

## **PRV – HIPAA Training**

### **Purpose:**

The purpose of this procedure is to ensure confidentiality of Protected Health Information (PHI).

### **Identification of Roles:**

Primary Role – ALL Provider Services Staff

### **Performance Standards:**

- a. Comply with all requirements of the Privacy Rule, including, but not limited to, the Business Associate's contract requirements at 45 C.F.R. 164.50(e).

### **Path of Business Procedure:**

#### **Step 1: Each employee has signed the following forms as a condition of employment:**

- a. Policy Studies Inc. (PSI) Information And Property Protection Agreement
- b. IME Employee Identification Access Policy
- c. Confidentiality And Nondisclosure Agreement (May 1<sup>st</sup> each year)

#### **Step 2: Each employee received a Cubicle Security Check List during new employee orientation.**

- a. This checklist must be posted in an employee's cubicle at all times.

#### **Step 3: Each employee is trained in the following procedures as best practices for the business site:**

- a. Employees must not take work home that contains PHI material including social security numbers.
- b. Keep all documents containing PHI upside down on your desk when they are not being worked. This includes what is in an in or out box.
- c. Documents that are completed are ready to be discarded, and do not contain a social security number, must be placed in the recycle/shred bins located throughout the building every Friday before the end of the business day.
- d. Documents that are completed and are ready to be discarded but contain a social security number must be delivered to the file cabinet in the Call Center Supervisor's cube at the end of each day.
- e. The Call Center Supervisor will keep the file cabinet with documents containing social security numbers locked at all times. The Call Center Supervisor will shred all documents containing social security numbers. .
- f. The final outgoing **Unit Mail** is picked up by the mailroom at 1:00 PM daily. Employees are not place any mail in the wire baskets located on the file cabinets after this time. Any outgoing mail generated after 1:00 PM is to be locked in an employee's cubicle.

- g. Incoming mail is distributed within the unit **after** the final mail drop each day (no later than 1:30 PM; *confirmed with Core 12/08/2006*); no mail is left in the delivery IN basket after hours.
- h. All cubicles must contain an IN and OUT box.
- i. All IN and OUT boxes must be locked when leaving at the end of the day.
- j. All training materials, cheat sheet manuals and Help Manuals must be locked at the end of each day.

Step 4: All HIPAA violations are to be reported to the on sight HIPAA Compliance Officer, Linda Huber, by completing the HIPAA Compliance Incident Report.

- a. The on-site HIPAA Compliance Officer is Linda Huber.
- b. The PSI HIPAA Compliance Officer is Sue Williams.

### **Forms/Reports:**

IME Employee Identification Access Policy  
Confidentiality and Nondisclosure Agreement  
Provider Services HIPAA Compliance Incident Report

### **RFP References:**

N/A

### **Interfaces:**

N/A

### **Attachments:**

IME Employee Identification Access Policy  
Confidentiality and Nondisclosure Agreement  
Provider Services Cube Security  
Examples of Documents that Contain Social Security Information  
During new hire employee training, staff is advised of the following:  
Provider Services HIPAA Compliance Incident Report  
Staff Covering the Front Desk

## **IME Employee Identification Access Policy**

### ***100 Army Post Road***

This policy form must be read and signed by employee to request an access card.

**Per the “Security Measures” and “Identification/Access Responsibilities” of Iowa State Patrol – Post 16 and made specifically for IME:**

All IME employees and all IME Partner employees are located at 100 Army Post Road.

All IME employees and all IME Partner employees shall wear issued security badges at all times. Employees provided access badges may not allow others to utilize the badge to permit entry to the facility at 100 Army Post Road and during all work hours, must prominently display the badge, un-obscured by clothing or other objects, visibly on the body, except when the card is being used by the employee to gain authorized electronic access to the building, offices or otherwise designated Photo ID access areas. Employees are responsible for the care and secure use of access badges provided by the employer and must, immediately upon discovery, report the loss or theft of any issued badge to their Unit Manager/Bureau Chief.

### **Identification/Card Access Responsibilities:**

- Your card will allow you access to your building and work area(s). If you forget to bring your card to work you will not be allowed after hour's access and you will be asked to enter the public entrances to the building during work hours. Additionally, you will be required to wear a temporary badge for identification purposes.
- When you access a door with your card, do not allow unauthorized people to follow you into the building. Your identification and access is for you only. An employee may not “piggy back” entrance on another employee's access badge. Each employee must swipe his/her badge to gain entrance to the building.
- Your identification shall be worn at all times when in the building. It must be worn visibly on the body with your picture identification facing out. You may be stopped and questioned if found in an office area without your ID.
- DO NOT loan your identification/Access Card to anyone for any purpose.
- DO NOT alter your identification/Access Card. Staff meeting face to face with clients and wishing to keep their last name confidential may cover his/her (last name only) with tape. This is the only alteration of the access card allowed. If you have a name change please request a new card through your Unit Manager/Bureau Chief.
- Report lost or stolen or broken cards **immediately** to your Unit Manager/Bureau Chief and to Jo Ann Cowger (725-1111) or Joanne Rockey (725-1212). Upon completion of the application for replacement card you must go to General Service's Customer Service Center, Hoover Building, A Level on the Capitol Complex to order a new card. A card replacement fee of **\$4.25** has been set by the Department of Administrative Services and the Department of Public Safety.

- Report improperly working access cards to your Unit Manager/Bureau Chief, who will work with Jo Ann Cowger or Joanne Rockey on correcting the problem or replacing the card.
- Employees leaving employment at 100 Army Post Road, return your identification/access card to your Unit Manager/Bureau Chief. The Unit Manager/Bureau Chief must contact Jo Ann Cowger immediately (or Joanne Rockey) to ensure that building access for terminated employees is deleted immediately.

### **Building Access Responsibilities:**

- All outside doors must be closed at all times. No door may be propped open to regain entrance without swiping the employee's card. Propping the doors open damage the doors and will jeopardize the intent of a secure building.
- When leaving the building after 6:00 PM on regular business day employees will sign a log located at the front of the building.
- When accessing the building on weekends and holidays all employees will sign in and out in a log.
- All lights will be turned off at 6:00 PM each night. Employees are asked to use their desktop lights if staying beyond 6:00 PM and on weekends.
- Visitors to the building during regular office hours 8:00 AM to 4:30 PM Monday through Friday (excluding holidays) will sign in at the front desk. The person on duty at the front desk will call the person the visitor is there to see and that person will meet the visitor in the reception area.
- Remember - Employee Identification Badges are provided for you and your co-workers safety and protection.

Your signature below confirms that you have received your **Photo ID Badge** and a copy of the **IME Identification Card Access and Building Responsibilities Policy** for 100 Army Post Road, and understand the **Identification/Access Responsibilities**.

\_\_\_\_\_  
Employee Name (Signature)

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

Please return this signed sheet to your Unit Manager/Bureau Chief.

Any questions may directed to Jo Ann Cowger at 515-256-4646 or Joanne Rockey at 515-256-4656

**OWA DEPARTMENT OF HUMAN SERVICES  
CONFIDENTIALITY and NONDISCLOSURE STATEMENT**

I, \_\_\_\_\_, am an employee / contractor

(Print Name)

(circle one)

of \_\_\_\_\_.

(Print Name of Division, Bureau, Unit, Facility, etc.)

In performance of my responsibilities with respect to the Iowa Department of Human Services (IDHS), I may acquire or have access to information regarding recipients of services and other individuals. I understand that regardless of any other provision of law, information recorded, obtained or maintained by the IDHS is confidential. I understand I may view or release this confidential information only as required to perform my job duties.

I may have access to information, which may be kept in case files, court files with confidential information, and IDHS computer systems. These may include, but are not limited to, information systems of the IDHS, or other departments such as the Iowa Department of Revenue, Department of Transportation, Iowa Workforce Development, and Iowa Judicial Department. I may also have access to algorithms, operating systems, platforms, data or software programs, including third party proprietary software and methodologies, copyrighted and patented information or processes in performance of these job responsibilities.

I hereby acknowledge and agree to the above and to all following conditions in order to have access to confidential information:

1. I shall not view information about anyone receiving IDHS services unless such access is required by my job duties. I understand I should not access information about people out of curiosity, including people I have heard of or know personally.
2. *I shall not disclose information to anyone, other than to persons and in manners specified by the Department for the purpose of performing my job duties, including but not limited to my friends, my spouse, relatives or other employees.*
3. *I acknowledge that unauthorized viewing or disclosure of information may result in the immediate removal of access to information and records, as well as discipline up to and including discharge.*
4. *I understand that if I am authorized to access Personal Health Information (PHI), I must comply with the federal HIPAA/HITECH Security and Privacy regulations.*
5. I understand that if I am authorized to use the Internal Revenue Service (IRS) Match Inquiry System, the information obtained from the system must be used only for official state approved business. The Beneficiary Earnings Exchange Records (BEER) match with the Social Security Administration is also federal tax data and subject to the same restrictions and penalties as the tax data received from the IRS. I understand printed IRS reports must be stored in a locked container or room and that any material considered federal tax information must be destroyed according to specified methods identified in Employees' Manual I-C, Maintaining Security of IRS Data. I understand that if I fail to follow any of these standards, I may be subject to disciplinary action and / or prosecution. Under federal law, unauthorized willful disclosure of federal tax information can result in a felony conviction, punishable by a fine up to \$5,000 and / or imprisonment up to five (5) years, as well as a money judgment against me. Even

unauthorized inspection of federal tax information can result in a civil money judgment against me for up to \$1,000 per act of inspection.

6. *I understand that in order to perform my job duties I may disclose some confidential information to IDHS contractors or vendors, who have a business relationship with the IDHS and who are authorized to receive the confidential information requested.*
7. *I understand IDHS staff, who are not assigned to my Division, Bureau, Unit or Facility, etc., and other persons, including contractors, vendors, other government employees and private business, may contact me seeking information. I understand that I must not release information unless my job duties require disclosure and the requesting person is authorized to receive the information for a purpose related to child support establishment, enforcement, distribution, or processing or I am directed by my supervisor to disclose. I acknowledge I must direct such contacts as instructed by my supervisor, even though I have the ability to view and use the information to perform my job duties.*
8. *I understand I am the only person who may use my user ID and password for any computer system or database to which I have access. **Under no circumstances will I reveal to or allow use of my password by another person, including my supervisor.** I understand I must not allow others to view my computer monitor when information is displayed, unless it is necessary to perform their job duties and they are authorized to see the information.*
9. *I acknowledge I am bound by state and federal confidentiality law that prohibits or restricts obtaining or disclosing state and federal data and program information. Some of these statutes carry criminal penalty or civil liability for statute violation.*
10. *I will adhere to all written policies and procedures about handling confidential information. I agree that I will consult my supervisor if I have any doubt or uncertainty about the written policies and procedures.*
11. *I understand, acknowledge, and agree this Department of Human Services' Confidentiality and Nondisclosure Statement must be signed on an annual basis and remains in full force and effect after the conclusion, termination, or expiration of my work responsibilities with the IDHS.*
12. *I understand this Confidentiality and Nondisclosure Statement does not change the kinds of information I may lawfully disclose to a case party or to an individual or business for whom a case party has submitted a written release of information authorization.*

I have read and understand this Confidentiality and Nondisclosure Statement and have had an opportunity to ask my supervisor questions and to discuss this policy.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

**Initial**

\_\_\_\_\_ I have been provided access to the DHS Security and Privacy Standards.

<http://dhs.moss1.spo>

## Provider Services Cube Security

- Wear issued security badges at all times.
- Secure workstation when leaving cubicle (control-alt-delete, then select lock computer).
- Do not share passwords or keep passwords where someone is able to access them.
- All PHI material with the exception of information containing social security numbers is to be disposed of properly in the shred bins located throughout the building (Cube 427). If these bins are full the green shred dumpster in the back dock area is to be used. Never put PHI material in your re-cycle or garbage trash can.
- All information containing social security numbers must be delivered to the Call Center Supervisor's cube at the end of the day.
- Do not discuss claims information with anyone other than the Provider of Service or their authorized representative.
- Do not discuss phone call conversations with anyone outside of work or with co-workers in the break room or outside of the building.
- When leaving at the end of the day all paperwork on the desk should be placed in a locked storage area. Place keys out of sight; DO NOT TAKE KEYS HOME.
- When leaving at the end of the day log off all applications and telephones, and restart your computer (DO NOT SHUT DOWN THE COMPUTER).
- When leaving at the end of the day turn off the cubicle lights, toss food and pop containers.

## **Examples of Documents that Contain Social Security Information**

- MMIS Provider Screen – Page 1
- MMIS Member Eligibility Screen – Page 1
- MMIS TPL File
- OnBase Claims
- EOMBs
- Provider Enrollment applications
- W-9
- EFT
- Provider Enrollment Change request



**During new hire employee training, staff is advised of the following:**

- CSRs can only speak to providers with a valid Iowa Medicaid provider number or Tax ID and a DHS worker with a worker ID number
- All employees must swipe their badge upon entering the building. An employee may not “piggy back” entrance on another employee’s access badge at either the front door or back door.
- If an employee does not have a state issued ID, they must sign in/out at the Front Desk.
- If an employee cannot locate their badge they are to report the lost badge to Linda Huber immediately.
- Cubicle security list

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**PROVIDER SERVICES**  
**HIPAA COMPLIANCE INCIDENT REPORT**

Please complete this form to report a security incident. All incidents are to be reported immediately. E-mail this form to Linda Huber. [lhuber@dhs.state.ia.us](mailto:lhuber@dhs.state.ia.us)

REPORTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

PROVIDER NUMBER: \_\_\_\_\_

PROVIDER PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

WHAT WAS DONE TO CORRECT THE INCIDENT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Staff Covering the Front Desk**

### **VISITORS**

All visitors entering the main entrance of the IME building must sign in at the Front Desk including providers dropping off claims or wishing to speak to someone from the Education and Outreach staff. Visitor badges are issued to those who leave the lobby to enter the IME offices. Badges are not issued if the visitor has a State of Iowa badge; they must however still sign in. Only Mail delivery personnel DO NOT need to sign in. All visitors must be escorted when entering the IME offices and also when leaving the IME offices.

### **EMPLOYEES**

Badges are issued to all employees who work in the IME building. The badge provides identification and allows access to the building. Employees who may have forgotten their badge must sign in at the Front Desk. The employee is issued a Visitor's badge for the day and their supervisor is called to escort them to their work station. An employee may not "piggy back" entrance on another employee's access badge. Each employee must swipe his/her badge to gain entrance to the building.

Employees entering and exiting the building during non-business hours are asked to sign the log sheets located at either the front of the building, just inside the door next to the printer or the one located at the back west door.

### **CLAIMS DROP OFF**

All claims dropped off at the Front Desk by providers will be put in the box labeled MAIL BOX. The Mail Room will pick up mail from this box twice a day at 8:00 a.m. and again at 1:30 p.m. Any claims coming in after the last mail pick up (1:30) will be locked up at the Front Desk until the next morning. This also includes all outgoing mail except for the Form Requests, which do not contain PHI.