ST PETER'S HEALTH PARTNERS	**Effective Date:** February 15, 2018

Category: **G. Confidentiality**

Title: **1. Safeguarding Protected Health Information**

Applies to:

☐ St. Peter's Health Partners (SPHP)

☐ All SPHP Component Corporations **OR** ☐ Only the following Component Corporations: (Click here for a list)
☐ _____

☐ All SPHP Affiliates **OR** only the following Affiliates: (Click here for a list)
☒ **All Capital Region Health Connections Care Management Agencies**

☐ St. Peter's Health Partners Medical Associates (SPHPMA)

Contents

PURPOSE

The purpose of this policy is to ensure Health Home Candidate and Member confidentiality and to ensure the protection of Protected Health Information.

POLICY STATEMENTS

Health information is private and may not be given, under New York State and Federals laws, to individuals without the consent of the person whose information is being shared. It is the policy of Capital Region Health Connections that Candidate and Member confidentiality be maintained at all times and that information may not be shared without the proper consent.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Capital Region Health Connections Health Home program.

DEFINITIONS

DOH 5055: Health Home Patient Information Sharing Consent Form; the State produced form for capturing consent for other providers as well as natural supports

***DOH 5058*:** Health Home Patient Information Sharing Withdrawal of Consent; the State developed form required when a Member leaves Health Home services

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

Protected Health Information (PHI): Any information about health status, provision of health care, or payment for health care that can be linked to a specific individual; PHI includes:

- Name
- Gender
- Social Security Number
- Driver's License Number
- Medicaid Number (CIN)
- Explanation of Benefits
- Date of Birth
- Health Plan Number
- Status in the Program
- Diagnosis and procedure codes, or any other information that can be used to identify an individual

PROCEDURE

A. Confidentiality and Protected Health Information

1. All Care Management Agencies are expected to follow all applicable State and Federal laws regarding confidentiality and protected health information (PHI). This includes the following.
   - New York Mental Hygiene Law Section 33.13 (https://www.nysenate.gov/legislation/laws/MHY/33.13)
   - New York Public Health Law Article 27F, and (https://www.health.ny.gov/publications/9192.pdf)
   - 42 CFR Part 2 and 45 CFR Parts 160 and 164 (which are the rules referred to as "HIPAA") (https://www.hhs.gov/hipaa/for-professionals/privacy/index.html)

2. Any Health Home staff are prohibited from accessing Candidate or Member information for anything other than professional Health Home related activities required for staff to complete their job duties. Cases must not be accessed, in CareManager or paper records, unless there is a professional need to do so.

3. Protected health information about Health Home Candidates or Members may **not** be sent to or discussed with any collaterals who are not listed on the DOH 5055: *Health Home Patient Information Sharing Consent Form* or for whom a HIPAA consent is not signed by the Candidate or Member. Consent must be granted by the Member before any information may be shared. For more information on consents, see Policy B4. Outreach and Engagement: Health Home Consent.

4. The policies around protecting PHI are also applicable to Case Conferences. While a useful and productive way to help manage a Member's care, Care Coordinators must ensure that every participating provider at the Case Conference is also listed on the Member's DOH 5055 consent. For more information on Case Conferences, see Policy I2. Contacts and Communication: Case Conferences.

5. When a Candidate or Member withdraws consent for any parties by removing them from the DOH 5055 or rescinding a HIPAA consent, all information sharing with those parties must cease immediately.

6. Once a Member signs the DOH 5058: *Health Home Patient Information Sharing Withdrawal of Consent*, all communications with previously consented providers must cease and the Member's case closed.

7. In some instances, Members or Candidates may choose to communicate with Care Management Agency staff in ways that are not secure or in compliance with confidentiality laws. In these rare situations, the Member or Candidate should be made aware of the vulnerability of their personal information, however if the Member or Candidate still chooses to communicate via unsecure methods, that is his or her right and the Care Management Agency should make accommodations to communicate via the Member's or Candidate's preferred method(s).

8. In addition to reviewing this policy with all staff, each Care Management Agency must train staff on confidentiality laws, policies and best practices at time of hire and annually thereafter. CMAs must maintain records of such training provision.

B. Access to Systems Containing PHI

1. Staff access to CareManager, the one and only Electronic Health Record used by Capital Region Health Connections (CRHC), is requested via submission of the

Employee Change Form. As staff leave an agency (resignation or termination) the request to end access must be communicated to CRHC via the same form, indicating the date of termination / resignation.

2. On a quarterly basis, CRHC will review the complete list of staff with access to CareManager and confirm this with each agency leadership. This secondary check is in place to ensure that only those staff who should have access do have access and all others are turned off.

3. Submitted Employee Change Forms (requesting access be granted or turned off) must also indicate the staff need for Hixny access, for which CRHC serves as the gatekeeper. As quarterly reconciles referenced in B2 above are completed, Hixny access will be reviewed as well.

4. Each Care Management Agency must, per NYS, serve as the gatekeeper for any systems accessed via New York State's Health Commerce System. This includes MAPP, UAS and any other platforms used by the CMA. It is the responsibility of the Care Management Agency to ensure there are systems in place to monitor appropriate access to these systems. The same is true for any staff access to PSYCKES, ePaces and any other systems containing PHI for which the CMA serves as gatekeeper.

C. Guidance on Safeguarding Protected Health Information (PHI)

1. All Health Home staff should limit PHI shared with business associates by following a "minimally necessary" doctrine. Limiting PHI to the minimum necessary information should still allow business associates to complete tasks and other work. Professional judgment and discretion should be used.

2. Care Management Agency staff should safeguard – within reason – PHI from an intentional or unintentional use or disclosure. This may be done through setting up administrative, technical and physical safeguards.

3. All Care Management Agency staff must protect their workstation, which may include the following.
   a. Staff must lock their workstation when not at their desk
   b. Protect User IDs and Passwords CareManager and any other systems used to house PHI
   c. Use anti-virus software on all computers
   d. Never grant anyone else access to an account not belonging to them

4. Prior to releasing any PHI, staff should verify the identity of any persons seeking PHI. As a best practice, Care Management Agencies should have verification policies and

procedures in place. This may include asking to confirm addresses, Social Security numbers, dates of birth, etc. for the Member whose information is being shared.

5. Any PHI in hard copy form must be secured. Confidential documentation should be marked as such and stored in locked files or rooms.

D. Electronic Transfer of Information

1. Confidentiality laws and policies must be obeyed whether information is shared on paper, verbally or electronically. Any email correspondences sent to consented individuals outside of the Care Management Agency must be sent via secure email or via the New York State Health Commerce System Secure File transfer if other treating providers are using the Secure File Transfer platform, unless specifically requested by the Member to use unsecured methods as referenced in A7 above.

2. Any confidential or protected health information that needs to be sent to the State of New York Department of Health should be done through the Health Commerce System secure file transfer, unless otherwise notified by NYS DOH.

REFERENCES

New York State Department of Health (March 30, 2012). Guidance from NYS to Health Homes on Protecting Personal Health Information (PHI). (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/protect_personal_health_information.pdf)

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