

NOVEMBER 1, 2022

HIPAA: INTRODUCTION & SERVICES

WHITE PAPER BY AUUDITR

INTRODUCTION

Patient data is one of the most sensitive pieces of information that needs protection to avoid theft and fraud. The US government 1996 passed the Kennedy – Kassebaum Act, famously known as HIPAA or Health Insurance Portability and Accountability, to modernize healthcare data flow. HIPAA law not only introduced modern solutions to the problems related to patient identification, healthcare data, and flow between insurance companies but also enabled data security and

privacy. It protects the data from healthcare providers and businesses to disclose or use patient information and implements the importance of consent in such matters. HIPAA is implemented in all US-based healthcare services. This paper will tell you about the basic structure of HIPAA, its working, and the capability of Auuditr to implement and check compliance with HIPAA requirements.

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Keywords: HIPAA, Patient Data, US Law, Data Protection, Auuditr, Healthcare, Healthcare Insurance, Personally Identifiable Data, Patient Rights

CONTEXT

The US government passed the HIPAA law with two main objectives:

1. Providing healthcare insurance coverage to the workers and giving them a system makes administrative and financial transactions easier. This law standardizes healthcare transmissions enabling an easier exchange of information between different services.
2. To give the patient data the security and protection it needs to avoid abuse, fraud, and theft, as patient data is vulnerable to being utilized according to one's benefit.

This law uses the term "Covered Entities (CE)" to address healthcare providers and businesses. Covered entities are held responsible per the law to guard the patient information and maintain confidentiality. Covered entities are divided into three categories:

- 1- Healthcare providers include doctors, nurses, pharmacists, etc.
- 2- Health plans such as insurance companies and government programs
- 3- Healthcare clearinghouses that support the primary healthcare provision, such as billing services

HIPAA empowers the patients' consent with the right not to allow certain entities to use their personal information. It does not prohibit them from voluntarily exchanging information with their entrusted people.

There are five titles in this act. Each title covers a specific topic that will be discussed further.

The regulatory acts and their details are further discussed in upcoming sections of this paper.

HIPAA STRUCTURE AND COMPLIANCE

HIPAA applies to the covered entities mentioned above. CEs are bound to create policies that conform to the basics of the law. Regular training and proper administrative, physical, and technical guards must be ensured to abide by the law.

HIPAA consists of five main components called titles. These are:

- **Title I: HIPAA Health Insurance Reform**

This section discusses the protection of the health insurance coverage of citizens and allows the portability of information among different when a patient loses or changes jobs.

- **Title II: HIPAA Administrative Simplification**

This section instructs the US Department of Health and Human Services to establish standards for transmitting healthcare information. It also implements secure electronic access to the data.

- **Title III: HIPAA Tax-Related Health Provisions**

This section covers healthcare information related to taxation and guidelines for Medicare.

- **Title IV: Application and Enforcement of Group Health Plan Requirements**

This section mainly covers people with pre-existing health conditions and their continued care. Also, it defines healthcare reforms.

- **Title V: Revenue Offsets**

Title V covers the companies' insurance plans and the employees' treatment.

While discussing HIPAA compliance, it's mostly Title II that is being discussed. Title II deals with the implementable administrative standards such as

- **National Provider Identifier Standard**, which implements the 10-digit NPI or National Provider Identifier for each entity in healthcare.

- **HITECH Act**, or Health Information Technology for Economic and Clinical

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Health Act, standardizes the Electronic Data Interchange (EDI) to process insurance claims.

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- **Security Rule** sets standards for patient data security or the protection of EDI.
- **Enforcement Rule** deals with the guidelines for compliance violations and investigations in case of non-compliance.

SERVICES OFFERED BY AUUDITR

As a consultancy firm, we offer our team with the expertise to develop processes and management methods to ensure Confidentiality, Integrity, and Availability in the CEs. We offer the following services:

- Gap assessment sessions to find out the existing capability of the organization
- Policies and procedure guidelines

- Risk management
- Consultancy sessions
- Tools & templates

HIPAA compliance is a collective effort of all CEs covering the rules related to their work. Auuditr is here to help you in detail with the complex development and implementation of the law. Our team is well-equipped to make the law into implementable portions of processes that can be followed.

Further information on

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