



**Policy # 001:
Medicaid Providers Use of the Georgia Health Information Network (“GaHIN”)
Clinical Viewer**

Effective Date: October 1, 2015
Version: V.1
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I. Purpose

The purpose of this policy is to provide guidance to Medicaid Providers (“User” or “Users”) regarding the use of the GaHIN Clinical Viewer (“Clinical Viewer”). The Clinical Viewer provides a view of the Medicaid member’s health record populated with demographic and primary care provider information as well as a view of the Medicaid member’s hospital, emergency department, and pharmacy claims.

II. Definitions

For the purpose of this policy:

“Applicable Law” shall mean all applicable statutes, rules and regulations of the State of Georgia, as well as all applicable federal statutes, rules, and regulations, including without limitation, HIPAA, HITECH, the Minimum Necessary Standard, and Part 2.

“Breach” shall be defined in accordance with 45 C.F.R. § 164.402, as may be amended, to be the unauthorized acquisition, access, use or disclosure of Protected Health Information (“PHI”) in a manner not permitted under Subpart E of 45 C.F.R. § 164.402, which compromises the security or privacy of the PHI.

“Georgia Health Information Network, Inc.” or “GaHIN” shall mean that certain 501(c)(3) non-profit organization licensed to do business in the State of Georgia. GaHIN is the Network Facilitator of the Network.



“Health Data” shall mean that information that is requested, disclosed, stored on, made available on, or sent by a Member or Member Affiliate, or requested or sent by Vendor (only for purposes expressly permitted hereby) through the Network.

“Individual” shall mean a person who is the subject of PHI, shall have the same meaning as the term “individual” as defined in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

“Member” shall mean any organization that (i) is a Health Care Provider, a Health Plan or a State Agency; (ii) meets the requirements for participation in the Network as contained in the Network Operating Policies and Technical Requirements; (iii) is accepted by Vendor and Network Facilitator for participation in the Network, and (iv) is a signatory to the Member Agreement. DCH is a Member of GaHIN.

“Member Affiliates” shall mean those persons who have been authorized by a Member, through execution of the Member Affiliate Agreement, to access Health Data through the Network and in a manner defined by such Member, in compliance with the terms and conditions of the Member Agreement, Member Affiliate Agreement, and Applicable Law. Member Affiliates may include, but are not limited to, health care organizations such as hospitals and clinics, health care providers and employees, contractors, or agents of a Member who have a permitted purpose to access such data. A person can only be a Member Affiliate of one Member during any period of time.

“Network” shall mean the network operated by the Vendor that allows for the exchange of Health Data between and among Members and Member Affiliates.

“Protected Health Information” or “PHI” shall have the meaning set forth at 45 C.F.R. § 160.103.

“User” or “Users” shall mean the Medicaid Providers who use the GaHIN Clinical Viewer and who are Member Affiliates of the Member.

“Vendor” shall mean the entity authorized to administer the Network.

III. General Conditions and Requirements

- A. Users must have an active MMIS username and password in order to use the Clinical Viewer. If a User’s access to the MMIS system is terminated, the User’s access to the Clinical Viewer will also be terminated.



- B. For the purpose of using the Clinical Viewer, Users must agree and acknowledge that User is solely a Member Affiliate of DCH, which is a Member of GaHIN. User further must agree and acknowledge that User is not a Member of GaHIN or a Member Affiliate of another GaHIN Member.
- C. Users must agree to the terms and conditions of the GEORGIA MEDICAID AND PEACHCARE FOR KIDS®: Provider User Agreement for Clinical Viewer (“Agreement”) when first accessing the Clinical Viewer and any time there are updates, amendments or revisions thereto.
- D. Users are responsible for obtaining any consent or authorization(s) from the Individual or Individual’s authorized representative who is the subject of information contained in the Clinical Viewer before viewing such information.
- E. Users shall only use the Clinical Viewer and information obtained from it to perform the User’s obligations and responsibilities in accordance with state and federal laws and solely for the following permitted purposes:
 - 1. Treatment. Treatment of the Individual who is the subject of the PHI requested or received.
 - 2. Payment. Payment as defined at 45 C.F.R. § 164.501.
 - 3. Health Care Operations. Health Care Operations as defined at 45 C.F.R. § 164.501.
 - 4. Public Health. Public Health activities and reporting as permitted by HIPAA Regulations set forth at 45 C.F.R. § 164.512(b), HITECH, and other Applicable Law.
- F. Users shall implement and maintain appropriate administrative, technical, and physical safeguards to prevent and prohibit any unauthorized use of the Clinical Viewer.
- G. Users shall have written policies and procedures that require agents, employees, and independent contractors (as applicable) to maintain the confidentiality and restrict the disclosure or re-disclosure of Health Data in accordance with applicable law.
- H. Users agree and acknowledge that Health Data obtained through the Network and viewable through the Clinical Viewer a) may have errors or mismatches; b) may not contain the Individual’s full and complete medical record or history; and c) is not a substitute for User from obtaining whatever information User deems necessary, in User’s professional judgment, for the proper treatment of an Individual.

IV. Breach Notification

- A. Users shall notify DCH of any Breach of the Clinical Viewer within three (3) calendar days of discovery of a Breach. User shall fill out and submit the GaHIN Clinical Viewer Breach Report Form (“Form”), attached to this Policy as Attachment A, and securely email it to:



hipaa@dch.ga.gov. The subject line of the email should include the following heading: **GaHIN Clinical Viewer Breach Report**. The information reported to DCH in the Form should include the following: (1) brief description of the Breach; (2) description of the roles of the people involved in the Breach (e.g., employees, service providers, unauthorized persons, etc.) (3) a description, but not the provision, of Protected Health Information subject to the Breach; (4) Members or Member Affiliates of GaHIN likely impacted by the Breach; (5) action taken by User to mitigate the Breach; (6) current status of the Breach (i.e., under investigation or resolved); (7) corrective action taken and steps planned to be taken to prevent any similar or additional Breach; and (8) any such other information requested by DCH.

- B. Once User has submitted the Form by email to DCH, User will receive a confirmation email within two (2) business days from DCH acknowledging receipt of the Form. The Form is not considered to be received by DCH until the User receives a confirmation email from DCH. If User submits the Form and does not receive a confirmation email within two (2) business days, User should resubmit the Form to DCH until such time as the User receives a confirmation email. User shall maintain a copy of the Form and the confirmation email from DCH for User's records.
- C. DCH, as the Member of GaHIN, shall notify Vendor of the Breach by submitting the Form to Vendor. Vendor shall notify Network Facilitator and all Members likely to have been impacted by the Breach, as applicable.
- D. Once a Form has been submitted, the User has a duty to supplement the information contained in the Form as it becomes available or known. The User must reasonably cooperate with DCH, other GAHIN Members, Member Affiliates, and the Vendor regarding any aspect of the Breach.
- E. In addition to notifying DCH of a Breach of the Clinical Viewer, User acknowledges and understands that, depending on the nature and extent of the Breach, User may also have additional federal and state obligations, such as Notification to: (1) the Individual(s) whose PHI has been breached; (2) the media; (3) the U.S. Department of Health and Human Services ("HHS"). User should follow User's own internal policies and procedures regarding the breach of PHI. If User has questions regarding User's legal obligations involving the Breach of PHI, User should consult with User's legal counsel.



ATTACHMENT A

DCH BREACH REPORT FORM for the GAHIN CLINICAL VIEWER

This form is to be used by Medicaid Providers who are Member Affiliates of DCH, which is a Member of the Georgia Health Information Network ("GaHIN"), to report a Breach involving the GaHIN Clinical Viewer to DCH. Do NOT use this form to report any breach that either does not concern the GaHIN Clinical Viewer or that concerns the GaHIN Clinical Viewer not accessed through DCH.

The completed form should be emailed securely to DCH at: hipaa@dch.ga.gov

The subject line of the email should include the following heading: GaHIN Clinical Viewer Breach Report.

Once you email the completed form to DCH, you will receive a confirmation email from DCH within two (2) business days acknowledging receipt of the email. Please keep a copy of the form and the confirmation email for your records. If you do not receive a confirmation email within two (2) business days, you must submit the form again until such time as you do receive a confirmation email. The form is not considered to be received by DCH until you receive a confirmation email from DCH.

A "Breach" is the unauthorized acquisition, access, use or disclosure of Protected Health Information ("PHI") which compromises the security or privacy of the PHI. See Section 1. Definitions of the Member Agreement for further detail.

Once you have discovered a Breach of the GaHIN Clinical Viewer, you have three (3) calendar days to notify DCH of the Breach. See Section 7. Breach Notification of the Member Affiliate Agreement for further detail.

As required by the Member Affiliate Agreement and DCH Policy # 001: Medicaid Providers Use of the GaHIN Clinical Viewer, I hereby submit the following information regarding a Breach of the GaHIN Clinical Viewer.

Report Date: _____ Incident Date: _____

Name of Individual Member Affiliate: _____

Name of Member Affiliate's Organization: _____

Person documenting incident: _____

Title Phone Work Unit / Section

Person reporting incident: _____

Title Phone Work Unit / Section



Date of discovery of Breach	
Brief description of the Breach	
Description of the roles of the people involved in the Breach (e.g., employees, service providers, unauthorized persons, etc.)	
Description of the PHI subject to the Breach. <u>Only list the categories of PHI, like date of birth, social security number, etc., not the actual PHI. Do not attach actual PHI to this form.</u>	
Other Members or Member Affiliates of GaHIN who may have been impacted by the Breach, if known	
Number of Individuals or records impacted/estimated to be impacted by the Breach	
Was a contractor, vendor or Business Associate involved? If yes, briefly describe actions and provide name(s) and how to contact for more information.	
Description of action(s) taken by you to mitigate the Breach.	



Current status of the Breach (i.e., under investigation or resolved).	
Description of corrective action taken and/or steps planned to be taken to prevent any similar or additional Breach.	
Optional: Any additional information you feel would be helpful to describe or address the Breach	

Pursuant to Section 7. Breach Notification of the Member Affiliate Agreement, you have a duty to supplement the information contained in this Breach Report Form as it becomes available and, as applicable, to reasonably cooperate with DCH, other GAHIN Members, Member Affiliates, and the Vendor.

IMPORTANT NOTE: IN ADDITION TO NOTIFYING DCH OF A BREACH OF THE GAHIN CLINICAL VIEWER, DEPENDING ON THE NATURE AND EXTENT OF THE BREACH, YOU MAY ALSO HAVE ADDITIONAL FEDERAL AND STATE OBLIGATIONS, SUCH AS NOTIFICATION TO: 1) THE INDIVIDUAL(S) WHOSE PROTECTED HEALTH INFORMATION HAS BEEN BREACHED; 2) THE MEDIA; AND 3) THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. PLEASE FOLLOW YOUR OWN INTERNAL POLICIES AND PROCEDURES REGARDING THE BREACH OF PROTECTED HEALTH INFORMATION. IF YOU HAVE QUESTIONS REGARDING YOUR LEGAL OBLIGATIONS INVOLVING THE BREACH OF PROTECTED HEALTH INFORMATION, PLEASE CONSULT WITH YOUR LEGAL COUNSEL. DCH WILL NOT ADVISE ANY MEMBER AFFILIATE IN THIS REGARD.