA 02451
 (t) 781.890.6040
 (f) 781.768.2510
Info@mahealthdata.org
[Directions](#)

News Item:

NEW [HIPAA Transactions: A Community Resource -- Questions that vendors & providers should ask their payors regarding HIPAA Transactions](#)

Consortium's Key Topic Priorities for 2002

1. [Administrative Simplification \(HIPAA\)](#)
2. [Cost & Access to Health](#)