

<b>POLICY AND PROCEDURE</b>	
<b>Policy # and TITLE:</b> HPA03 Designation of Privacy and Security Officer	
<b>Primary Policy owner:</b> Compliance	<b>POLICY #:</b> HPA03
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input checked="" type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM)
<b>PRODUCT TYPE:</b> <input checked="" type="checkbox"/> Medi-Cal	<b>Supersedes Policy Number:</b> NA

## I. PURPOSE

To outline the roles and responsibilities of the Privacy Officer<sup>1</sup> and the Security Officer<sup>2</sup> for the San Joaquin County Health Commission (Commission), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan (Health Plan).

<sup>1</sup> 45 CFR §164.530(a),

<sup>2</sup> 45 CFR §164.308 (a)(2).

## II. POLICY

### A. Privacy Officer

1. The Chief Compliance Officer (CCO) is the Health Plan's designated Privacy Officer.
2. The Privacy Officer, or his/her designee, is responsible for the development and implementation of Health Plan's HIPAA policies and procedures (P&P) including a method to file a complaint about the P&Ps.<sup>3</sup>
3. The Privacy Officer, or his/her designee, is the contact person who is responsible for receiving complaints, processing, and documenting them.
4. The Privacy Officer, or his/her designee is responsible for providing information about matters covered by the Notice of Privacy Practices (NPP) for protected health information (PHI).<sup>4</sup>
5. This P&P documents the personnel designations of the Privacy Officer and in the next section (B.1.) the Security Officer.<sup>5</sup>
6. Performs regular internal audits and risk assessments on system security to prevent ePHI exposure.
7. The Privacy Officer manages Health Plan's activities to ensure compliance with federal and state privacy regulations pertaining to member information including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA Breach Notification Rule, the Confidentiality of Medical Information Act (CMIA), and the National Committee for Quality Assurance's (NCQA) privacy and confidentiality functions.

### B. Security Officer

1. The Director of Core Systems Support is the designated Security Officer for Health Plan.
2. The Security Officer, or his/her designee, is responsible for the

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<sup>3</sup> 45 CFR §164.530(d)

<sup>4</sup> 45 CFR §164.520

<sup>5</sup> 45 CFR §164.530(a)(2)

development and implementation of the HIPAA Security P&Ps.<sup>6</sup>

3. The Security Officer, or his/her designee, manages Health Plan's activities to ensure compliance with federal and state security regulations pertaining to member information including, but not limited to, the HIPAA Security Rule.

### III. PROCEDURE

- A. The Privacy Officer, or his/her designee, is responsible for the application of privacy policies as follows:
  1. Development and oversight of the initial implementation and subsequent revision of P&Ps designed to comply with relevant privacy, confidentiality, and breach notification regulations, including HIPAA and CMIA. HIPAA P&Ps will be reviewed at least annually.
    - a. Prepare training of all Health Plan Workforce and other applicable Third-Party entities in accordance with P&P CMP24 Compliance Program Training and Education. The Privacy Officer shall offer additional training as necessary.
    - b. In collaboration with Provider Network, the Privacy Officer requires Health Plan's Third-Party entities to comply with Health Plan policies and procedures, including ensuring training and education for employees and subcontractors.
  2. Receive complaints from members, Health Plan Workforce and other Third-Party entities regarding violations of privacy and security P&Ps.
  3. Create and maintain the NPP, and forms for members to use in exercising the rights described in the NPP. Assist the Customer Service Department in providing clarification to members regarding their rights as defined in the NPP.
  4. Review all vendor contracts and ensure that any vendor receiving PHI signs a Data Use Agreement (DUA), Data Sharing Agreement

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<sup>6</sup> 45 CFR §164.308(a)(2)

(DSA) or Business Associate Agreement (BAA) in accordance with contractual agreements, P&Ps, and state and federal regulations regarding Business Associates and other applicable Third-Party entities prior to the disclosure of PHI.

5. Serve as the Chairperson for the Privacy and Security Oversight Council (PSOC) or designate the Security Officer as the Chairperson.
  6. Oversee periodic auditing and testing of Health Plan's Workforce to measure compliance with HIPAA P&Ps.
  7. Prepare and distribute privacy and security awareness reminders to Health Plan's Workforce and applicable Third-Party entities.
  8. Collaborate with the Security Officer on all matters related to HIPAA Privacy and Security including P&P updates and revisions.
- B. The Security Officer, or his/her designee, is responsible for the application of security policies as follows:
1. Develop and implement P&Ps designed to comply with relevant security regulations, including HIPAA. P&Ps will be reviewed at least annually.
  2. Conduct a yearly risk assessment of systems containing ePHI.
  3. Perform a periodic technical and nontechnical evaluation, based upon security rule standards, and in response to environmental or operational changes affecting the security of electronic PHI (ePHI), to determine if Health Plan's security P&Ps meet the requirements of the HIPAA Security Rule.
  4. Serve as Chairperson of PSOC if designated by the Privacy Officer.
  5. Oversee periodic auditing and testing of Health Plan's Workforce to measure compliance with security P&Ps.
  6. Collaborate with the Privacy Officer on all matters related to HIPAA Privacy and Security including P&P updates and revisions.

**IV. ATTACHMENT(S)**

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

**V. REFERENCES**

- A. 45 CFR Parts §160, §162 and §164 HIPAA Regulations
- B. 45 CFR §164.308(a)(2), 45 CFR §164.520, and 45 CFR §164.530
- C. California Civil Code (CIV) §56 - §56.37 CMIA
- D. CMP24 Compliance Program Training and Education
- E. DHCS Contract Exhibit G Business Associate Addendum
- F. HEALTH PLAN Compliance Plan
- G. Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- H. HPA05 Business Associate
- I. HPA09 HEALTH PLAN Workforce Sanctions on Privacy and Security Rules Violations
- J. Knox-Keene Act §1352

**VI. REVISION HISTORY**

Version	Revision Summary	Date
001	Conduct annual review, placed P&P in current template, made minor edits, grammatical and formatting changes, updated References and Attachment sections.	10/30/2023
002		
003		
<b>Initial Effective Date:</b> 1/7/2002		

**VII. COMMITTEE REVIEW AND APPROVAL**

<b>Committee Name</b>	<b>Version</b>	<b>Date</b>
Compliance Committee	001	2/15/2024
<ul style="list-style-type: none"> <li>Privacy &amp; Security Oversight Committee (PSOC)</li> </ul>	001	12/11/2023
<ul style="list-style-type: none"> <li>Program Integrity Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Audits &amp; Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Policy Review</li> </ul>	001	12/20/2023
Quality and Utilization Management		
<ul style="list-style-type: none"> <li>Quality Operations Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Grievance</li> </ul>		

**VIII. REGULATORY AGENCY APPROVALS**

<b>Department</b>	<b>Reviewer</b>	<b>Version</b>	<b>Date</b>
Department of Healthcare services (DHCS)	N/A	N/A	N/A
Department of Managed Care (DMHC)	N/A	N/A	N/A

**IX. APPROVAL SIGNATURE**

<b>Signature</b>	<b>Name Title</b>	<b>Date</b>
	PRC Chairperson	
	Policy Owner	

Signature	Name Title	Date
	Department Executive	
	Chief Executive Officer	

\*Signatures are on file, will not be on the published copy