

Document Type:¹

- Policy & Procedure Process Guideline
 Plan System Description

Adopted: 1/1/2019
 Last Reviewed: 1/22/2021
 Retired: _____

Revisions: 2/28/2020

Document Scope: (applies to Policy & Procedure only)

- X The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To comply with the Privacy Rules of HIPAA's Administrative Simplification provisions by setting out the information contained in the designated record set and the creation and maintenance of data sources that contain protected health information (PHI).

DEFINITIONS

- I. None

POLICY

- A. GCBH BH-ASO maintains complete and accurate information for records identified as the designated record set in the event an individual exercises their right to access, review, and amend their PHI maintained in a designated record set as required under HIPAA.
- B. PHI is kept in both electronic and paper forms throughout the GCBH BH-ASO Regional Office. Unsanctioned maintenance of PHI in any form will lead to disciplinary action.

PROCEDURE

- 1. Designated Record Set:
 - 1.1. GCBH BH-ASO creates, obtains, and/or maintains billing records and other records that may be used, in whole or in part, to make decisions about the individual. The protected health information contained in those records is considered to be the designated record set as described in the table:

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|---|--|
| Billing Records | Includes PHI created, obtained, and maintained to determine authorization for service, reassignment of claims, or other written acknowledgements of eligibility for services, and information used to bill or to record and report encounters or services (e.g., residential, personal care, and/or other specialized services). |
| Other records | <i>Inpatient Certification Appeals</i> : Includes PHI created, obtained, and maintained |
| <ul style="list-style-type: none"> ▪ Inpatient Certification Appeals | |

¹See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

²"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

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|---|---|
| <ul style="list-style-type: none"> ▪ Complaints and Grievances | <p>for appeals of certification/ authorization for psychiatric hospitalization and length of stay extensions.</p> <p><i>Complaints and Grievances:</i> PHI created, obtained, and maintained for complaints, grievances, and other information necessary for resolutions.</p> |
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2. Creation and Maintenance of PHI:

2.1. Employees who create or handle the PHI that will become a part of the record or who have access to the record have certain responsibilities. They include:

2.1.1. All PHI created by an employee complies with regulations on content, dating, and appropriate signatures.

2.1.2. All PHI required to be created by an employee is completed as soon as possible and within the time frames designated by applicable regulations.

2.1.3. Any PHI obtained from a third party by an employee that should be filed in the record is reviewed as soon as possible for relevant content and placed in the appropriate place to be filed in the record or is filed by the employee who received the third party PHI.

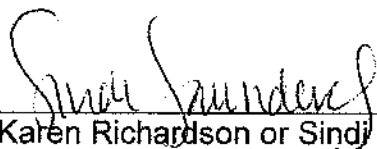
2.1.4. Any PHI obtained from a third party, after review, that is considered not to be relevant is returned to the source of the PHI.

2.1.5. Any PHI that must be filed in the record is filed on a timely basis, in date order and in the appropriate section of the record.

2.2. If an employee of GCBH BH-ASO is not sure if a certain document or piece of information belongs in the designated record set, they will contact their supervisor or the HIPAA Officer for advice.

2.3. If an employee believes that there are documents in a designated record set that do not belong there, they will contact their supervisor or the HIPAA Officer for advice on how to proceed.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors

2/16/2021

Date