

LOB #135:

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)

Purpose

The HIPAA Compliance Program is a specialized LOB that ensures that the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA) are implemented as appropriate within the Fairfax County Government. HIPAA is a federal law enacted by Congress in 1996 to improve portability and continuity of health insurance coverage; to combat waste, fraud, and abuse in health insurance and health care delivery; to promote the use of medical savings accounts; to improve access to long term care services and coverage; and to simplify the administration of health insurance.

Compliance with the law requires ensuring the privacy and security of “protected health information” and the transition of health claims transactions from paper-based to electronic forms. Under the law, residents and employees are provided with notice of the County’s privacy practices regarding the handling of their individually identifiable health information. Employees are trained on appropriate policies and procedures related to the protection of health information in written, electronic, and oral mediums. Also required is a single entity point of contact for investigations and complaints regarding the entities’ handling of HIPAA covered information.

Description

HIPAA is a county-wide function. To coordinate the County’s enterprise-wide compliance with the law, the Board of Supervisors approved a HIPAA Compliance position in FY 2003. The County implemented the program initially at a county-wide level as a focused oversight function based on this industry-wide law. The HIPAA LOB is a single program that oversees and supports HIPAA compliance requirements for multiple HIPAA covered agencies and associated activities and data.

Since its inception Fairfax County Government covered agencies have incorporated HIPAA requirements in their business practices and operations, and responded appropriately in making operational changes to strengthen compliance. The HIPAA Compliance Coordinator has provided on-going analysis of HIPAA requirements aligned with related County programs; assisted covered agencies in updating related policies and procedures as necessitated by requirements and/or changes in HIPAA law; worked with covered agencies to ensure proper controls are incorporated in new initiatives and systems; conducted required periodic assessments and coordinated and reviewed the work of the third-party expert assessment firms; provided expert advice and information about inquiries; worked through investigations; implemented awareness; put HIPAA compliance language in County contracts for systems and services as applicable; assisted in the development and review of business associate agreements; developed awareness; worked closely with the IT Security Office and DIT areas for compliance in the HIPAA technology standard works with covered agencies

The Department of Information Technology provides support by implementing HIPAA compliant security requirements, ensuring the implementation of electronic data transmission (EDI) standards for health record and covered information such as reports, and ensuring modification of automated information processing systems for electronic health records compliance.

Department of Information Technology

Benefits

HIPAA is a mandated requirement for any organization that handles medical records. The County has several agencies, Community Services Board, Health Department, and Fire & Rescue EMS that in their services mission are the stewards of client medical records, either directly and/or by third party providers (business associates) on the behalf of the County. Compliance with HIPAA supports the County's integrity in its responsibilities in providing client services thus confidence of the community, reduces risk exposure, and avoids costly lawsuits and administrative costs related to privacy breaches and operational miscues.

There is a portal on the County's website for information about HIPAA, program information and for the receipt of HIPAA complaints; other channels of communication are used such as phone calls, e-mails or written correspondence for anyone that has an inquiry, issue or needs assistance.

Mandates

This LOB is federally mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 100 percent.

Federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (1996)

Trends and Challenges

Due to increasing national issues related to data privacy overall and practices to protect information and data, as well as the fast growth of technology advancements used in collecting and processing insurance and medical information, HIPAA continues to have an impact as a key function for the County. New supportive technologies include telemedicine, automated charts, digital images, and cloud services.

Major challenges include keeping up with the changing law, and incorporating HIPAA requirements in all related activities. These include ensuring required distribution of privacy practices notifications, facilities modifications for privacy, and ensuring that all staff having access to HIPAA covered information and data are knowledgeable and practice due diligence in all venues.

For example, although the Final Rule has been issued, DIT is still awaiting guidance documents on a number of items, including the Minimum Necessary Standard. When this guidance is issued, it may require a major overhaul in processes. Specifically, if the Department of Health and Human Services adopts the limited data set as the minimum necessary standard, it will require the de-identification of almost all PHI (protected health information) disclosed. Additionally, almost all HIPAA Process Manuals will need to be reviewed and updated at their two year anniversaries.

Department of Information Technology

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #135: HIPAA (Health Insurance Portability and Accountability Act)			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$98,400	\$100,653	\$103,541
Total Expenditures	\$98,400	\$100,653	\$103,541
General Fund Revenue	\$0	\$0	\$0
Net Cost/(Savings) to General Fund	\$98,400	\$100,653	\$103,541
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	1 / 1	1 / 1	1 / 1
Total Positions	1 / 1	1 / 1	1 / 1

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of Complaints received/resolved/closed	6	5	7	7	7
Number of Breaches of PHI	4	3	3	3	3
Number of Inquiries received	8	8	14	14	14
Number of Business Associate Agreements reviewed	4	18	11	11	11
Number of Agency Consultations	12	6	29	29	29

The HIPAA Coordinator position is funded in the Department of Information Technology's general fund, reporting directly to the Deputy County Executive that has chief responsibility for information. Services primarily support the three county HIPAA covered agencies: The Health Department, Community Services Board, and Emergency Medical Services in the County's Fire and Rescue Department; however, consultation services are provided to other agencies that have/use health record information. Assistance with assessments, agency specific policy development, service agreements, audits, operational practices recommendations and awareness campaigns is provided, with specific metric data shown in the above table.