

POLICY AND PROCEDURE

DEPARTMENT: Compliance	DOCUMENT NAME: Remote/Field Staff Quarterly HIPAA and Equipment Audit
PAGE: 1 of 6	REPLACES DOCUMENT:
APPROVED DATE: 07/16	RETIRED:
EFFECTIVE DATE: 10/16	REVIEWED/REVISED: 10/17, 9/18, 7/19, 5/20
PRODUCT TYPE: ALL	REFERENCE NUMBER: LA.COMP.PRVC.75

SCOPE: ALL Louisiana Healthcare Connections (LHCC) Remote/Field Staff

PURPOSE:

- To confirm Protected Health Information (PHI) is protected according to HIPAA Privacy and Security Regulations, Centene Corporation and LHCC confidentiality policies and procedures.
- To provide guidelines for performing Remote/Field Staff audits.
- To define the process of performing the audits.
- To define the process for recording the results in the Remote/Field Staff Quarterly HIPAA and Equipment Summary Report.
- To define how the Plan's Compliance Department will store the reports/results.
- To define who the results will be reported to.
- To define the disciplinary process to address violations.

POLICY: LHCC Remote/Field staff will adhere to LHCC and Centene Corporation established policies and procedures for the protection of member PHI and accountability for Centene Corporation Assets. All Departments with Remote/Field staff will conduct Quarterly HIPAA and Equipment audits to assure PHI remains confidential.

PROCEDURE: Protection of PHI- in the field: Remote/Field Staff Audits will be performed during Remote visits and or Supervisor ride-along audit events. The audits will include a review for Lost or Stolen equipment. *Any unauthorized release of PHI will be immediately reported to the LHCC's Compliance/Privacy Officer or the responsible designee.*

HIPAA and equipment indicators to be audited:

1. Equipment was lost during this quarter.
2. Unattended or unsecured PHI/Computer/Company owned portable devices to include but not limited to cell phones, computers & laptops, printers, and shredders.
3. PHI/Computer visible to unauthorized viewer. (In the Home, Clinic, Car, etc.)
4. Passwords visible.
5. PHI/Computer visible to unauthorized viewer while traveling.
6. Equipment connected to non-secure network with VPN.
7. Electronic PHI on public server or hard drives. (Public shared drives or hard drives or not acceptable)
8. Use of External devices. (USB, External Hard Drive, CD, DVD, etc.)

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9. Conversations involving PHI are being held in public and/or in such tones to be overheard by non-authorized persons.
10. Paper-based PHI not properly disposed. (Must be secured in locked drawer/file cabinet or shredded at the end of the day)

New Hire Remote/Field Staff Audits

Supervisors will complete a Remote/Field Staff HIPAA audit of their new hires within the first quarter of the remote set-up. The Supervisor will take a picture of the remote set-up as evidence the staff was provided the equipment that is required to perform their duties and that will be audited for the protection of member PHI. The equipment that will be audited will include the computer/laptop, cell phone, printer, and cross-cut shredders. Failure to provide the equipment to perform their duties and/or a failed audit must be corrected immediately to be compliant with HIPAA and Centene Corporation policies and procedures.

Supervisors will utilize the Remote/Field Staff HIPAA and Equipment Quarterly Audit **Compliance Department Sharepoint Site** ~~Summary Report on the SharePoint Site~~ to perform their review. ~~(See Attachment A)~~

~~T~~The ~~Key for the~~ Audit Notice tool shall be documented as follows:

- 1 - Pass – No PHI or HIPAA violation found
- 2 - Fail - PHI or HIPAA violation found
(Failed Audit - Refer to Disciplinary Actions for Audit Violations)

Lost or Stolen Equipment must be reported to LHCC’s Compliance and Facilities/Operations Department: Office Management Team immediately.

Protection of PHI - At the end of the workday in the home:

At the end of each workday in the Remote/Field staff’s home the following steps must be taken to ensure protection of PHI:

1. All staff will log off computers
2. All desks and printers will be clear of all PHI
3. Shred all documents that contain PHI
4. All shredding baskets will be emptied into secured disposal bins or shredded via Cross-Cut Shredders only
5. Laptop computers must be secured utilizing the assigned cable lock

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6. All Remote/Field staff will be responsible for securing all equipment that is assigned to them to perform their duties, and for protecting any PHI and confidential information it contains (See policies CC.SECR.12 – Workstation Use and Security and CC.SECR.13.01 – Lost or Stolen Laptops).

Upon completion of the audit, an email “Remote/Field Staff Quarterly HIPAA and Equipment Audit Notice” will be sent to the staff member to provide the audit results and next steps should a violation occur.

Supervisors will complete the Remote/Field Staff Quarterly HIPAA and Equipment Quarterly ~~Summary Report on the~~ **Compliance Department** SharePoint Site **notice** no later than the 5th day after the end of the audit quarter. ~~(See Attachment B)~~

~~The audit results will be submitted to the Compliance Department for review no later than the 5th day after the end of the audit quarter.~~

~~The~~ ~~hee~~ audit results should include action taken to address violations such as, re-education or steps taken to ensure staff has all equipment needed to be compliant with HIPAA and Centene Corporation policies and procedures.

Remote/Field Staff audit results will be stored in the Compliance Department folder on the G-Drive and final results sent to the VP of Compliance by the 15th of the month of the following quarter.

The results will be reported to the Executive **and** ~~,~~ Compliance **committees**, ~~and PIT committees~~ after review by the VP of Compliance. The VP of Compliance will submit the results to the Plan CEO Quarterly.

Routine Remote/Field Staff Audits

Audits should be completed quarterly on all LHCC Remote/Field staff. Remote/Staff Supervisors may determine their own method of auditing according to resource availability, using either in person at remote work site or via Face Time audits.

Supervisors will utilize the **Compliance Department** Remote/Field Staff HIPAA and Equipment Quarterly ~~Audit Summary Report~~ **Sharepoint site** to perform their review. ~~(See Attachment A)~~

The ~~Key for the~~ Audit Notice tool shall be documented as follows:

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2 – Fail - PHI or HIPAA violation found

(Failed Audit - Refer to Disciplinary Actions for Audit Violation(s))

Lost or Stolen Equipment must be reported to LHCC’s Compliance and Facilities/Operations Department: Office Management Team immediately.

Protection of PHI - At the end of the workday:

At the end of each workday, the following steps will be taken by all Remote/Field staff to ensure protection of PHI:

- All staff will log off computers
- All desks and printers will be clear of all PHI
- Shred all documents that contain PHI
- All shredding baskets will be emptied into secured disposal bins or shredded via Cross-Cut Shredders only
- Laptop computers must be secured utilizing the assigned cable lock
- All Remote/Field staff will be responsible for securing all equipment that is assigned to them to perform their duties, and for protecting any PHI and confidential information it contains (See policies CC.SECR.12 – Workstation Use and Security and CC.SECR.13.01 – Lost or Stolen Laptops).

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The results will be reported to the Executive ~~and~~, Compliance, ~~and~~ PIT committees after review by the VP of Compliance. The VP of Compliance will submit the results to the Plan CEO Quarterly.

Disciplinary Action/Process if Violations occur or if there is continued noncompliance:

- 1st Violation-Notice issued to offender.
- 2nd Violation-Notice issued to offender to include Verbal Warning and Cornerstone HIPAA/Compliance Training with signed attestation of understanding
- 3rd Violation-Notice issued to offender to include Performance Improvement Plan with Human Resources. Supervisor and Human Resources Department will develop and implement a Corrective Action.
- 4th Violation-Notice issued to offender of Termination
- Flagrant violations if discovered, the appropriate discipline will be applied regardless of the number of the violation. Flagrant violations on the first offense or any other may result in termination.

REFERENCES

CC.SECR.08
CC.SECR.12
CC.COMP.PRVC.52

ATTACHMENTS:

Remote/Field Staff Quarterly HIPAA Audit and Equipment Summary Report template
Remote/Field Staff Quarterly HIPAA Audit and Equipment Audit Notice

DEFINITIONS:

HIPAA-The Health Insurance Portability and Accountability Act is a federal law that includes protection of the privacy of medical information/records and uniform billing of medical claims.
PHI-Protected Health Information is individually identifiable health information including member name, address, phone number, Amisys number, Medicaid number, diagnosis, and treatment information.

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REVISION LOG

REVISION	DATE
Added will Shred all documents that contain PHI. Added Supervisors will take picture of remote set-up as evidence. Changed the location of the Remote/Field Staff Quarterly HIPAA and Equipment Quarterly Summary Report to on the SharePoint Site.	10/17
No revisions	9/18
No revisions	7/19
<u>Continue use of Compliance Department Remote/Field Staff Quarterly HIPAA and Equipment Quarterly Sharepoint site, Delete attachments: Summary Report and Notice, Remove report to the PIT committee.</u>	5/20

~~Continue use of Compliance Department Remote/Field Staff Quarterly HIPAA and Equipment Quarterly Sharepoint site, Delete attachments: Summary Report and Notice, Remove report to the PIT committee.~~

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer GRC, Centene's P&P management software, is considered equivalent to a physical signature.

Director of Compliance: _____ Approval on file _____

Vice President of Compliance: _____ Approval on file _____