



SALISH BHO

HIPAA, 42 CFR PART 2, AND MEDICAID COMPLIANCE STANDARDS POLICIES AND PROCEDURES

Policy Name: DESIGNATED RECORD SET

Policy Number: 5.14

Reference: 45 CFR 160, 162, and 164; 42 CFR Part 2

Effective Date: 5/2005

Revision Date(s): 9/2005; 5/2016; 5/2018

Reviewed Date: 5/2016; 6/2017; 5/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Agreement: Business Associate Addendum
- Policy: Business Associates
- Policy: Corrective Action Plan

PURPOSE

The Salish Behavioral Health Organization (SBHO), in compliance with the Privacy Rules of *Health Insurance Portability and Accountability Act (HIPAA)* Administrative Simplification provisions, 42 CFR Part 2, and Washington law, sets out, in this policy, the elements of the designated record set and the creation and maintenance of data sources that contain protected health information (PHI).

This policy mandates that the SBHO maintain accurate and complete records for each of our individuals so that they can exercise their rights to access, review, and amend their PHI maintained in a designated record set as required under HIPAA.

PROCEDURE

Records created and/or maintained by our business associates in the rendering of services to the SBHO must be considered when evaluating documentation for designated record sets. It is the responsibility of the SBHO to ensure that a business associate agreement is in place when required. Health information specifically created and/or maintained by business associates, when acting on behalf of the SBHO, is subject to the client rights provision to request access or amendment of such

information in accordance with the Business Associate agreement. Copies of information that are also maintained by a health care provider or health plan should not be included in the Business Associate's Designated Record Set.

The documentation maintained by the SBHO will be evaluated to determine those groups of records that should be categorized as designated record sets. The defined process should ensure that the following information is gathered about the evaluated records:

- Documentation type
- Basic content
- Location of the documentation
- Contact person
- Paper/electronic documentation
- Documentation contains individually identifiable information
- Documentation is used to make decisions about the client

The Salish Behavioral Health Organization will maintain the following items in its designated record set:

1. Applications for Children's Long-Term Inpatient Program services
2. Inpatient reconciliation of billing
3. Authorizations for other services or other written acknowledgements of individual eligibility for services
4. Billing records including dates, services provided, provider, billing and payment records, and other information used to bill or to record and report encounters or services
5. Any other records or protected health information used in whole or in part to make decisions about publicly funded Medicaid eligible individuals including enrollment, payment, claims adjudication and case or medical management records maintained by or for the Salish Behavioral Health Organization

The designated record set will not include:

1. Education records governed by the Family Educational Rights Privacy Act (FERPA) and exempt from HIPAA
2. Psychotherapy notes
3. PHI exempted by the Clinical Lab Improvements Act (CLIA)

4. Information involved in civil, criminal or administrative actions or records assembled in anticipation of a legal action
5. Information, which was created as part of a research study to which the patient has temporarily waived right to access
6. Health information that is not used to make decisions about the client
7. Quality improvement records
8. Risk management records including incident reports
9. Employment records held by the SBHO in its role as employer

PHI is kept in many forms throughout the Salish Behavioral Health Organization. Each of the existing repositories of PHI have been identified, documented, and approved for usage. It is our policy that any new need for creation of an additional repository of PHI must follow the same process. Unsanctioned maintenance of PHI in any form will lead to disciplinary action.

1. The SBHO will maintain a database that identifies all specific internal designated record set components, the basic content, the location of the documentation, the contact person, and whether stored in electronic or paper form.
2. All original components of the Designated Record Set will be maintained and stored at the SBHO main office under the supervision of the Privacy Officer/designee. The Privacy Officer will ensure that as components are received that they are entered into the database.
3. Disclosures subject to an accounting will be noted in the Designated Record Set database according to the SBHO policy.
4. Requests by individuals to access, amend, restrict or request an accounting of disclosures will trigger a search of the database and will be noted in the database.
5. If an employee, contractor or subcontractor of the SBHO is not sure if a certain document or piece of information belongs in the designated record set they should contact their supervisor or the Privacy Officer/designee for advice.
6. If an employee, contractor or subcontractor believes that there are documents in a individual's designated record set that do not belong there, he/she should contact their supervisor or the Privacy Officer/designee for advice on how to proceed.

7. Staff who wish to create a supplementary individual record for their use in the community or at satellite sites that includes copies of any PHI must obtain the prior approval of the Privacy Officer/designee.
8. Each employee, contractor or subcontractor who is responsible for obtaining or maintaining any of the billing records is responsible for:
 - Ensuring that the information is complete, communicated to the appropriate person, and filed (or entered into the billing database) in a timely manner.
 - Ensuring that the information is appropriately secured according to SBHO policy.
 - No employee, contractor or subcontractor should maintain any of the information contained in the billing record in a separate file or outside of the locations designated in SBHO policy. However, in certain circumstances an employee may be asked to obtain billing information in a community location or at a satellite site. In these cases, the information should be secured until it can be given or communicated to the appropriate person.

MONITORING

This policy is a mandate by contract and statute.

1. This policy will be monitored through use of SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
2. If a provider performs below expected standards during the review listed above, a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan policy.