

POLICY AND PROCEDURE

Policy # and TITLE:

Changes in Health Insurance Portability and Accountability Act (HIPAA) Law

Primary Policy owner:

Compliance

POLICY #:

HPA11

Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined

- 1) ☒ All Departments
- 2) ☐ Behavioral Health (BH)
- 3) ☐ Benefits Administration (BA)
- 4) ☐ Care Management (CM)

- 5) ☐ Claims (CLMS)
- 6) ☐ Community Marketplace & Member Engagement (MAR)
- 7) ☐ Compliance (CMP/HPA)
- 8) ☐ Configuration (CFG)
- 9) ☐ Provider Contracting (CONT)
- 10) ☐ Cultural & Linguistics (CL)
- 11) ☐ Customer Service (CS)
- 12) ☐ Facilities (FAC)
- 13) ☐ Finance (FIN)
- 14) ☐ Health Equity (HEQ)
- 15) ☐ Human Resources (HR)
- 16) ☐ Information Technology / Core Systems (IT)
- 17) ☐ Pharmacy (PH)
- 18) ☐ Provider Networks (PRO)

19) ☐ QI Health Equity (GRV/HE/HEQ/PHM/QM)

20) ☐ Utilization Management (UM)

PRODUCT TYPE:

☒ Medi-Cal

Supersedes Policy

Number:

N/A

I. PURPOSE

Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”) promptly documents and implements any changes to federal or state law that impacts any policies and procedures (P&P), including the Notice of Privacy Practices (NPP), intended to comply with the Health Insurance Portability and Accountability Act (HIPAA) and corresponding regulations.

II. POLICY

- A. The Health Plan's designated Privacy Officer, in conjunction with the designated Security Officer, or his/her designee(s), are responsible for monitoring modifications to the HIPAA Privacy and Security Rules, and any new or amended state contracts, regulations or legislation impacting areas identified by the HIPAA Privacy or Security Rules.
- B. The Privacy and Security Officers, or his/her designee(s), modify this Policy and the NPP, as needed. HIPAA policies are submitted to the Department of Health Care Services (DHCS) by the Compliance Department for review and approval.

- C. The Compliance Department trains all affected Health Plan's Workforce members.
- D. The Chief Compliance Officer reviews this policy at least annually and revises as necessary.

III. PROCEDURE

- A. The Privacy & Security Officers, or his/her designee(s), compare The State and Federal HIPAA Privacy & Security Rules at least annually. The more stringent rules prevail and are applied in this Policy.

- B. The Health Plan complies with the Privacy Rule, including exceptions to the general rule of federal preemption for contrary State laws that:¹
1. As it relates to the privacy of individually identifiable health information and provides greater privacy protections or privacy rights with respect to such information,
 2. Provide for the reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention, or

¹ [Summary of the HIPAA Privacy Rule | HHS.gov](https://www.hhs.gov/hipaa/for-professionals/summary-of-the-hipaa-privacy-rule/)

3. Require certain health plan reporting, such as for management or financial audits.

C. The Health Plan applies exception determinations, when appropriate or applicable. Preemption of a contrary state law will not occur if the Department of Health and Human Services (DHHS) determines, in response to a request from a state, other entity, or person, that the state law:

1. Is necessary to prevent fraud and abuse related to the provision of or payment for health care,

2. Is necessary to ensure appropriate state regulation of insurance and health plans to the extent expressly authorized by statute or regulation,
3. Is necessary for state reporting on health care delivery or costs,
4. Is necessary for purposes of serving a compelling public health, safety, or welfare need, and, if a Privacy Rule provision is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served or
5. Has as its principal purpose the regulation of the manufacture, registration, distribution, dispensing, or other control of

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. 21 U.S.C. § 802
- B. 45 CFR Parts § 160, § 162, and § 164 HIPAA
Regulations
- C. Health Information Technology for Economic
and Clinical Health Act (HITECH Act)

D. HPA16 Notice of Privacy Practices HHS OCR Privacy Rule Summary

VI. REVISION HISTORY

***Version 001 as of 01/01/2023**

Version*	Revision Summary	Date
001	Conducted annual review of policy, revised to meet formatting standards, and placed policy in current template.	11/10/2023
002		
003		
004		
Initial Effective Date: 4/14/2003		

VII. Committee Review and Approval

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

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
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*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	

Signature	Name Title	Date
	Chief Executive Officer	

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