

HITECH Act Impact

HITECH Act (Subcomponent of American Recovery and Reinvestment Act) of 2009

Though outside of HIPAA title II, this is additional & direct legislation to improve the original HIPAA title II requirements and to define and tighten some open gaps

- Establishes Breach requirement for Privacy Rule Violation Effective date was September 23, 2009
 Establishes Scope and Timeline Clarifies definition of Breach Likelihood of harm must be determines/assessed
- Establishes New Penalty Levels
 Uncorrected willful neglect \$1.5 million to Unknowing \$25K
- Establishes compliance requirements for all PHI and PHR, whether included in a BA agreement or not.
- Enforcement Broadened to include State A.G.'s and Local Law enforcement

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Regulatory Background - Five Key Areas of Privacy Standards Principle Sections of the Privacy Regulations General Principles for Uses and Disclosures Permitted Uses and Disclosures Administrative Requirements Organizational Options Personal Representatives and Minors Breach Notification · Limiting Uses and Disclosures to the Minimum Necessary Notice and Other Individual Rights Accounting for Disclosures (DRAFT) Consumer Control Safeguards Public Boundaries Accountability Responsibility Process for disclosing information for public health, research & legal purposes Information used only for intended purpose and only as much information as required for the intended purpose Informed consent to use information Right to access and amend information Authorization for disclosures Record of disclosures Federal penalties for violations Effective compliance activities to deter, identify, and punish violations

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Consumer use and disclosure statement

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Field work completed March 1st
Final protocol design completed April 2012

3. Rolling out the full range of audits and evaluation process.
All audits will be completed by December, 2012.

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How will the Audit Program Work

The audit process will include standard components associated with most audits. Audit reports generally describe:

- · how the audit was conducted;
- · what the findings were and;
- what actions the covered entity is taking in response to those findings.

Entities selected for an audit will be informed of their selection by OCR and asked to provide documentation of their privacy and security compliance. Every audit will include a site visit and result in an audit report.

The final report will incorporate the steps the entity has taken to resolve any compliance issues identified by the audit, as well as describe best practices of the entity.

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What will be the Outcome of an Audit?

Audits are a type of review that serves more as a compliance improvement tool then an investigation of a particular violation that may lead to sanctions and penalties. An audit may uncover vulnerabilities and weaknesses that can be appropriately addressed through corrective action on the part of the entity.

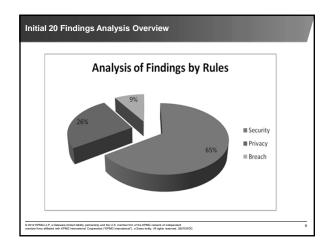
It is possible that an audit could indicate serious compliance issues that may trigger a separate enforcement investigation by OCR.

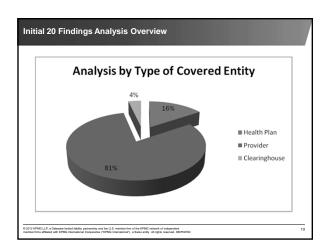
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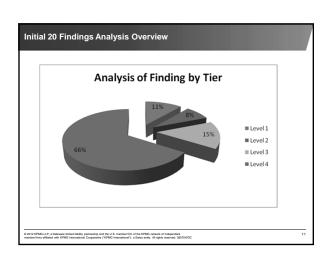
Meaningful use: Core set 15 requirements

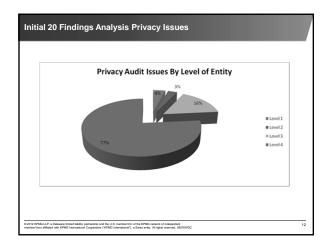
- Objective:
- Protect electronic health information created or maintained by the certified eHR technology through the implementation of appropriate technical capabilities.
- Measure
- Conduct or review a security risk and implement updates as necessary and correct identified security deficiencies as part of the Eligible Provider's, Eligible Hospital's, or Critical Access Hospital's risk management process per HIPAA Security Rule 45 CFR 164.308(a)(1)
- Perform HIPAA Security Risk Assessment for 3 sets Controls:
- Application Layer:
- Infrastructure Layer:
- Enterprise Controls:
- Evidence of Compliance with Security Rule:
- Design evidence
- Operational evidence

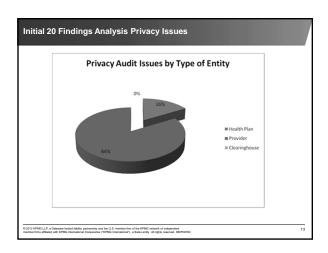
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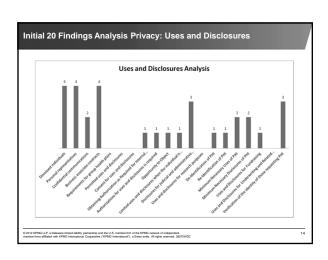


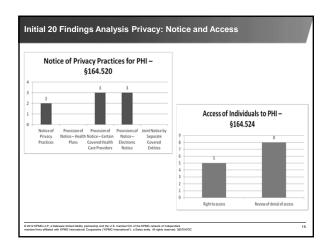


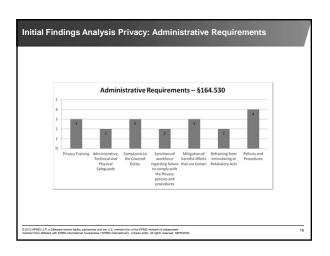


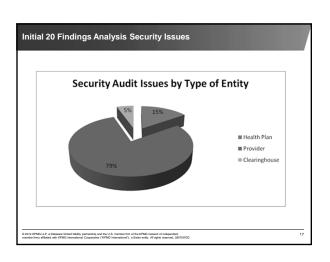


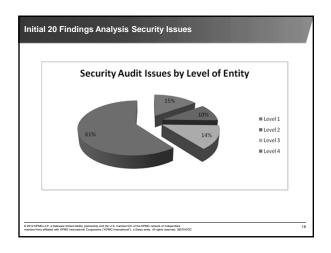


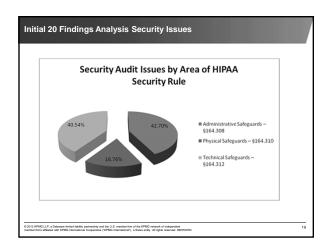


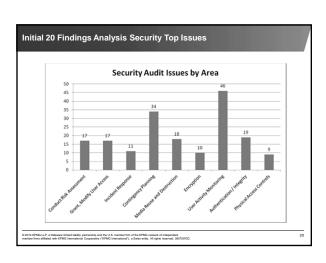












Preliminary Analysis
Policies and Procedures exist but are outdated or not implemented
HIPAA compliance programs are not a priority
Small providers are not in compliance
Larger entities demonstrate security challenges
Entities are not conducting Risk Assessments
Entities are not conducting this Assessments Entities are not managing third party risks
Privacy challenges are widely dispersed throughout the
protocol - no clear trends by entity type or size
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Non-Compliance Risks
Loss of Contracts
Criminal and Civil investigation
Federal and State fines
Public Harm and Reputational Risk
Fines and Penalties
Legal Costs
Cost of Notification
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Next Steps to Consider
Conduct a robust Assessment with an Annual or Bi-Annual reassessment for compliance
Determine Lines of Business affected by HIPAA
Consider internal employee information in evaluation
Map/Flow PHI movement within your organization, as well as
flows to/from third parties
Perform Data discovery to find all of your PHI Establish offective technical safeguards over PHI (encryption)
Establish effective technical safeguards over PHI (encryption, access management, restriction for required use only)

Conclusions & Final Thoughts

- Plan ahead for impact of HIPAA across the organization
 - Determine possible common responsibilities and oversight of IT, Information Security, and Internal Audit
 - Assess overlap between controls oversight and management
- Determine control and safeguard catalogue for HIPAA prior to remediation – know what you're going after
- Engage impacted departments (IT, HR, Business, IA) early in the planning
- Assess your ability to combine HIPAA compliance activities with other compliance activities like PCI, (Unified Compliance), to increase the effectiveness & efficiency of your compliance programs

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Cutting through complexity

Michael D. Ebert
mdebert@kpmg.com

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