

CORPORATE COMPLIANCE 2022

Reminder Notice

All the companies of Home Health Foundation Inc. (Home Health VNA of MA, Home Health VNA of NH, Commonwealth Nursing Service, Merrimack Valley Hospice and York Hospital Hospice) are committed to operating an effective compliance program. The program employs processes that promotes regulatory compliance within its mission, standards of conduct and all applicable operating laws and regulations. Additionally, Home Health Foundation Inc. is committed to detecting and preventing healthcare fraud, waste and abuse.

Through its system of policies, procedures, guidelines and education, the Corporate Compliance Program helps ensure that services are delivered to patients and business is conducted with third party payers, employees, independent contractors, and other individuals using honest and ethical behavior.

The program is a system-wide effort and every employee and professional staff member within Home Health Foundation Inc. plays a vital role. If you have questions or concerns related to the compliance program, or would like to discuss any compliance matters, you may take any one of the following actions:



Discuss any compliance matters with a supervisor/manager.



Send an e-mail to dbeaudin@homehealthfoundation.org
or call Donna Beaudin at 978-552-4756



Utilize the “Compliance Hot-Line” at 978-552-4300.
Or You May



Send an anonymous letter to Home Health Foundation
360 Merrimack Street, Lawrence, MA 01843

Attn: **Donna Beaudin, Corporate Compliance/Privacy Officer.**

When reporting a potential compliance related issue or concern, please include the following:

- Describe in detail the specifics of the suspected compliance issue.
- Include the name of the Director/Supervisor/Team Leader the issue was previously reported to, if applicable.
- Include any of the following as appropriate:
 - Individuals involved
 - Patient/family member names
 - How issue was discovered
 - Who concern was originated by, if other than reporter
- May we contact you, in confidence, for any further information that will assist us in resolving the suspected compliance issue? If so, please include your name and extension.

No employee who in good faith reports a compliance matter will be subject to disciplinary action or otherwise penalized for making a report. However, failure to report a known compliance issue is itself a violation of the Program and may subject an employee to disciplinary action.

HIPAA FACT SHEET 2022

Home Health Foundation Inc. and all its companies are committed to providing information to help all employees operate and manage our businesses while we maintain regulatory compliance standards regarding all components of protected health information (PHI). A periodic review of Privacy Standards will help us ensure we meet the spirit of the Privacy Practices Intent(s).

What is HIPAA Compliance? The Health Insurance and Portability Accountability Act (HIPAA) was passed into law in 2002. The Privacy Rule (The Standards for Privacy of Individually Identifiable Health Information) established a set of national standards for the protection of certain health information. It addresses the use and disclosure of individuals' health information by healthcare providers or organizations.

HIPAA compliance is a very serious issue and can result in fines of up to **\$250,000**. In fact, individual health care workers have been fined from \$50,000 to \$100,000. Medical providers need trained staff who understand how to properly handle PHI and should set security standards for sensitive data so everyone understands the fundamentals and what is at risk.

HIPAA Compliance: Best Practices

- ❖ Do not share sensitive PHI with others who should not have access, including co-workers, acquaintances or individual whom the patient has not given access rights to the information. This standard includes digital, emailed, printed or spoken information.
- ❖ Avoid accessing a patient's record unless needed for work. Users will be assigned different levels of security clearance based upon roles and need to know.
- ❖ Secure all paperwork containing PHI by placing it in a drawer or folder when not in use. Cover charts so patient names are not visible. When faxing, use a cover sheet and confirm with the receiving party that they have received the documents. Never leave records and other PHI unattended.
- ❖ Close computer programs containing patient information when not in use. Do not leave computer unattended unless the screen is locked.
- ❖ When emailing PHI encryption must be used. For our systems placing the phrase (**secure**) at any point in the email enables encryption protection for that email.
Example email: Hi Sue, Please contact me about the meeting. Sue (secure)
- ❖ Limit e-mail transmissions of PHI to only those circumstances when the information cannot be sent another way. Encrypt email and only send information via company official equipment. Do not use personal devices to send PHI even encrypted.
- ❖ Use of unapproved personal devices to access PHI is forbidden by HHF.
- ❖ Text messaging on personal devices can be used only for weather alerts, meeting reminders or similar information but NEVER for patient information.
- ❖ Never share passwords between staff members. Always use a strong password that is at least eight characters in length, contains at least one capital letter, digit and special character if the computer program allows.
- ❖ Properly dispose of information containing PHI by shredding paper files or formatting disk drives. Never store PHI on USB devices.

References

- Department of Health and Human Services HIPAA.* (2015). Retrieved from <http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol11/pdf/CFR-2007-title45-vol11-sec164-308.pdf>
- Georgetown Law Policy Institute State Law.* (2015). Retrieved from <http://hpi.georgetown.edu/privacy/records.html>
- Health Information Privacy.* (2015). Retrieved from www.hhs.gov/ocr/privacy/index.html
- HiTech - Public Law.* (2015). Retrieved from <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/hitechact.pdf>