

HIPAA In *focus*

CAL OHII – HELPING YOU ACHIEVE YOUR HIPAA GOALS THROUGH:
OUTREACH, EDUCATION, AND COMMUNICATION.

HIPAA Update

Two recent changes to the HIPAA mandates are the Omnibus Reconciliation Rule and the required transition from ICD-9 codes to the ICD-10 codes.

The January 2013 Privacy Rule Omnibus reconciliation, some ten years after initial implementation, is a comprehensive update of the HIPAA General and Privacy Rules and moves toward a more defined framework for policies and procedures.

The major changes included:

- Business Associates of Covered Entities are directly liable for compliance with certain HIPAA Privacy and Security Rules' requirements;
- Limitations on the use and disclosure of protected health information for marketing and fundraising purposes;
- Prohibits the sale of protected health information without individual authorization;
- Expands individuals' rights to receive electronic copies of their health information;
- Restrict disclosures to a health plan concerning treatment for which the

- individual has paid out of pocket in full;
- Require modifications to, and redistribution of a Covered Entity's notice of privacy practices;
- Modify authorization requirements to facilitate research, disclosure of child immunization;
- Access to decedent information by family members or others

Additionally the Omnibus:

- Adopted the HITECH Act enhancements to the Enforcement Rule;
- Replaced the breach notification rule's "harm" threshold with a more objective standard in the Final rule on Breach Notification for Unsecured Protected Health Information; and
- Modified the Privacy Rule to prohibit most health plans from using or disclosing genetic information for underwriting purposes.

Continued pg 2

SPACES TO WATCH:

"The transition to ICD-10 is required for everyone covered by the HIPAA". The Center for Medicaid Medicare Services host resources for providers, Fee for Service Providers, Payers and has General Equivalency Mappings to ICD 9s and much more.

http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10andCMSeHealth-WhatstheConnection_071813remediated%5b1%5d.pdf.

Healthcare Information and Management Systems Society (HIMSS) has a Play Book for ICD 10 mapping, and other data management resources at: www.himss.org/asp/topics_icd10playbook.asp.

IN ADDITION: Other entities may be impacted, not because they are directly coding for reimbursement, but because they use summary data based on the new codes. A "data shift" will occur following implementation; data predictions based on ICD-9 codes, will not be reflected in the same way with the new codes. If you use summary health data for legislative reporting, BE AWARE of the shift!



Deputy Secretary Corner

It's hard to believe it's been 10 years since we were implementing HIPAA! (And didn't we just experience the Y2K event?) A lot has changed in the past 10 years, including major changes in HIPAA to covered entity and business associate definitions, reporting requirements, disclosure and authorization requirements. HIPAA has expanded, in part due to heightened emphasis on the value of patient information in electronic movement – HIE as it is commonly called. An additional change in HIPAA required data sets, long in coming, is the transition to the International Classification of Diseases, 10th Revision, (ICD-10) used in the U.S. primarily for billing and payment system data capture. The increase in specificity inherent in the new codes (increasing in number from >14,000 to >68,000 for diagnoses) will impact any system currently using ICD-9 coding for diagnosis and inpatient procedure reporting – as well as any reporting for which you currently use ICD-9 methods, such as Legislative reporting of disease prevalence.

Over the past few weeks CalOHII has surveyed many of your departments regarding both HIPAA and ICD-10 readiness; thank you for your responses and candor. The survey results will help us assist you in preparing for the changes ahead in reporting, understanding and using data. If you use standardized health data in ICD-9 formatting, even if you are not processing claims, you will need to understand ICD-10 in the larger context of care coordination and outcomes. OHII will work closely with you in the months ahead to reach compliance with the October 1, 2014 compliance date for ICD-10. If you have specific questions, please contact Dave.Nelson@ohi.ca.gov or (916) 651-0423. Please watch for upcoming training, resources and tools prepared by OHII to help you navigate the changes ahead. P.L.

HIPAA Update continued from pg 1

Also on the 2014 horizon is the transition to ICD-10 codes. This change is heralded as a way to better support the delivery of services rather than just a shift to new codes. ICD-10s are substantially more detailed so that the next provider who accesses the record may have a detailed description of the last event. This change means that there is no easy way to crosswalk one ICD-9 code to one ICD-10 code. This change, while a boon to the provider, causes a break between periods in data sets. The shift in data sets will require entities to adjust reports or predictions on services and service delivery, based in the previous period, in terms of the new data sets. This is a cause for concern in government where accountability is a core concept.

See “Spaces to Watch” for resources to help with this process.

Security Baseline = CIA (the “not spy” stuff)

The foundation of security, which is the implementation of measures to support privacy, is in understanding the CIA triad: Confidentiality - Integrity - Availability

Confidential means that data or information is not made available, or disclosed, to unauthorized persons or processes (machine access). The boundary of where information can go is controlled by privacy mandates, confidentiality, in state or federal law such as California Civil Code 56 the Confidentiality of Medical information Act or the HIPAA Privacy Rule. Secondly, the information must be what it represents: Integrity. Data cannot be altered so that it becomes unusable for the next legal purpose. For example, a health record must contain accurate information and not be incidentally altered so access and updates must be tracked for continuity.

Finally, the most overlooked corner of the triad: Availability. The information must be made available for those that require it, for example a person's primary care physician must be able to access relevant lab results to effectively treat an individual.

OHII RESOURCES:



Automated Risks Analysis
Based on NIST
California Health Legal Index
Searchable!!
Authorization Template
Content with Citations
Privacy 360: For Patients and
Providers

Coming on line in December!
HIPAA 101 – The ACT
Privacy 101 – Privacy Rule
Security 101 – Security Rule
Breach 101 – Breach Rule

Designed to cover the basics in
just four thirty minute sessions.

Need specialized HIPAA,
Privacy, Security training?
Contact
David Nelson
CalOHII
916-651-0423



Cal OHII
Suite 450
1600 Ninth Street
Sacramento, CA