

Centers for Medicare and Medicaid Services

GETTING ORGANIZED FOR HIPAA:

States' Best Practices for Scaling Mt. HIPAA



**ROAD MAPS TO HIPAA COMPLIANCE
VOLUME 1, MAP 5**

August 10, 2001

CONQUERING MOUNT HIPAA:

States Provide Trail Markers and the Best Approach Up the South Face



At the opening plenary session of the Medicaid HIPAA Conference, April 23 – 26, 2001, two States, California and Washington, shared their approaches to organizing and managing their HIPAA compliance strategy. This paper is based in part upon their presentations and materials they supplied to the Centers for Medicare and Medicaid Services (CMS - formerly HCFA) Medicaid HIPAA-Compliant Concept Model (MHCCM) project. Some of their organizational and implementation products are attached to this paper. Additional ideas come from other States that also made significant contributions at the conference. Three components of good practices are presented in this paper: High-level executive direction for state-wide HIPAA compliance, the role of the HIPAA Implementation Project and Planning Office, and Implementation Plans.

BLESSINGS FROM ON HIGH

The first component of the good practices package is the leadership role of State government. The single State Agency for Medicaid is defined differently by each State. A few are standalone organizations but most are part of a larger health care, human services, or combined agency. HIPAA crosses over the boundaries of State agencies. Therefore, the higher the level of authority that is designated for implementing HIPAA, the greater the opportunity for coordination and cooperation across all affected agencies, departments, divisions, et al. Benefits of high level authority include:

- Single voice speaking on behalf of State government in communications with the Governor, legislature, provider community, business associates, consumers, and the press
- Single strategy in defining Covered Entities, the boundaries of compliance, and HIPAA solutions
- Centralized policy for privacy
- Centralized legal counsel
- Single standard for defining compliance and documenting exceptions
- Power of the highest office to represent the State's position on compliance and exemptions
- Leadership and guidance for all State operations
- Centralized fund raising



States approach HIPAA leadership in different ways. Some identify a top level HIPAA Coordinator reporting to the Governor or to the State’s CIO. Some appoint a leader at the highest levels of the health and human services agency. These high level positions are expected to provide coordination and direction across all State agencies and to carry out the strategic goals of the State. States generally fall into two camps about the role of executive leadership. Some assert a policy and standard setting role providing strong leadership to all State departments. Others define the role as less directive and more along the lines of monitoring and oversight, leaving strategic decisions up to the individual affected departments.

LEADERSHIP ROLE

In States exercising a leadership role at a high level within the government organization, there are opportunities to develop models and templates for member departments to use. The State of Washington has developed a HIPAA Charter template used by the Executive Steering Committee and by all Department and Unit levels below that are participating in the HIPAA effort. Each part of the organization fills in the blanks with its own views on Mission, Objectives, Membership, and other items. The benefit is that all participating units are following the same outline, even if the detailed content is different. This makes it easier for communication among the various units and departments. The Charter template and excerpts from participating work groups such as the Executive Steering Committee, the Policy Technical Advisory Group (TAG), and the Agency-wide Information Systems (IS) TAG are shown in the following table. Other Information Systems TAGs that are not agency-wide (not shown in the table) are chaired by various experts. Security managers and other systems managers also attend the agency-wide IS TAG meetings.



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES			
Charter Category	Executive Steering Committee	Policy Technical Advisory Group	Information Systems TAG
Purpose	Provides leadership, strategic guidance, priorities, issue resolution, communication	Provides legal and policy guidance; develops evaluation tools	Provides technical expertise to the Department’s HIPAA team
Mission	Ensure HIPAA compliance and meet requirements of the law	Provides guidance and tools to the Department	Provide technical solutions and tools
Charter Category	Executive Steering Committee	Policy Technical Advisory Group	Information Systems TAG
Vision	Timely, collaborative implementation leveraging resources to meet Federal mandates and State business objectives that: <ul style="list-style-type: none"> • Are measurable • Simplify administration 	Adheres to the Executive vision	Adheres to the Executive vision

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES			
Charter Category	Executive Steering Committee	Policy Technical Advisory Group	Information Systems TAG
	<ul style="list-style-type: none"> • Reduce costs • Assure privacy, security • Avoid penalties 		
Governance	Sponsor of the project: provides leadership, ensures agency commitment, communicates decisions, and provides resources	Supports the HIPAA implementation team by providing legal and policy expertise and tools; analyzes across-agency issues	Supports HIPAA team by providing expertise, tools, and consultation
Chair		Department's HIPAA Legal Officer	Social Services Payment System Manager
Membership	Department Secretary, Assistant Secretaries and Deputies, Directors, CIO (the Department's HIPAA Resource Center provides support)	HIPAA Resource Center coordinator, IS staff, Attorney General staff, representatives from other agencies	IS staff, the Department's Privacy Officer and Security Administrator, and representatives from other agencies' IS
Roles and Responsibilities	<ul style="list-style-type: none"> • Establishes priorities • Encourages business transformation • Approves IS proposals • Approves outreach material • Resolves enterprise-wide issues • Looks to future strategies 	<ul style="list-style-type: none"> • Provides tools to identify strategic approaches to compliance • Assists in policy development • Identifies intra-agency solutions 	<ul style="list-style-type: none"> • Provides tools and expertise to identify technical approaches • Identifies best practices • Communicate technical information • Develops recommendations

The Washington approach is represented in a wide range of documents available in the Toolkit of MHCCM Version 2.

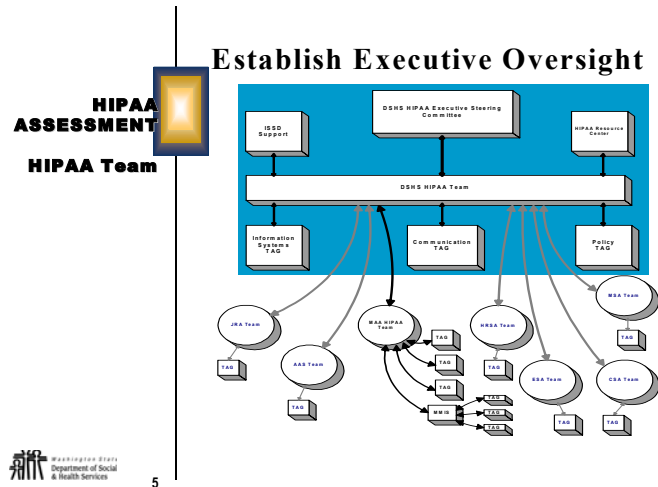
For more information on the State of Washington HIPAA implementation templates, please contact Kathleen Connor, Department of Social and Health Services, at her e-mail address: CONNOKL@dshs.wa.gov.

MONITORING ROLE



Other States have taken the approach of establishing a high-level Office of HIPAA Oversight (OHO)¹ to monitor and coordinate the efforts undertaken by individual departments. In this example, the OHO receives progress reports from the departments, resolves issues among them, and coordinates outreach to the provider, other payer, managed care, and other State and local agencies. The departments set their own direction and develop their own strategies and implementation plans. The OHO coordinates efforts among the agencies and the

external data exchange partners. The OHO can serve as a single voice for all departments in issuing press releases and submitting questions to CMS and the Designated Standards Maintenance Organizations (DSMOs). This model focuses on key issues and inter-agency cooperation and entrusts the departments to carry out the details of implementation.



A specific example of a HIPAA Oversight office is the State of California's Agency for Health and Human Services' Office of HIPAA Implementation (OHI), created through State legislation. The OHI is currently awaiting funding in order to begin operations, but Agency leaders are already participating in the Statewide HIPAA workshops.



Whether your solution espouses high-level direction of policies and procedures, or advocates a role of oversight and monitoring, ... direction from a high enough level allows for better management of unexpected events, or perhaps even prevents them in the first place.

¹ "OHO" is an invented name for use in this paper and does not refer to a specific office of any State.

LEADERSHIP ROLE IN DEFINING *COVERED ENTITIES*

One of the benefits of executive level direction is the ability to establish with authority the HIPAA *Covered Entity* status of the Agency, Departments, and Divisions. Each State needs to consider the strategic impact of designating components of the organization as inside or outside of the HIPAA-impacted boundaries. A more encompassing definition of “Health Plan”, e.g., the whole agency, promotes greater efficiencies in establishing Privacy and Security policies and procedures and in complying with Transactions and Code Sets. A more distributed and delegated definition (each division could be its own Health Plan—or not), provides greater flexibility in deciding which entities should be named as Health Plans.



The following document was developed by the State of Washington Department of Social and Health Services (DSHS) HIPAA implementation team (the ‘H-Team’).

H I P A A MMIS RESOURCE IMPACT SURVEY

On 2/21/01 the H-Team voted unanimously that DSHS consider itself to be one health plan for the purpose of meeting HIPAA compliance under Rule One, Transaction Standards. Health plans must accommodate health care providers who wish to transact electronically. The MMIS system would be a logical place to develop the capacity to handle all electronic transactions involving health care¹. Divisions will have the option to continue with the current paper claims systems, direct data entry (DDE) systems, or develop their own new system.

The purpose of the survey below is to assist MAA with assessing the potential impact of additional divisions/administrations switching over to using MMIS. Although everyone moving to MMIS at once is an unlikely scenario, we cannot plan for potential expansion without understanding all the dimensions. Please keep in mind the following definition of health care when filling out the survey.

[Note: Survey document is not shown]

¹ “Health care” means care, services or supplies related to the health of an individual, including, but not limited to: preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affect the structure or function of the body; and sale or dispensing of a drug, devise, equipment, or other item in accordance with a prescription.

HIPAA IMPLEMENTATION PROJECT PLANNING OFFICE (HIPPO)



The second component of the good practices approach to HIPAA implementation is the establishing of a HIPAA project office or HIPAA resource center. This solution is recommended because of the efficiencies gained through the coordination role of the Office and the sharing of resources and expertise. The State of California is a role model for the HIPAA project office. Below are summarized key points from the California presentation at the HCFA Medicaid HIPAA conference.

ROLE OF THE HIPAA PROJECT OFFICE

- Project Management and Oversight
- HIPAA Awareness and Education
- Initial Assessment/Systems Inventory
- Funding Requests
- Industry Workgroup Participation
- Documentation Standards and Tools
- Workgroup Facilitation
- Program Area Liaisons
- Resource to the Department Workforce

HIPAA PROJECT OFFICE ORGANIZATION

- Department Director and Executive Committee
- HIPAA Project Manager
- State Staff: Area Leaders
- Contractor Staff: HIPAA specialists; systems specialists

PROGRAM LEADERSHIP

- SINGLE Point of Contact (SPOC) for each affected Program
- The SPOC is the liaison between the Program and the HIPAA Project Office (HPO)
- HPO staff assigned to each Program



*Spock graphic is
™Warner Brothers; from
<http://www.stinsv.com>*

GETTING STARTED

- Use Y2K inventory as baseline
- Hold orientations and assessment meetings
- Share findings across Programs
- Recommend Workgroup Participation for Impacted Programs

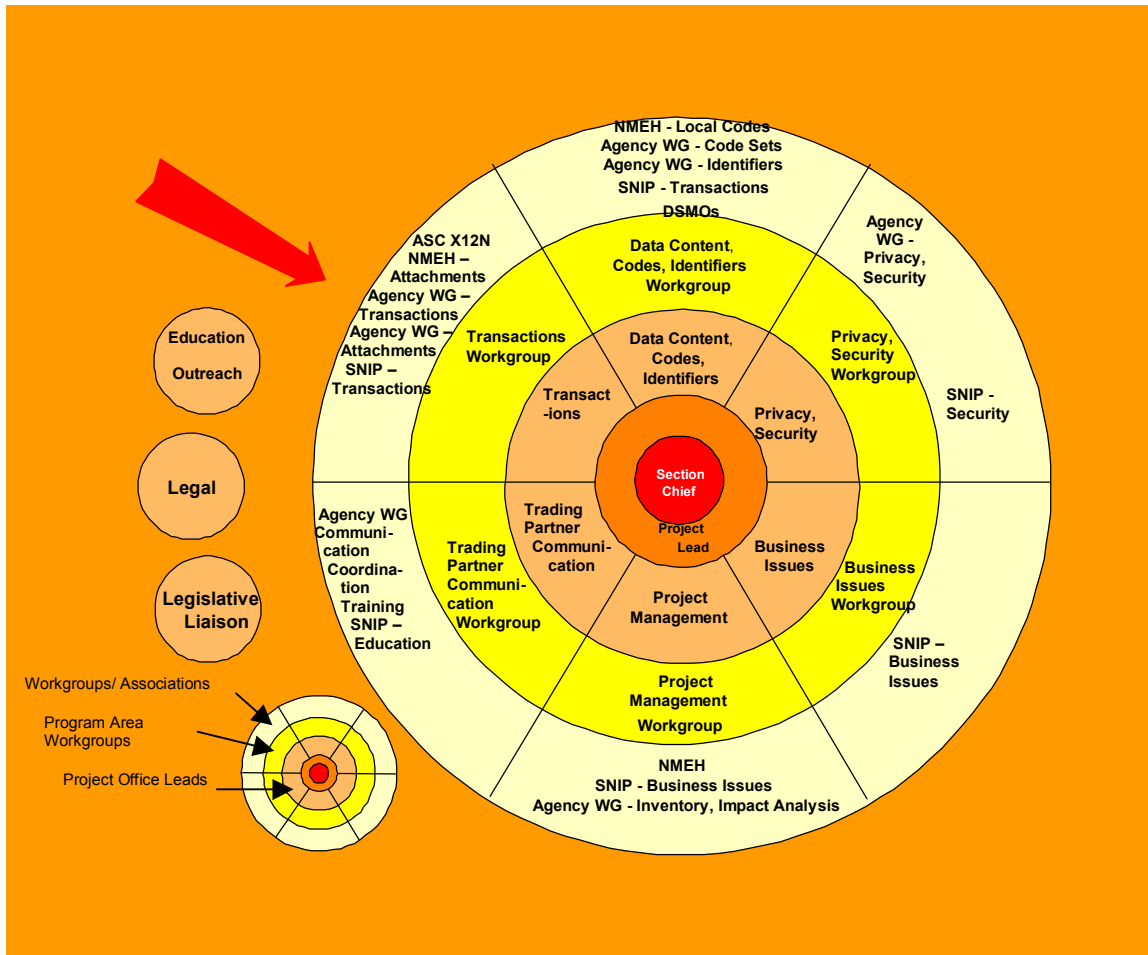
TARGETING SUCCESS WITH LIMITED RESOURCES

- HPO Leads
- Program area workgroups
- National Associations and Workgroups

***For more information on the California model HIPAA Project Office, please contact Judy Gelein, HIPAA Project Manager, Department of Health Services, at her e-mail address:
jgelein@dhs.ca.gov.***

The California approach illustrates how a State can use a relatively small core of skilled HIPAA resources to support a very large organization. The key to success lies in developing materials, curricula, and procedures for disseminating the information to all the departments. In the California model, the individual department or unit must identify its own leadership (SPOC) and participate in the process; the Project Office meets the department teams half way with support and information.

The California model for gathering information and leveraging external sources of information is represented in the following diagram.

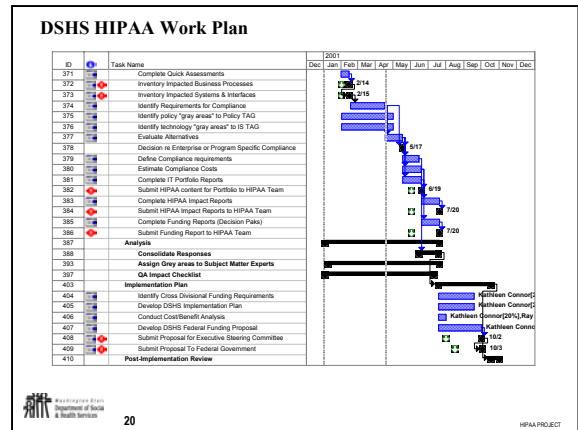


The chart above shows the HIPAA Project Manager at the center, six areas of responsibility for the Project Office staff, Workgroups led by the Project Office experts and attended by impacted Programs, and external resources. Between each spoke in the wheel lies an expanding circle of support. For example, the slice designated for Local Code resolution begins at the Project Office hub with core expertise in code sets, moves out to the Program workgroups where each Program has to devote its own resources to explore its specific local code issues, and ends at the outer circle with the National

Medicaid EDI HIPAA workgroup (NMEH) and Workgroup for Electronic Data Interface (WEDI) data content initiatives.

IMPLEMENTATION WORK PLAN

The third component of the recommended practices is the detailed Implementation Work Plan. The State of Washington, in its centralized approach to implementing HIPAA requirements, developed a detailed work plan template. All HIPAA implementation teams and work groups are asked to use this same template. They are free to chart their own course of action, but they must record progress against the milestones in the template. In this approach, the Steering Committee establishes a master plan, high-level milestones, and a common reporting structure. All units will use the same model in reporting progress. This makes it much easier for the Steering Committee to track results and assess risk. This is the kind of tool that a HIPAA resource center, like the ones established in California and Washington, can develop and disseminate for use internally and sharing with sister agencies, local agencies, and trading partners. A reproduction of the Washington work plan template is attached to this paper.



The California Statewide HIPAA Workgroup, currently representing more than 600 participants from a wide range of Departments of State government and over 3/4ths of the Counties, meets regularly to share information and listen to reports from a variety of workgroups. At the July 9, 2001 meeting, the co-chair of the workgroup handed out a Draft Model HIPAA Project Methodology. The model defines the major steps in HIPAA implementation, and identifies key activities associated with the steps. The model establishes a common vocabulary that State and County organizations can use to map their status. This is a useful approach because organizations may interpret key words differently. The Statewide Workgroup hopes that that most organizations will use the implementation terminology provided in the model in shaping their individual, detailed work plans. The model is presented as a working document, and users of the document are cautioned to place it in their own context and seek their own legal opinions. The major categories covered in the model methodology are:

- PROJECT INITIATION (OR AWARENESS)
- INITIAL ASSESSMENT (OR, INVENTORY OF IMPACTS)
- DETAILED PROJECT PLAN
- DETAILED ASSESSMENT (OR, GAP ANALYSIS OF IMPACTS)
- REMEDICATION (OR, DESIGN AND IMPLEMENTATION)

For more information on the Statewide Workgroup, please contact Ken McKinstry, Statewide Workgroup Co-Chair, Department of Mental Health, at his e-mail address: Kmckinst@dmhhq.state.ca.us .

Details of the key activities that define these steps are in an attached document.

ORGANIZATIONAL AND IMPLEMENTATION ISSUES

States are demonstrating creativity in mustering limited resources to meet the HIPAA challenge. Nonetheless, there are still many obstacles along the way. Some of the key issues are:

- Identifying the Covered Entities and deciding where to draw the boundaries for the Medicaid Health Plan: Agency level, Department, Division?
- Finding the balance between plans to replace major systems with new, HIPAA compliant technical solutions, and contingency plans to make the old system compliant just in case the new system cannot be implemented in time
- Convincing the Legislature and other State leadership of the importance of compliance
- How to tell providers, HMOs, and sister agencies that “I am not your brother’s keeper” while trying to work constructively with all data trading partners
- Finding the best technical solution among the translator, clearinghouse, new front end, and other options
- Convincing other departments that they need to take the “Are You a HIPAA-Covered Entity” test and commit resources to assessing their risk
- Developing a schedule for implementing and testing the new standards, in collaboration with providers and MCOs
- Choreographing and testing plans for the cutover date for transactions and privacy
- Answering questions from within and from other agencies
- Sharing resources where possible with other agencies, departments, and local offices
- Retraining staff to embody the spirit and regulations of the new Privacy Rule
- Looking for the HIPAA opportunities and not the loopholes and exemptions

*“Live
Long
and
...Prosper”*



*California’s Single
Point of Contact
(SPOC)*

ATTACHMENTS

- A: STATE OF WASHINGTON WORK PLAN TEMPLATE
- B: STATE OF CALIFORNIA HIPAA PROJECT MANAGEMENT OFFICE PRESENTATION
- C STATE OF WASHINGTON HIPAA CHARTERS
- D: STATE OF CALIFORNIA (DRAFT)—STEPS TO A HIPAA PROJECT: WHAT NEEDS TO BE DONE

Some of the Attachment documents are excerpts. “Steps to a HIPAA Project” has been reformatted for inclusion in this paper. For the complete text of the first three attachments, see MHCCM Version 2.

ATTACHMENT A:

STATE OF WASHINGTON

WORK PLAN TEMPLATE

ID	Task Name	Duration	Start	Finish	2001				
					Nov	Dec	Jan	Feb	Mar
1	DSHS HIPAA Assessment	274 days?	Tue 11/28/00	Fri 12/14/01					
2	DSHS HIPAA Project Planning	264 days?	Tue 11/28/00	Fri 11/30/01					
3	Executive Steering Committee Charter	264 days	Tue 11/28/00	Fri 11/30/01					
25	Resource Agreements	28 days?	Tue 11/28/00	Thu 1/4/01					
46	HIPAA Team Project Charter	198 days	Tue 11/28/00	Thu 8/30/01					
102	Establish Project Organizations	133 days?	Tue 11/28/00	Thu 5/31/01					
167	Project Management	264 days	Tue 11/28/00	Fri 11/30/01					
168	Project Administration	167 days	Tue 12/26/00	Wed 8/15/01					
174	Federal Funding Oversight	11 days	Tue 12/26/00	Tue 1/9/01					
177	Issue Management	264 days	Tue 11/28/00	Fri 11/30/01					
184	Change Management	247.5 days	Wed 12/20/00	Fri 11/30/01					
191	Risk Management	247.5 days	Wed 12/20/00	Fri 11/30/01					
198	Quality Assurance	238 days	Wed 1/3/01	Fri 11/30/01					
203	Status Reporting	259 days	Tue 12/5/00	Fri 11/30/01					
206	Communications Strategy	8 days	Tue 12/26/00	Thu 1/4/01					
210	QA Impact Checklist	134.25 days	Wed 1/3/01	Tue 7/10/01					
216	Policy TAG	250 days	Mon 12/18/00	Fri 11/30/01					
217	TAG Meetings	240.25 days	Mon 12/18/00	Mon 11/19/01					
243	Rule 1 Definition	17 days	Mon 12/18/00	Tue 1/9/01					
247	HIPAA Quick Assessment	28 days	Fri 12/22/00	Tue 1/30/01					
252	Support Divisional HIPAA Teams	234 days	Tue 1/9/01	Fri 11/30/01					
257	Assign Grey areas to Subject Matter Experts	139 days	Mon 1/8/01	Thu 7/19/01					
261	Communications TAG	235 days	Mon 1/8/01	Fri 11/30/01					
262	TAG Meetings	210.25 days	Thu 2/1/01	Thu 11/22/01					
285	Internal Communications	217 days	Thu 2/1/01	Fri 11/30/01					
294	External Agency Communications	217 days	Thu 2/1/01	Fri 11/30/01					
302	Public/Media Communications	217 days	Thu 2/1/01	Fri 11/30/01					
309	Roll Out Communications w/ Programs	235 days	Mon 1/8/01	Fri 11/30/01					
312	IS TAG	176 days?	Tue 11/28/00	Tue 7/31/01					
313	Rule 1 Definition	31 days	Tue 12/26/00	Tue 2/6/01					
319	Rule 1 Training	13 days	Mon 1/15/01	Wed 1/31/01					
321	Evaluation	13 days	Mon 1/15/01	Wed 1/31/01					
323	Assessment Tools & Methodology	89 days?	Tue 11/28/00	Fri 3/30/01					
328	Inventory	129 days	Thu 2/1/01	Tue 7/31/01					
330	HIPAA Resource Center	264 days?	Tue 11/28/00	Fri 11/30/01					
331	Establish Resource requirements	37 days	Tue 12/12/00	Wed 1/31/01					
335	Facilitate Communications Plan	264 days	Tue 11/28/00	Fri 11/30/01					
346	HIPAA Quick Assessment	71 days	Fri 12/22/00	Fri 3/30/01					
350	HIPAA Information Management	199 days?	Tue 11/28/00	Fri 8/31/01					
369	ISSD Technology Education and Assessment Support	185 days	Tue 12/26/00	Mon 9/10/01					
370	Develop DSHS HIPAA Administration Policy	73 days	Wed 1/3/01	Fri 4/13/01					
376	Modify Privacy Policy/Manuals	119 days	Wed 1/3/01	Mon 6/18/01					
383	Modify Security Policy/Manuals	116 days	Mon 4/2/01	Mon 9/10/01					
390	Training & Awareness	134 days	Tue 12/26/00	Fri 6/29/01					
401	Assessment Tools & Methodology	18 days	Mon 1/8/01	Wed 1/31/01					
403	Reporting Formats	21 days	Tue 12/26/00	Tue 1/23/01					
408	Support Program Area Assessments	125 days	Mon 1/8/01	Fri 6/29/01					
414	Program Area Assessments	247 days	Wed 12/20/00	Thu 11/29/01					
415	Identify Resources	30 days	Wed 12/20/00	Tue 1/30/01					
416	Complete Quick Assessments	13 days	Wed 1/31/01	Fri 2/16/01					
417	Inventory Impacted Business Processes	1 day	Mon 2/19/01	Mon 2/19/01					
418	Inventory Impacted Systems & Interfaces	1 day	Tue 2/20/01	Tue 2/20/01					
419	Decision re Enterprise or Program Specific Compliance	1 day	Wed 2/21/01	Wed 2/21/01					
420	Identify Requirements for Compliance	83 days	Thu 2/22/01	Mon 6/18/01					
421	Identify policy "gray areas" to Policy TAG	83 days	Wed 2/21/01	Fri 6/15/01					
422	Identify technology "gray areas" to IS TAG	83 days	Wed 2/21/01	Fri 6/15/01					
423	Evaluate Alternatives	21 days	Tue 6/19/01	Tue 7/17/01					
424	Submit HIPAA content to HIPAA Team	0 days	Tue 7/17/01	Tue 7/17/01					
425	Define Compliance requirements	10 days	Wed 7/18/01	Tue 7/31/01					
426	Estimate Compliance Costs	23 days	Wed 8/1/01	Fri 8/31/01					
427	Complete Funding Reports (Decision Paks)	20 days	Mon 9/3/01	Fri 9/28/01					
428	Sign-Off Funding Report to HIPAA Team	0 days	Fri 9/28/01	Fri 9/28/01					
429	Complete Feasibility Reports	21 days	Mon 10/1/01	Mon 10/29/01					
430	Complete HIPAA Implementation Reports	23 days	Tue 10/30/01	Thu 11/29/01					
431	Sign-off HIPAA Implementation Reports to HIPAA Team	0 days	Thu 11/29/01	Thu 11/29/01					
432	Cost Analysis	31 days	Wed 7/18/01	Wed 8/29/01					
433	Consolidate Responses	10 days	Wed 7/18/01	Tue 7/31/01					
436	Determine Preliminary Funding Requirements across all DSHS Progra	21 days	Wed 8/1/01	Wed 8/29/01					
438	Requirements Analysis	22 days	Thu 8/30/01	Fri 9/28/01					
439	Identify Cross Divisional Funding Requirements	22 days	Thu 8/30/01	Fri 9/28/01					
440	Determine Integrated Architecture	22 days	Thu 8/30/01	Fri 9/28/01					
441	Conduct Cost/Benefit Analysis	22 days	Thu 8/30/01	Fri 9/28/01					
442	Implementation Plan	45 days	Mon 10/1/01	Fri 11/30/01					
443	Develop DSHS Implementation Plan	23 days	Mon 10/1/01	Wed 10/31/01					
444	Submit Proposal for Executive Steering Committee	0 days	Wed 10/31/01	Wed 10/31/01					
445	Develop DSHS Federal Funding Proposal	22 days	Thu 11/1/01	Fri 11/30/01					
446	Submit Proposal To Federal Government	0 days	Fri 11/30/01	Fri 11/30/01					
447	Post-Implementation Review	10 days	Mon 12/3/01	Fri 12/14/01					
448	Develop Best Practices/Lessons learned Inventory for subsequent Rules	10 days	Mon 12/3/01	Fri 12/14/01					

ATTACHMENT B:

STATE OF CALIFORNIA

HIPAA PROJECT MANAGEMENT PRESENTATION

“Surfing the Waves of HIPAA Regulations: A Look at How California’s Department of Health Services Is Managing the Project to Implement HIPAA Administrative Simplification”

--Excerpts from a presentation given by Leanne Richardson and Judy Gelein at the HCFA HIPAA Conference, April 24, 2001



Project Office Liaisons

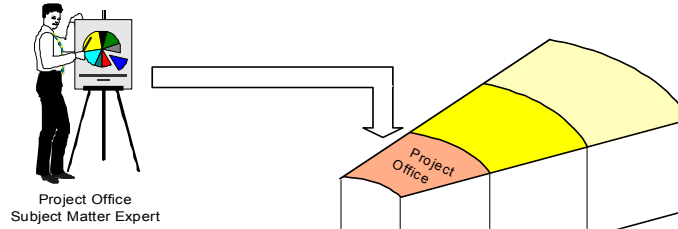
- ◆ Project Office Staff assigned to each Program Area
- ◆ Assist in Work Plan development
- ◆ Coordinate Project Activities with Program Leads
- ◆ Monitor Program Area Status and Issues
- ◆ Facilitate acquisition of Project Resources
- ◆ Facilitates Issue Escalation and Resolution
- ◆ Facilitate Project Communications
- ◆ Collect and Preserve Project Deliverables



Role of the DHS Project Office

- Project Management and Oversight
- HIPAA Awareness and Education
- Initial Assessment / Systems Inventory
- Funding Requests
- Industry Workgroup Participation
- Documentation Standards and Tools
- DHS Workgroup Facilitation
- Program Area Liaisons
- Project Office Experts are a Resource to the Department-wide Workforce.

Project Office Roles in the Workgroup



- ◆ Expert resource to program area implementation teams
- ◆ Facilitates DHS workgroup meetings
- ◆ Receives program area issues, documents enterprise-wide issues in tracking database, directs issues to appropriate forum, facilitates issue resolution, and monitors the status
- ◆ Represents DHS issues in state and national forums
- ◆ Develops tools/standards applicable to the workgroup subject matter
- ◆ Monitors subject area implementation status

ATTACHMENT C:

STATE OF WASHINGTON

HIPAA CHARTERS

Purpose	The DSHS HIPAA Communications Advisory Group (Communications TAG) provides HIPAA related internal and external communication expertise to the DSHS HIPAA Team (H-Team). The Communications TAG develops strategies to build and promote positive images of the DSHS HIPAA Project.
Mission	The mission of the Communications TAG is to become a resource for authoritative exchange of information between the DSHS HIPAA Team and all interested internal and external stakeholders.
Context	<p>HIPAA mandates include:</p> <ul style="list-style-type: none"> • Electronic transaction format and code standards • National identifiers • Security and Privacy Standards <p>Public and private entities, including DSHS, which are health plans, clearinghouses, or providers under HIPAA, must comply within specified timeframes to avoid sanctions.</p>
Governance	<p>The DSHS HIPAA Executive Steering Committee provides leadership, ensures agency commitment, makes strategic decisions, and makes resources available to achieve HIPAA compliance.</p> <p>The DSHS HIPAA Team is composed of staff knowledgeable about the service delivery models of their programs and is created to give Administrations broad representation in DSHS HIPAA Project.</p> <p>The Communications TAG supports the H-Team by analyzing and coordinating communication strategies that keep stakeholders informed of the project’s requirements, progress, and direction; and involved in HIPAA planning and implementation.</p>
Membership	The Communications TAG chair is a member of the H-Team. Other members include representatives from the DSHS Communications Office, Legislative Relations, MAA, ISSD, HIPAA Resource Center, and the Department of Health.
Roles and Responsibilities	<ul style="list-style-type: none"> • HIPAA efforts. • and makes HIPAA understandable to specific target audiences. • to communication, and share mainstream media reports.

	<ul style="list-style-type: none"> • Maintains critical communication pathways with outside agency contacts, private sector contacts, legislative stakeholders, and other interested audiences. • of HIPAA implementation, to build support for HIPAA changes, and to receive feedback from various outside sources on perceived status of the project. (DELETE) • creates press releases, develops a speakers bureau, and collaborates on a DSHS intranet site and an internet site for stakeholder and other interested groups. • • build support for HIPAA changes, to pass along critical-path information to target HIPAA audiences, to reiterate key messages, and to respond to legislators' interests and concerns.

DSHS HIPAA POLICY TECHNICAL ADVISORY GROUP CHARTER

Purpose	The DSHS HIPAA Policy Technical Advisory Group (Policy TAG) provides HIPAA related legal and policy guidance to the DSHS HIPAA Team (H-Team). The Policy TAG develops evaluation and other tools for the H-Team.
Mission	The mission of the Policy TAG is to support the H-Team by providing the H-team with technical, legal, and policy guidance and tools for ultimate use by DSHS and its' administrations in making HIPAA impact and compliance decisions.
Context	<p>HIPAA mandates include:</p> <ul style="list-style-type: none"> • Electronic transaction format and code standards • National identifiers • Security and Privacy Standards <p>Public and private entities, including DSHS, which are health plans, clearinghouses, or providers under HIPAA, must comply within specified timeframes to avoid sanctions.</p>
Governance	<p>The DSHS HIPAA Executive Steering Committee provides leadership, ensures agency commitment, makes strategic decisions, and makes resources available to achieve HIPAA compliance.</p> <p>The DSHS HIPAA Team is composed of staff knowledgeable about the service delivery models of their programs and is created to give Administrations broad representation in DSHS HIPAA Project.</p> <p>The Policy TAG supports the HIPAA Team by providing legal and policy expertise, tools, and other assistance. The Policy TAG also supports cross agency contact and issue analysis.</p>
Membership	The Policy TAG chair is the DSHS HIPAA Legal Officer. Members include HIPAA Team representative. HIPAA Resource Center staff

	(coordinator), ISSD staff, Assistant Attorney Generals, representatives from other agencies, including DOH , L&I, OIC, HCA, administration representatives.
Roles and Responsibilities	<ul style="list-style-type: none"> • approaches to HIPAA compliance. • processes related to or impacted by HIPAA compliance. • HIPAA Team and Program areas. • enterprise-wide, HIPAA compliance issues, including multi-agency compatible recommendations. • specific information to support Program areas in HIPAA implementation.

DSHS HIPAA INFORMATION SYSTEMS TECHNICAL ADVISORY GROUP (IS TAG) CHARTER

Purpose	The DSHS HIPAA Information Systems Technical Advisory Group (IS TAG) provides HIPAA related technical expertise to the DSHS HIPAA Team (H-Team). The IS TAG recommends technical solutions and tools for HIPAA implementation.
Mission	The mission of the IS TAG is to support the H-Team by providing the H-team with technical solutions and tools for use by DSHS and its' administrations in implementing HIPAA related changes.
Context	<p>HIPAA mandates include:</p> <ul style="list-style-type: none"> • Electronic transaction format and code standards • National identifiers • Security and Privacy Standards <p>Public and private entities, including DSHS, which are health plans, clearinghouses, or providers under HIPAA, must comply within specified timeframes to avoid sanctions.</p>
Governance	<p>The DSHS HIPAA Executive Steering Committee provides leadership, ensures agency commitment, makes strategic decisions, and makes resources available to achieve HIPAA compliance.</p> <p>The DSHS HIPAA Team is composed of staff knowledgeable about the service delivery models of their programs and is created to give Administrations broad representation in DSHS HIPAA Project.</p> <p>The IS TAG supports the HIPAA Team by providing technical expertise, tools, consultation, and other assistance. The IS TAG also supports cross agency impact and issue analysis.</p>
Membership	The IS TAG chair is the DSHS SSPS HIPAA Project Manager. Members include HIPAA Team representatives, HIPAA Resource Center staff (coordinator). ISSD staff. the DSHS Privacy Officer. the

	Data Security Administrator, and representatives from other agencies that may include DOH, L&I, OIC, and HCA.
Roles and Responsibilities	<ul style="list-style-type: none">• approaches to HIPAA compliance.• and shares findings with HIPAA Team.• information to support Program areas in HIPAA implementation.• changes.

ATTACHMENT D:

STATE OF CALIFORNIA

(DRAFT)

STEPS TO A HIPAA PROJECT:

WHAT NEEDS TO BE DONE

STATE OF CALIFORNIA DRAFT
STEPS TO A HIPAA PROJECT - WHAT NEEDS TO BE DONE

It is important for programs that might be impacted to take steps to address the potential problems. There is a critical Federal timeline for implementation that our business partners and providers will be following. Our programs should be on a similar timeline. The first critical implementation date is October 16, 2002. The following is a workplan model.

- 1) Project Initiation (also called *Awareness*) needs to be established with executive level sanctioning of the efforts. Awareness can be established in a variety of ways: bringing in specialists in industry, attending conferences, reviewing the federal rules and reading credible literature. This step will also help identify the main issues the program may have to address and to create an initial Project Plan and tasks to establish compliance. In this step it is important to establish a Project Leader and Workgroup for the program. In this first step, organizations need to begin participation in the Statewide HIPAA Workgroup and Sub-Workgroups to help coordinate and communicate issues and resolutions.
- 2) Conduct an Initial Assessment (also called an *Inventory*) to establish which programs and functions are impacted. This may require training staff and interacting with your business partners. This step will also identify External Interfaces that you will need to coordinate with as you implement any changes.
- 3) A Project Plan is established from the tasks initially identified for achieving compliance. The Plan will identify the main tasks and milestones for achieving compliance, designate staff for each task, and establish dates for task completion. The Plan becomes a tool for monitoring progress and addressing issues as your project proceeds. The Plan also helps establish a detailed resource and cost estimate for the project. A more detailed Project Plan and resource—cost estimate can be established after the Gap Analysis is completed. Project Plans need to evolve as the project and resources change.
- 4) A Detailed Assessment (also called a *Gap Analysis* or Impact Assessment) will need to be completed for the programs and functions that need to have changes. The Gap Analysis looks at the gaps between the current process and procedures compared to the Federal HIPAA rules. It will also investigate the options and desired tasks needed for achieving compliance with the rules.
- 5) Implementation (also called *Remediation*) is the final step. It involves making the changes to processes and procedures, revising user instructions, training staff, testing all changes, testing with your business partners, having a coordinated implementation process, and monitoring the new production processes.

Variations of these steps may be needed for different organizations depending on the extent of changes and number of business partners involved. Critical throughout the process is top management involvement, monitoring progress toward goals, and communication and coordination with our business partners. Since HIPAA is producing a series of Federal Rules released and revised periodically, several of the above steps may need to be repeated as the rules change.

HIPAA PROJECT METHODOLOGY
Draft August 31, 2000 and Updated June 26, 2001

Project Initiation or Awareness	Initial Assessment or Inventory of Impacts	Detailed Assessment or Gap Analysis of Impacts	Remediation or Design and Implementation
<ul style="list-style-type: none"> • Obtain Top Executive support and identify a Project Leader and resources • Obtain Program Executive involvement and support • Plan and provide education and awareness • Form a HIPAA Workgroup <ul style="list-style-type: none"> - Develop Charter - Establish sub-groups - Participate in State Workgroup • Conduct initial high-level Inventory of Business and IT processes possibly impacted • Develop high-level Project Plan and tracking tools • Perform initial analysis of and document covered entities • Consider control agency interfaces and processes for obtaining resources 	<ul style="list-style-type: none"> • Conduct Business Process Inventory: <ul style="list-style-type: none"> - Document Business Process Flows; involve IT - Complete Detailed Covered Entity analysis • Define requirements and document decisions • Evaluate high level impact on processes • Identify business process impact • Identify external entities impacted • Involve external entities and business partners • Perform Risk Assessment • Establish Detailed Project Plan 	<ul style="list-style-type: none"> • Each Program performs its own Detailed Assessment of impacts of changes to business and IT processes (mappings, etc.) • Complete the plan for changes <ul style="list-style-type: none"> - Involve business partners • Recap your results for the benefit of Workgroup planning • Document your decisions • Communicate and coordinate with internal and external entities • Review and update Risk Assessment 	<ul style="list-style-type: none"> • Design and implement changes • Communicate and coordinate changes with internal and external entities • Provide Recap of your progress to Workgroup planning • Review and update Risk Assessment

CONTINUOUS MONITORING AND REPORTING

- Conduct ongoing education and awareness of changes and issues
- Maintain business partner involvement, communication, and coordination
- Ongoing executive level status reporting, control agency interfaces, and involvement with the State of California Health and Human Services Agency Office of HIPAA Implementation (OHI)
- Review and refine Project Plans
- Address across entity issues and communicate resolutions
- Share progress on legislation, policies, rules, regulations, and procedures
- Perform change management and decision documentation
- Review ongoing rule changes
- Involve legal counsel and document decisions

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*The following footnote appears on the pages of the
California Workgroup text printed above:*

DRAFT for discussion—This is a HIPAA readiness document authored by the State of California Department of Mental Health. Information presented is accurate to the best of our knowledge. Information identified as related to or authored by someone other than DMH has not been verified by DMH for accuracy. Unless noted otherwise, this is a working document. All material must be viewed it in the context of your own organization and environment. Legal opinions or decision documentation may be needed to apply/interpret it.