Welcome & Housekeeping

- All stakeholders in New Mexico’s healthcare community are welcome
- We will record today’s webinar
- Lines will be muted as we begin
- To comment or to ask a question, please ‘raise your hand’ and unmute your line, or
- Direct your question or comment (to everyone, to the presenter, or to the host) in the chat box
Agenda

- **News & Information:** – Michelle Bowdich, Director of Outreach & Communications and Thomas East, PhD, CEO/CIO, LCF Research and NMHIC
- **Guest Presentation:** HIPAA and MIPS 2018: Are you covered? – Presented by: Mark Norby
  Certified HIPAA Professional, Health Insight
  **User Tip:** *NMHIC Privacy Monitoring* – April Salisbury, Director of Education and Training

NMHIC News and Information

Thomas East, PhD
*Chief Executive Officer / Chief Information Officer*
Clinical Notes/Discharge Summaries interface was moved into Production

August 14, 2018

NMHIC Outreach and Communications Update

Michelle Bowdich

Director of Outreach and Communications
NMHIC Outreach and Communications

NEW PARTICIPANT – Southern NM!

NMHIC Outreach and Communications

NEW PARTICIPANT

Active Life
Orthotics • Prosthetics • Compression
NMHIC HIE Participants

- 20 Hospitals Providing Data*
- 4 EDs Using Portal
- >20 Provider Groups
- NM Medicaid
- 3 Laboratories
- Commercial Payer Organizations
- 2 Home Health
- 3 Diagnostic Imaging Organizations
- 35 Hospitals and 9 Reference Laboratories send public health reporting
- NM Primary Care Assoc. representing FQHCs
- 14 DSM participants + CORHIO

*Additional hospitals are signed up and in the queue

NMHIC welcomes additional stakeholders including: hospice, skilled nursing facilities, behavioral health, professional healthcare associations and ancillary service providers.

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2018 NMHIC HIE Users’ Conference

Plan to join us on Nov. 9th in either of two locations:

- CHRISTUS St. Vincent Medical Center (Santa Fe)
- Memorial Medical Center (Las Cruces)

**Why Attend?**
Advance the cause of HIE in New Mexico!
Thanks for Visiting Our Booth!

- Genesis Healthcare
- Good Samaritan Society
- Colfax General Long Term Care
- The Rio at Las Estancias
- Beehive Homes
- Haverland Carter Lifestyle Group
- The Neighborhood in Rio Rancho
- La Vida Llena
- Home Instead Senior Care
- Sierra Vista Retirement Community
- Sierra Health Care Center
- South Valley Care Center
- New Mexico Mutual
- HME Specialists

HIPAA and MIPS 2018: Are you covered?

Mark Norby, Certified HIPAA Professional

307.258.5322
mnorby@healthinsight.org

Visit our website: healthinsight.org/hipaapass
for more information about our Privacy and Security Solutions!
A Quick Review

• Every healthcare organization is required to have someone officially designated to serve as the organization's HIPAA Security Officer and HIPAA Privacy Officer. These roles can be performed by one person or can be separated between two or more.

• You must have job descriptions in place for each role.

• Call Mark if you need sample job descriptions

First Priority

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the clinician’s risk management process.
First Priority

An adequate risk analysis and risk management plan is one of the most commonly alleged HIPAA violations, which appears in half of the settlements OCR has announced in the last year and in nearly all settlements of $1 million or more.

Step 2: Prepare for a Desk Audit

- Communications from Office for Civil Rights (OCR) will be sent via email and may be incorrectly classified as spam. If your entity’s spam filtering and virus protection are automatically enabled, you are expected to check your junk or spam email folder for emails from OCR.
- Of the 176 potential audit items covered entities and business associates will have to provide documentation proving their compliance with the following seven HIPAA sections:
Desk Audit HIPAA Controls

<table>
<thead>
<tr>
<th>Privacy Rule Controls</th>
<th>Breach Notification Rule Controls</th>
<th>Security Rule Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Privacy Practices and Content Requirements [§164.520(a)(1) &amp; (b)(1)]</td>
<td>Timeliness of Notification [§164.404(b)]</td>
<td>Security Management Process – Risk Analysis [§164.308 (a)(1)(ii)(A)]</td>
</tr>
<tr>
<td>Provision of Notice- Electronic Notice [§164.520(c)(3)]</td>
<td>Content Notification [§164.404 (c)(1)]</td>
<td>Security Management – Risk Management [§164.308 (a)(1)(ii)(B)]</td>
</tr>
<tr>
<td>Right to Access [§164.524(a)(1), (b)(1), (b)(2), (c)(2), (c)(3), (c)(4), (d)(1), (d)(3)]</td>
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Step 3: 2018 HIPAA Gap Analysis

**Biennially**
- Review all HIPAA policies and procedures for necessary updates

**Annually**
- Security Risk Analysis
- Risk Management Plan
- Vulnerability Scan
2018 HIPAA Gap Analysis

Annually cont’d

- Evaluate Security Settings on Firewalls, Servers, Routers, WAP’s, etc.
- Make sure you have a succession plan!

Example Practice Network Diagram
2018 HIPAA Gap Analysis

Annually cont’d

- Employee Access Reviews
- Employee HIPAA refresher training
- Re-sign confidentiality agreements
- Facility Walkthrough Inspection
- Inventory number of active and inactive patients

2018 HIPAA Gap Analysis

Annually cont’d

- Inventory of hardware, software and links
- Test backups
- Meeting of Emergency Response Team and Disaster Recovery Team
- Breach Report to HHS ~ Annually or ASAP i.a.w. Breach Notification Rule
2018 HIPAA Gap Analysis

Quarterly

- Periodic reminders/ongoing training
- Join the Office for Civil Rights (OCR) Listserv: https://www.hhs.gov/hipaa/for-professionals/listserv/index.html
- HIPAA team meeting – review OCR press releases for changes in HIPAA laws
- Document system monitoring and access logs evaluation results

2018 HIPAA Gap Analysis

Quarterly cont’d

Information System Activity Review Log

Maintained by: [Organization Name] Security Officer

<table>
<thead>
<tr>
<th>System Reviewed</th>
<th>System Reviewer</th>
<th>Date and Time</th>
<th>Logins</th>
<th>File Accesses</th>
<th>Security Incidents</th>
<th>User Account</th>
<th>Significant Findings</th>
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HealthInsight
If You Need Help
Mark Norby, Certified HIPAA Professional
307.258.5322
mnorby@healthinsight.org
Visit our website:
healthinsight.org/hipaapass
for more information about our Privacy and Security Solutions!

Thank you and have a wonderful day!!

HIE User Tip: HIE Privacy Monitoring
April Salisbury
Director of Education & Training
Consent & Privacy Standards

All health organizations that participate in the NMHIC HIE are required to safeguard the confidentiality, integrity & availability of protected health information (PHI & ePHI), with emphasis on:

• Proper disclosures
• Minimum necessary provisions

Responsibilities

• Federal & State regulations require medical providers to monitor and protect patient privacy.
• The contract with NMHIC also requires that our participants monitor the operations of their own authorized users for appropriate use.
• The HIE system provides the Compliance and Security departments the ability to monitor access to the information through audit logs.
NMHIC HIE User Tip: HIE Privacy Monitoring

- Did you include the HIE in your risk analysis and risk management plan?
- Who determines appropriate access?
- Who is your privacy officer over NMHIC HIE?
- Is their account active?
- Are they using the monitoring logs?
- Do they know how to generate a HIPAA-compliant access report for a patient?
- Do they need training or a refresher?

Built-in Monitoring Tools

- The first three monitoring tools allow you to search activity logs by user or patient identifiers.
- The last tool lets you search for users.
**Auditing & Monitoring**

- **Consent Audit**: Provides an audit log of date, time and username for anyone who performed a consent change and the original consent value.
- **Clinical Log**: Provides an audit log of all events performed by users on the Clinical Portal server, for example, viewing a patient summary or viewing lab results.
- **Privacy Log**: Under specific circumstances, a provider can access patient information, even if consent hasn’t been given or has been withdrawn, called “breaking the seal.” Privacy Log monitoring ensures that persons breaking the seal have done so for accepted purposes.
- **Users and Roles Log**: Provides a detailed list of users, organization and the role(s) associated with the user.

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**Upcoming webinars**

*Tentative: Showcasing Frequent Users of the NMHIC HIE*

**September 18, 2018**

**NM Department of Health and the NMHIC HIE**

**October 16, 2018**
Miss a webinar? 
https://www.nmhic.org/events

Hyperlinks to recordings are now available!

Next Time

Not an HIE User yet? Direct inquiries to Michelle Bowdich, (505) 938-9909 or michelle@nmhic.org

Next date: 09/18/18, 11:30-12:30 pm