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MIDLAND HEALTH
Compliance Hotline
877-780-9367

COMPLIANCE CONNECTION

This newsletter is prepared by the Midland Health Compliance Department and is intended to provide relevant HIPAA privacy issues and hot topics.

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DID YOU KNOW...

CORPORATE COMPLIANCE AND ETHICS WEEK

November 1-7, 2020



What's It All About?

A short history

The "official" Corporate Compliance and Ethics Week was first observed in 2005 as an event that could assist members of Health Care Compliance Association (HCCA) and Society of Corporate Compliance and Ethics (SCCE) with the need to educate staff on the importance of compliance and ethics.

But the event's roots actually go back to 2002, when two HCCA members, Gene DeLaddy and Cheryl Atkinson, wrote an article for Compliance Today telling others about an awareness program at their facility. That event was called **Compliance Awareness Week**, and it was celebrated at the Carolinas HealthCare System in Charlotte, North Carolina.

The first National Corporate Compliance and Ethics Week was launched May 22-28, 2005. This year will be the 14th Annual Corporate Compliance and Ethics Week celebration. HCCA and SCCE have always co-sponsored the event, and early on, took steps to sponsor a resolution in the U.S. Senate. That resolution would have allowed a National Corporate Compliance and Ethics week to be officially recognized by Congress. Unfortunately, the senators who were shepherding the proposed resolution left office before it made its way through. But by that time, Corporate Compliance and Ethics Week had taken hold among members of both HCCA and SCCE, and compliance professionals across the country. In the early years, the event was celebrated during in May. It was later moved to the first full week of November.

Why celebrate?

Corporate Compliance and Ethics Week offers a great opportunity to shine a spotlight on the importance of compliance and ethics at your organization. By having a designated week, you and your compliance staff can build awareness in ways that reinforce not just specific rules and regulations, but an overall culture of compliance. Using the "hook" of Corporate Compliance and Ethics Week, you can emphasize your overall message in several different ways. The importance of employee education is emphasized by the U.S. Federal Sentencing Guidelines' seven elements of an effective compliance and ethics program. The education element requires that steps be taken so all employees know and understand the compliance and ethics standards that they are expected to meet.

Resource:

<https://assets.hcca-info.org/portals/0/pdfs/resources/CCEW/WhyCelebrate.pdf>



HIPAA Privacy Rule: Myths & Facts

Myth: Hospitals Are Required to Give You Your Records

Since it's your healthcare information, it only makes sense that you should have unlimited access to it, right? You should be able to obtain it as you please, no questions asked.

Fact: It's a bit more complicated than that. You absolutely have the right to request medical records, but this doesn't guarantee you getting all, if any, of your records.

Some records may be deemed too harmful for you — for example, mental health records — and as such, you may be denied the access to them. Then again, there needs to be a reasonable assumption that exposing you to this information may prompt you to harm yourself.

Otherwise, as long as you follow all of the required steps, you're more than likely to get copies of your medical records. And if you don't, healthcare providers are obligated to notify you in writing.

Resource:

<https://www.qminder.com/hipaa-myths-debunked/>

DID YOU KNOW...



HIPAA Violation...

Providing Unauthorized Access to Medical Records

Employees have a responsibility to ensure that they do not give access to health information to co-workers who may not have the same access rights. The sharing of login credentials could not only result in an impermissible disclosure of ePHI, any actions taken by that employee would be attributed to the individual whose login credentials were used to gain access.

Resource: <https://www.hipaajournal.com/common-hipaa-violations/>



OCR Imposes 2nd Largest Ever HIPAA Penalty of \$6.85 Million on Premera Blue Cross

The Department of Health and Human Services' Office for Civil Rights (OCR) has imposed a \$6.85 million HIPAA penalty on Premera Blue Cross to resolve HIPAA violations discovered during the investigation of a 2014 data breach involving the electronic protected health information of 10.4 million individuals.

Mountainlake Terrace, WA-based Premera Blue Cross is the largest health plan in the Pacific Northwest and serves more than 2 million individuals in Washington and Alaska. In May 2014, an advanced persistent threat group gained access to Premera's computer system where they remained undetected for almost 9 months. The hackers targeted the health plan with a spear phishing email that installed malware. The malware gave the APT group access to ePHI such as names, addresses, dates of birth, email addresses, Social Security numbers, bank account information, and health plan clinical information.

The breach was discovered by Premera Blue Cross in January 2015 and OCR was notified about the breach in March 2015. OCR launched an investigation into the breach and discovered "systemic noncompliance" with the HIPAA Rules.

OCR determined that Premera Blue Cross had failed to:

- Conduct a comprehensive and accurate risk analysis to identify all risks to the confidentiality, integrity, and availability of ePHI.
- Reduce risks and vulnerabilities to ePHI to a reasonable and appropriate level.
- Implement sufficient hardware, software, and procedural mechanisms to record and analyze activity related to information systems containing ePHI, prior to March 8, 2015.
- Prevent unauthorized access to the ePHI of 10,466,692 individuals.

Due to the nature of the HIPAA violations and scale of the breach, OCR determined a financial penalty was appropriate. Premera Blue Cross agreed to settle the HIPAA violation case with no admission of liability. In addition to the financial penalty, Premera Blue Cross has agreed to adopt a robust corrective action plan to address all areas of noncompliance discovered during the OCR investigation. Premera Blue Cross will also be closely monitored by OCR for two years to ensure compliance with the CAP.

Read entire article:

<https://www.hipaajournal.com/ocr-imposes-2nd-largest-ever-hipaa-penalty-of-6-85-million-on-premera-blue-cross/>

HIPAA Quiz

Physical security includes which of the following?

- Locking doors and desks
- Keeping PHI out of view of those around you
- Storing computer equipment safely
- All of the above

Answer: d

Physical security involves common-sense steps to safeguard information from physical threats (e.g., theft). These steps include locking doors and desks, making sure that those around you cannot easily view PHI, and storing computer equipment safely and securely..

LINK 1

Personal and COVID-19 Status Data Stolen from South Dakota Fusion Center in "BlueLeaks" Hacking Incident

<https://www.hipaajournal.com/personal-and-covid-19-status-information-stolen-from-south-dakota-fusion-center-in-blueleaks-hacking-incident/>

LINK 3

Dynasplint Systems Data Breach Impacts Almost 103,000 Individuals

<https://www.hipaajournal.com/dynasplint-systems-data-breach-impacts-almost-103000-individuals/>

LINK 2

FBI and CISA Issue Joint Warning About Vishing Campaign Targeting Teleworkers

<https://www.hipaajournal.com/fbi-and-cisa-issue-joint-warning-about-vishing-campaign-targeting-teleworkers/>

LINK 4

Study Reveals Increase in Credential Theft via Spoofed Login Pages

<https://www.hipaajournal.com/study-reveals-major-increase-in-credential-theft-via-spoofed-login-pages/>



Montefiore Medical Center and Geisinger Fire Employees for Improper PHI Access

Montefiore Medical Center in Bronx, NY has fired an employee over the alleged theft of the protected health information of approximately 4,000 patients. Montefiore became aware of a potential internal data breach in July 2020 and launched an investigation into unauthorized medical record access. Montefiore had implemented a technology solution that monitors EHRs for inappropriate access, which identified the employee. The investigation confirmed that the employee had accessed medical records without any legitimate work reason between January 2018 and July 2020.

Accessing the medical records of patients when there is no legitimate reason for doing so is a violation of HIPAA and hospital policies. Montefiore said criminal background checks are performed on all employees prior to being given a position at the medical center and Montefiore provides HIPAA training to all employees. The employee in question had received significant privacy and security training but had chosen to violate internal policies and HIPAA Rules.

The investigation into the breach is ongoing and the matter has been reported to NYPD, which has launched a criminal investigation. "Montefiore deeply regrets this incident and will not tolerate any violation of patient privacy," said a spokesperson for the medical center. "In support of all HIPAA guidance and laws, we view this activity to be criminal in nature and are fully cooperating with law enforcement as the case moves forward."

The types of information accessed by the former employee included names, addresses, dates of birth, and Social Security numbers. Affected patients have been offered complimentary identity theft protection services for 12 months and are protected against financial loss by a \$1,000,000 identity theft insurance policy.

Read entire article:

<https://www.hipaajournal.com/montefiore-medical-center-and-geisinger-fire-employees-for-improper-phi-access/>

HIPAA Humor



Written by Daniel J. Solove

www.teachprivacy.com/hipaa-train-no-pain/

Illustrated by Ryan Beckwith

THUMBS UP to all MH Departments for implementing awareness of...

HIPAA, PII, PHI, ePHI, Security, and Social Media



- Main Campus
- West Campus
- Legends Park
- 501a Locations

