*As subrecipients of federal financial assistance, Eligibility Sites must ensure that all programs, services, and activities meet the requirements of applicable federal and state laws, rules and regulations. As required by* [*10 CCR 2505-5 1.020.3.5*](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=3091&deptID=7&agencyID=188&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Executive%20Director%20of%20Health%20Care%20Policy%20and%20Financing&seriesNum=10%20CCR%202505-5) *and 1.020.6, and* [*HCPF OM 25-049*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-049%20HIPAA%20Requirements%20for%20County%20Departments%20of%20Human%20%26%20Social%20Services.pdf)*, Eligibility Sites are responsible for establishing an adequate internal control process to maintain confidentiality of applicants/members and procedures to address breaches, disclosures and requests for data. HCPF is providing this* ***sample*** *template for Eligibility Sites to meet the requirements for documented internal controls for* [*HCPF OM 25-049*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-049%20HIPAA%20Requirements%20for%20County%20Departments%20of%20Human%20%26%20Social%20Services.pdf)*.*

*While Eligibility Sites are required to have internal controls to ensure* [*HCPF OM 25-049*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-049%20HIPAA%20Requirements%20for%20County%20Departments%20of%20Human%20%26%20Social%20Services.pdf) *is followed, Eligibility Sites are not required to use this sample template. This template may not be an exact fit for your county size, staffing structure and operations. All Eligibility Sites should develop their internal controls for* [*HCPF OM 25-049*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-049%20HIPAA%20Requirements%20for%20County%20Departments%20of%20Human%20%26%20Social%20Services.pdf) *in consultation with their appropriate leadership authorities. Eligibility Sites do not need to submit their internal controls to HCPF unless requested to do so during a Management Evaluation (ME) Review, Desk Review, or other request.*

*To use this template, please update agency specific information in the areas that are* ***[Bold and in Brackets]*** *and remove these top italicized paragraphs. This plan should be on the county’s letterhead once updated.*

**CONFIDENTIALITY POLICY TEMPLATE**

**Policy Title**: **Protected Health Information (PHI) Policy**

**Reference**: 45 C.F.R. § 160.103, 45 C.F.R. § 164.504(e)(2), [10 CCR 2505-5 1.020.4-1.020.6](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=3091&deptID=7&agencyID=188&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Executive%20Director%20of%20Health%20Care%20Policy%20and%20Financing&seriesNum=10%20CCR%202505-5), [HCPF OM 25-049](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-049%20HIPAA%20Requirements%20for%20County%20Departments%20of%20Human%20%26%20Social%20Services.pdf), [HCPF OM 23-030](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-030%20Staff%20Safety%20and%20Disclosure%20of%20Protected%20Health%20Information.pdf) and [HCPF OM 25-053](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-053%20Government%20Disclosure%20Memo.pdf)

**Effective Date**: [**Month Day, Year]**

**Director’s Approval**: **[Name, Title, Date]**

**Revision Date**: **[Month Day, Year]**

**Reason for Policy:** Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule for use and disclosure of Medicaid client protected health information (PHI), and the expectations outlined by the Department of Health Care Policy and Financing (HCPF), **[ELIGIBILITY SITE]** Medicaid technicians do not require a signed business associate contract with respect to uses or disclosures by a health plan that is a government program providing public benefits; however, compliance with requirements for handling of PHI is necessary. 45 C.F.R. § 164.502(e)(l)(ii) (2002).

**Definitions:**

**Business Associate:** A business associate creates, receives, maintains, or transmits protected health information on behalf of a covered entity. However, business associates do not include a “government agency, with respect to determining eligibility for, or enrollment in, a government health plan that provides public benefits and is administered by another government agency or collecting protected health information for such purposes.” Therefore, a County Health or Human Services Department is not a business associate.

**Covered Entity:** A covered entity is obligated to safeguard the privacy of applicant and client Protected Health Information (PHI). A covered entity includes health plans, healthcare clearinghouses, and healthcare providers. As the administrator of Health First Colorado and the Children’s Health Insurance Program, the Department is a health plan and therefore a covered entity.

**Disclosure** of PHI is the release, transfer, or sharing of such information outside of a County Department of Social/Human Services, unless transmitting data to HCPF

**Protected Health Information (PHI)** is defined as: information created or received by a health care provider, health plan, employer, or health care clearinghouse; related to any physical or mental health or condition or treatment of an individual, or the payment for health care to an individual; *and* that identifies the individual or can be used to identify the individual. This information can be transmitted or maintained in any other form or medium.

**ePHI**: PHI in an electronic format.

**PII** (Personal Identifiable Information) is any representation of information that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means (examples include but are not limited to name(s), address, social security number, telephone number, email address, etc.)

**Policy: [Eligibility Site]** must comply with the same HIPAA privacy and security requirements that bind HCPF. This is done by the following processes:

1. Data Ownership

**[ELIGIBILITY SITE]** and its affiliates have no ownership rights with respect to PHI of Medical Assistance program applicants and enrollees. All usage of Medical Assistance program data from the statewide automated systems is subject to approval by HCPF. **[ELIGIBILITY SITE RESPONSIBLE STAFF MEMBER]** will submit any request to the HCPF County Relations team ([HCPF\_CountyRelations@state.co.us](mailto:HCPF_CountyRelations@state.co.us)) prior to use of data outside of permitted uses.

1. Appropriate Safeguards

**[ELIGIBILITY SITE]** including Medical Assistance technicians shall implement appropriate safeguards in order to prevent the intentional or unintentional use or disclosure of PHI other than as permitted by HIPAA and HCPF. This includes but is not limited to:

* 1. no unauthorized persons shall have access to PHI,
  2. desktops free of PHI if possible,
  3. files stored in locked cabinets,
  4. computers are locked when not being used,
  5. documents with PHI are not being left on printers or fax machines,
  6. limited emailing of PHI outside of the County to permitted disclosures as described above (Section 3)
  7. all emails with PHI or PII to be sent using HIPAA-compliant encryption
  8. When ePHI sent outside of **[ELIGIBILITY SITE],** must use an encrypted device with the decryption provided separately from the device to the recipient.
  9. no emails shall contain PHI or PII in the subject line, even when the email is encrypted
  10. compliant shredding of PHI after use

1. Permitted Uses

Use of PHI is the sharing, utilization, examination, or analysis of PHI. **[ELIGIBILITY SITE]** and Medicaid technicians are not to use PHI except for the limited purpose of enrolling an individual in, or determining an individual's eligibility for Medicaid, hearing an appeal on eligibility determinations, and resolving overpayments. **[ELIGIBILITY SITE]** will not use PHI in any manner that would constitute a violation of the Privacy Rule. Medicaid technicians will use and disclose the minimum PHI necessary to accomplish the purpose of the request, use or disclosure.

Minimum Necessary: only request, use and disclose the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure.

1. Permitted Disclosures

**[ELIGIBILITY SITE]** including all Medical Assistance technicians are not to disclose PHI in any manner that would constitute a violation of the Privacy Rule. Disclosure of PHI is the release, transfer, or sharing of such information outside of the agency, unless transmitting data to HCPF. Permitted disclosures include:

* 1. determining an individual's eligibility for, or enrollment in, a Medical Assistance program; hearing the first level of appeal on eligibility determinations; and resolving overpayments
  2. proper management and administration of our department;
  3. as required by law; or
  4. to report violations of law to appropriate federal or state authorities, consistent with 45 CFR Section 164.502(j)(2) and HCPF OM 23-030. Before third party disclosure, **[ELIGIBILITY SITE]** must obtain
     1. reasonable assurances that disclosed protected health information will be held confidential and only disclosed as required by law or for the purposes for which it was disclosed; and
     2. an agreement from the third party to notify **[ELIGIBILITY SITE]** within two business days of any known breaches of confidentiality of the protected health information.

1. Reporting of Breach, or Unauthorized Use or Improper Disclosure of PHI

**[ELIGIBILITY SITE RESPONSIBLE STAFF MEMBER]** will report to HCPF in writing any improper use or disclosure of PHI within three (3) business days of becoming aware of such use or disclosure. Report must be submitted to HCPF using the [County Relations Webform](https://hcpfccc.my.site.com/Webforms/s/countyrelationswebform) or an email to [HCPF\_CountyRelations@state.co.us](mailto:HCPF_CountyRelations@state.co.us).

**[ELIGIBILITY SITE]** will work with HCPF to investigate and resolve the issue.

1. Contractors, Vendors and Subcontractors

Any **[ELIGIBILITY SITE]** vendors including contractors, subcontractors and subrecipients who receive or have access to member PHI shall sign an agreement with the **[ELIGIBILITY SITE]** containing restrictions comparable to HIPAA use and disclosure of PHI and further identifying HCPF as a third-party beneficiary with rights of enforcement and indemnification from such contractors in event of any violation of such contract or agreement.

1. HCPF Access to PHI

**[ELIGIBILITY SITE]** will make PHI, maintained by **[ELIGIBILITY SITE]** or its agents or subcontractors, available to HCPF for inspection and copying within ten (10) business days of a request to enable HCPF to fulfill its obligations to permit access to client protected health information under the Privacy Rule.

If **[ELIGIBILITY SITE]** receives a request from HCPF for PHI, **[ELIGIBILITY SITE RESPONSIBLE STAFF MEMBER]** will work with HCPF to resolve the request and provide access.

1. Governmental Access to Records

If **[ELIGIBILITY SITE]** receives a request, made on behalf of the U.S. Department of Health and Human Services (HHS/CMS) or other federal or law enforcement agencies **[ELIGIBILITY SITE RESPONSIBLE STAFF MEMBER]** shall notify HCPF of the request within five (5) business days. If instructed by HCPF, **[ELIGIBILITY SITE]** shall make its internal practices, books and records available to HHS. A copy will be provided to HCPF at the same time.

1. Other Requests

If **[ELIGIBILITY SITE]** receives a request for release of PHI (from a member or from another individual or entity) for purposes not directly related to program eligibility or enrollment, the County must refer the request to HCPF at HCPF\_Privacy@state.co.us and must copy the County Relations team at HCPF\_CountyRelations@state.co.us.

1. Amendment of PHI

If an application or member requests an amendment of PHI directly to **[ELIGIBILITY SITE]** or its agents or subcontractors, **[ELIGIBILITY SITE]** must determine the source of the PHI and refer the member to the source for correction.

1. Tracking of Disclosures

**[ELIGIBILITY SITE RESPONSIBLE STAFF MEMBER]** implements and maintains a tracking process that allows for disclosure information to be collected and maintained by **[ELIGIBILITY SITE]**, it’s agents or subcontractors for at least six (6) years after the disclosure, but not before April 14, 2003. Such information shall include:

1. the date of disclosure
2. the name of the entity or person who received PHI and, if known, the address of the entity or person
3. a brief description of PHI disclosed
4. a brief statement of the purpose of the disclosure

Per 45 C.F.R. Section 164.528, **[ELIGIBILITY SITE]** does not need to provide any information concerning disclosures made:

1. to carry out treatment, payment or health care operations, as set forth in 45 C.F.R. Section 164.506;
2. to clients-of PHI about them as set forth in 45 C.F.R. Section 164.502;
3. pursuant to a client authorization as provided in 45 CFR Section 164.508;
4. to persons involved in the individual's care as set forth in 45 C.F.R. Section 164.510
5. for national security or intelligence purposes as set forth in 45 C.F.R. Section 164.512(k)(2)
6. to correctional institutions or law enforcement officials as set forth in 45 C.F.R. Section 164.512(k)(5)

10. Member access

Members have the right to request a full accounting of how **[ELIGIBILITY SITE]** has disclosed their PHI. If a request for an accounting of disclosures is received by a representative of the county, the request must be forwarded to HCPF County Relations Team ([HCPF\_CountyRelations@state.co.us](mailto:HCPF_CountyRelations@state.co.us)) within five (5) business days of the request receipt.

If a request for accounting disclosures is sent from HCPF to **[ELIGIBILITY SITE]**, **[ELIGIBILITY SITE RESPONSIBLE STAFF MEMBER]**is required to provide this information to HCPFwithin ten (10) business days of the request.