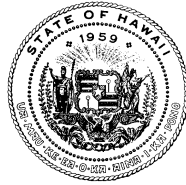


DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

Telephone: 808-733-2135
Fax: 808-733-9841


In reply, please refer to:
File:

**STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH**

3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

DDD Medicaid Waiver Program
Memo No.: 2016-01
Date: January 29, 2016

TO: DD/ID Medicaid Waiver Program Providers

FROM: Debra Tsutsui, Branch Chief 
Community Resources Branch

SUBJECT: New Process for Sending Corrective Action Plans (CAP) Containing Protected Health Information (PHI)

Recently, the Developmental Disabilities Division, Community Resources Branch, had a Health Insurance Portability and Accountability Act (HIPAA) breach because an envelope containing Protected Health Information (PHI) from one of our providers was lost in the mail before reaching our office. We are implementing a change in procedures for sending in your Corrective Action Plans (CAP) following monitoring visits. **These changes are effective immediately.**

ACTION REQUIRED: Please email Ellen Sumida at ellen.sumida@doh.hawaii.gov to indicate you have received these instructions on the new process by close of business on Monday, February 1.

1. The **initial call** from Community Resource Management Section (CRMS) staff to the Provider Agency: The agency receives a call from our office two business days prior to the review to provide the names of the records to be reviewed. This enables the provider to prepare the records so the monitoring visit can be completed in a timely manner. There is no change to this current process.
2. The **key** that is used to de-identify the participants: During the monitoring visit, the CRMS monitoring team gives the provider a key that contains the participant names to be reviewed, an 11-digit identifier, and a participant number such as P1, P2, P3, etc. This key must be kept by the provider because all correspondence will use only those de-identified codes. There will be no names or initials on the monitoring tool. You must use the key to match up which

participant is cited based on the identifier used in the monitoring tool. You must maintain this key in a secure location since it contains PHI. This is a change to the current process.

SAMPLE KEY:

<u>NAME</u>	<u>DDD IDENTIFIER</u>	<u>PROVIDER PARTICIPANT CODE</u>
John Doe	13579086421	P1
Sue Smith	24680975310	P2
Mele Jones	11344677920	P3

3. The **Corrective Action Plan (CAP)** from the provider to the CRMS monitoring team: The provider must respond to the CRMS monitoring tool for all elements that are cited as not in compliance and must ensure that PHI is not mailed to CRMS. There are two different ways the provider can send information to CRMS, by fax or by mail. This is a change to the current process.
 - a. By **fax**: CRMS has a secure fax line and the documents that are faxed can contain PHI. Our fax number is **808-733-9841**.
 - i. The provider does not have to remove identifiers. Please be mindful that faxing large documents may pose significant challenges for both the sending and receiving fax machines. As a rule of thumb, documents sent by fax should be less than 30 sheets of paper.
 - ii. The provider must use a cover sheet that contains a confidentiality notice which requests the receiver to notify you and return or destroy the information if sent unintentionally. The fax cover sheet must **not** contain any PHI.
 - iii. Before sending the fax, the provider should call ahead so that CRMS will be expecting the confidential fax. Call CRMS after to confirm the fax was received. Please call 808-733-2133.
 - b. By **mail**: The provider must de-identify all documents that are submitted to CRMS. To de-identify, the following are required:
 - i. The provider uses the Provider Participant Code to designate that the document pertains to that specific participant. For example, the provider would write "P1" on every page of documentation that is provided for the participant who is listed first on the key so the CRMS staff knows which document pertains to which participant.
 - ii. If the provider is submitting any documentation that has the participant's name, initials, or any other PHI like address, parent's name, etc., those must be blacked out or whited out so that the PHI cannot be read. This includes the Individual Plan (IP), the Individualized Service Plan (ISP) or other documents required by

- the monitoring team to satisfy the CAP. This must be done every place that PHI appears, which could be several times on a page.
- iii. Mail should be sent certified with return receipt requested so the package can be tracked.
 - iv. Ensure that the mail is sent to the correct address:
Community Resource Management Section
3627 Kilauea Avenue, Room 411
Honolulu, HI 96816

The monitoring team will bring these instructions with them for on-site reviews to reinforce this new process and answer questions that may come up during the monitoring visit.

Thank you for your assistance as we implement this new process to protect our participants' information. If you have any questions, please contact our office at 808-733-2135.

Attachment

c: Mary Brogan, DDD
Christine Young, DDD
Acting Administrator, DHS, MQD