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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
R-2003-0333	Resolution	In Committee
Resolution Relative to Adopting Policies to Comply with the Privacy Rules of the Health Insurance Portability and Accountability Act.		
Introduced: 11/4/2003		Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

Adopted

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>11-4-03</u>	✓		Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
			Lajsic	✓			
			Narlock				
		✓	Reinke	✓			
			Sengstock				
			Trudell				
			Vitale				
			Weigel				
			TOTAL	<u>5</u>	<u>0</u>		

SIGNATURE OF COMMITTEE MEMBER (RECORDER)

[Signature]
Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

adopt

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>11-4-03</u>	✓		Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
		✓	Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Trudell	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<u>9</u>	<u>1</u>		<u>1</u>

cc: C.A.

Gary Schmid

Paul Zuhler
Sue Bues

COMMITTEES OF THE WEST ALLIS COMMON COUNCIL 2003

ADMINISTRATION AND FINANCE

Chair: Alderperson Czaplewski

V.C.: Alderperson Kopplin

Alderpersons: Barczak

Lajsic

Reinke

ADVISORY

Chair: Alderperson Reinke

V.C.: Alderperson Vitale

Alderpersons: Kopplin

Lajsic

Narlock

LICENSE AND HEALTH

Chair: Alderperson Barczak

V.C.: Alderperson Sengstock

Alderpersons: Kopplin

Trudell

Vitale

SAFETY AND DEVELOPMENT

Chair: Alderperson Lajsic

V.C.: Alderperson Weigel

Alderpersons: Czaplewski

Narlock

Reinke

PUBLIC WORKS

Chair: Alderperson Narlock

V.C.: Alderperson Trudell

Alderpersons: Sengstock

Weigel

Vitale



City of West Allis

7525 W. Greenfield Ave.
West Allis, WI 53214

Resolution

File Number: R-2003-0333

Final Action:

11-4-03

Resolution Relative to Adopting Policies to Comply with the Privacy Rules of the Health Insurance Portability and Accountability Act.

WHEREAS, the City of West Allis must comply with the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); and,

WHEREAS, the HIPAA Privacy Rules require the City of West Allis, as a group health plan, a health care provider and a plan sponsor with access to protected health information, to comply with various administrative requirements contained within the Privacy Rules; and,

WHEREAS, it is desirable to have a general city-wide policy which addresses the responsibility of the City of West Allis, as a Plan Sponsor, to safeguard protected health information through limited access and firewalls; and,

WHEREAS, it is also desirable to have a general city-wide policy which sets forth a procedure for individuals to file complaints which address the City of West Allis' compliance with the HIPAA Privacy Rules.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of West Allis that the attached policies, on the HIPAA Privacy Standards relating to Firewalls and Employees Access to Protected Health Information and relating to the Complaint Procedure, be and are hereby approved for inclusion in the City's Policies & Procedures Manual.

BE IT FURTHER RESOLVED that the City Administrative Officer is authorized and directed to include such policies in the City of West Allis Policies & Procedures Manual and to distribute said policies to all departments, divisions, and offices.

ATTR-HIPPA-Policy&Procedure

ADOPTED

November 4, 2003

Paul M. Ziehler, CAO, Clerk/Treasurer

APPROVED

November 6, 2003

Jeannette Bell, Mayor

POLICIES AND PROCEDURES MANUAL

SUBJECT: HIPPA Privacy Standards– Firewalls and Employees Access to Protected Health Information

DEPARTMENT: Administration and Finance

1.0 DEFINITIONS:

HIPPA means the Health Insurance Portability and Accountability Act of 1996, as amended.

Minimum Necessary means when using, disclosing or requesting Protected Health Information, reasonable efforts shall be made to limit the use, disclosure or request to the minimum amount of Protected Health Information necessary to accomplish the intended purpose of the use, disclosure or request.

Plan means the City of West Allis Medical, Prescription Drug and Dental Health Plan.

Plan Sponsor means the City of West Allis.

Privacy Officer means the City Administrative Officer.

Privacy Standards mean the Standards for Privacy of Individually Identifiable Health Information enacted pursuant to HIPAA.

Protected Health Information (PHI) means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

2.0 PURPOSE:

The Plan is committed to ensuring the privacy of PHI and at all times shall comply with the requirements of the Privacy Standards, including the requirements relating to safeguarding PHI through limited access and firewalls. In the event the Privacy Standards are amended, these Policies and Procedures shall be deemed to be amended in accordance therewith. To support the Plan's commitment of privacy of PHI, it will ensure the appropriate steps are taken, as more specifically set forth below.

3.0 ORGANIZATIONS AFFECTED:

This policy applies to all City of West Allis departments, divisions, offices, boards, commissions, and the general public.

4.0 GENERAL POLICY:

The Plan shall make reasonable efforts to limit access to PHI to those individuals in the Plan Sponsor's workforce who require access to PHI to carry out their duties and job responsibilities, and further, to limit their access to only the category or categories of PHI to which access is needed, upon any conditions appropriate to such access.

4.1 Procedure: Persons Needing Access to PHI: Categories of PHI Needed. The following sets forth (a) the title or classes of persons on the Plan Sponsor's workforce who require access to PHI to carry out their duties and job responsibilities, (b) the category or categories of PHI to which access is needed and (c) any conditions appropriate to that access:

<u>Title/Class of Persons</u>	<u>Categories of PHI</u>	<u>Conditions to Access</u>
Personnel Manager and Personnel Division Staff	Information regarding claims filed, appeals filed, eligibility, enrollment, termination, COBRA coverage and applications for coverage	Minimum Necessary
Finance Manager/ Comptroller and Finance Division Staff	Information regarding claims filed, PPO re-pricing, claim funding requirements, claims paid, stop-loss submittals, COBRA premiums, participant contributions and checking accounts	Minimum Necessary
City Administrative Officer and Administration and Finance Committee	Information regarding a disputed claim/appeal necessary to properly evaluate the claim/appeal, claims costs, administrative costs, stop-loss premiums and provisions, audit reports	Minimum Necessary
City Attorney and Attorney's Office Staff	Information regarding disputed claims, appeals filed, COBRA coverage	Minimum Necessary

4.2 Restrictions on Use. The above persons will be advised that (a) PHI may not be used or disclosed for any purpose other than those related to treatment, payment and health care operations (each as defined in the Privacy Standards) activities under the Plan; (b) PHI may not be used or disclosed in connection with any employee benefit or employee benefit plan to other than the Plan, unless proper authorization is first obtained; (c) PHI must not be used or disclosed for any employment-related decision, such as hiring, promotions or terminations; and

(d) PHI may not be used or disclosed for any employment related discussions, such as leaves of absence, drug testing and compliance with the Americans with Disabilities Act, unless proper authorization is first obtained.

4.3 Checklist. The Plan Sponsor shall take steps to ensure that it meets all of the requirements set forth in the following checklist, and the Privacy Officer shall monitor this compliance on an ongoing basis:

- Do any employees other than those listed above have access to PHI? If so, what measures can be taken to eliminate that access?
- Where is PHI located? Who can access it?
- If PHI is maintained in paper form, is it somehow noted on each document that it contains PHI? Or is it maintained in a certain color file? Or in a certain file cabinet?
- Is access to PHI limited through the use of a locked room or cabinet?
- Is PHI located on computers, is access limited through the use of passwords? Are these passwords safeguarded? Are they changed periodically and when employees terminate or change positions?
- If PHI is located on computers, are they turned off when the user leaves his or her station for breaks, lunch, any period of time more than three (3) minutes? Are the computers turned off at the end of the day?
- If PHI is located on computers, do unauthorized individuals have access?
- If PHI is located on computers, are hard drives cleared of data when the computers are discarded?
- Do computers that contain PHI have an automatic log-off system?
- How is PHI discarded? Is it shredded, burnt, or deleted from computer files?
- Is PHI sent or received over a fax machine? If so, is the fax machine secure and/or in a private room/office?
- Do employees who perform functions related to Plan Administration (as defined in the Privacy Standards) also perform employment-related functions or functions related to other employee benefit plans? If yes, are they trained in the privacy standards?

- Where do discussions with Plan participants take place? Can anyone overhear the discussions or see any PHI being discussed?
- Do you have a policy regarding telephone discussions of PHI and/or are employees instructed in privacy standards as they relate to telephone discussions and voice-mail messages?
- Do you have a policy regarding email transmissions of PHI and/or are employees instructed in privacy standards as they relate to email transmissions of PHI?

5.0 SANCTIONS:

In the event any of the individuals described in item 4.1 above do not comply with these Policies and Procedures, the individual shall be subject to disciplinary action, up to and including termination. Documentation of any sanctions imposed shall be maintained as required by the Privacy Standards.

6.0 REFERENCES:

- Health Insurance and Portability Act of 1996
- 45 CFR Part 160 and Part 164

CITY OF WEST ALLIS POLICIES AND PROCEDURES

SUBJECT: Complaint Procedure Under the HIPAA Privacy Rules

1.0 PURPOSE:

To set forth the procedure established by the City of West Allis ("City") for individuals to make complaints about the City's HIPAA privacy policies and procedures and/or the City's compliance with those policies and procedures.

2.0 DEFINITIONS:

HIPAA means the Health Insurance Portability and Accountability Act of 1996.

Protected Health Information (PHI) means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

Privacy Officer means the City Administrative Officer.

Contact Office means the Personnel Office.

3.0 COMPLAINT PROCEDURES:

3.1 Any individual who is concerned that the City may have violated their HIPAA privacy rights or who may disagree with a decision the City made about access to their health information or in response to a request they made to amend or restrict the use or disclosure of their health information, may file a written complaint with the Contact Office. The Contact Office shall provide a copy of the complaint to the Privacy Officer.

3.2 The City shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for filing a privacy complaint and/or for the exercise of their rights or participation in any process relating to HIPAA privacy compliance.

3.3 To the fullest extent possible and when deemed necessary, all complaints, investigations and actions taken to resolve complaints of privacy violations shall be treated confidentially.

3.4 The Contact Office shall review the complaint and determine whether it shall respond to/investigate the complaint or whether the complaint should be directed to another, more appropriate City Department for their response and/or investigation. The Privacy Officer shall be kept informed of the progress of the investigation. If the complaint alleges privacy

violations by a City employee, the employee's Department Head shall be advised of the complaint if the matter has not been referred to him/her for investigation. If the complaint alleges a violation by a Department Head, the Privacy Officer, or his/her designee, shall conduct the investigation.

3.5 The Contact Office, or the Department Head that conducts the investigation, shall submit a summary of the investigation, along with the recommendation of action to be taken, to the Privacy Officer. The Privacy Officer shall review all information related to the complaint developed by the Contact Office or the investigating Department Head, initiate further investigation (if needed), consult with the City Attorney's Office, and make a decision concerning the appropriate response to the complaint.

4.0 SANCTIONS:

4.1 The Privacy Officer and/or the Department Head shall take such action as is necessary to resolve the complaint and shall mitigate, to the extent practicable, any harmful effects of violations of the HIPAA privacy practices. If the complaint involves privacy violations by a City employee, the Department Head/Appointing Authority, in consultation with the Privacy Officer and the City Attorney's Office, shall determine whether disciplinary action against the employee, up to and including termination, is appropriate.

5.0 DOCUMENTATION:

5.1 The Privacy Officer and/or the Department Head shall file a report with the Contact Office with regard to the disposition of the complaint

5.2 The Contact Office shall document all complaints received and their disposition.

6.0 REFERENCES:

45 CFR 164.530(a)(1) and (2) (HIPAA Privacy Rule)

45 CFR 164.530(d)(1) and (2) (HIPAA Privacy Rule)