

**ENCOMPASS FAMILY HEALTH HOME**  
**Care Management**  
**Policy & Procedure Manual**

Care Management Policy #12 RHIO Access and Usage

EFFECTIVE DATE: 3/1/15

REVISED DATE: 5/1/16, 9/1/16, 10/1/16

**POLICY:** Encompass Health Home will link to and utilize Health Information Exchange (HIE) data to support clinical evaluation, care planning, coordination of care and quality improvement, in a manner that is compliant with HIE Policies, and the current and future versions of the Statewide Policy Guidance of standards and technical approaches governing health information exchange.

**PROCEDURE:**

**ACCESS: Children**

- A. The Health Home will contract with RHIOs within its service area for data sharing, and maintain agreements and policies relevant to activation and connections to Netsmart.
- B. Information for children in some RHIOs will be accessible only for children **under 10 years of age** with parental consent, or for those self-consenting **18 and older**. Access will be available as below:
  - 1. Broome: *HealthLinkNY*-No Access for Children 10-18
  - 2. Syracuse: *HealtheConnections*-Full Access with Parental Consent
  - 3. Albany: *Hixny*- No Access for Children 10-18
  - 4. Buffalo: *HealtheLink*- Full Access with Parental Consent
  - 5. Rochester: *Rochester RHIO*- Full Access with Parental Consent
- C. Care Management Agencies (CMA) are required to contract with RHIOs within their service area to further enhance data sharing necessary for effective care coordination.
  - 1. CMA's will follow RHIO policies/HIPAA-HITECH requirements, and will develop Agency policies and procedures for granting/managing staff access, consenting, confidentiality, use and protection of information and auditing requirements.
  - 2. RHIO users will be fully trained prior to access, and will be documented and maintained as part of the Staff's file.
- D. Authorized users will utilize RHIOs as a Data User only, and will notify RHIO of any necessary modifications, including the addition of Data Supplier status when appropriate.
- E. At Health Home intake, candidate/Participant/Consenter identification will be verified by obtaining necessary forms of identification, which may include: Social Security Card; Birth Certificate; Naturalization papers; United States Military identification card with picture; Drivers/Non-Driver's identification; Medicaid card (with picture on it), current passport or:
  - 1. If the candidate/Participant is already known to the Agency, additional forms of identification are not required.
- F. Candidate/Participant/Consenter will be asked to sign the relevant RHIO consent in their native language if requested, to allow for coordinated services and interoperable health information exchange:

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1. Candidate/Participant/Consenter will be asked to sign 2 RHIO consents: 1 for the CMA, and 1 for the Health Home.
  2. Candidate/Participant 18 or older will be asked to sign Adult Health Home consent DOH 5055, and 2 RHIO consents.
  1. Candidate/Participant/Consenter will be informed of their rights concerning their protected health information, including procedures on withdrawing consent;
  2. Candidate/Participant/Consenter will be offered a copy of complete consent.
- G. When consent is obtained the document will be given to the Lead Registrar for input into the RHIO for data exchange, and to allow further access by Care Managers.
1. Lead Registrar will Search client by name/date of birth;
  2. Lead Registrar will confirm client identity, and input the appropriate consent option (Permit) into the RHIO;
  3. Lead Registrar will conduct a Patient Data Search;
  4. Lead Registrar will create a Clinical Document by selecting options for required data;
  5. Lead Registrar will print document and give to Care Manager or designee;
  6. The Health Home RHIO consent will be scanned into protected server file and attached to the Participant's chart in the Netsmart;
  7. Completed Consents will be transmitted to RHIO upon request.
- H. If the Participant/Consenter refuses to sign the consent, then the following procedure will be implemented:
1. Intake/Care Manager will indicate on referral that Participant/Consenter declines consent, and will notify the Supervisor;
  2. CMA will continue to educate the Participant/Consenter regarding the consent process, and the benefits of HIE in relation to quality of care and service provision.
  3. Care Manager will repeat attempts to obtain consent at first contact, and at least monthly thereafter during the outreach and engagement period.
- I. If at any time, a Participant/Consenter wishes to withdraw their consent, they will complete the appropriate RHIO form, for the CMA and the Health Home.
1. The withdrawal will be forwarded to the Lead Registrar, who will input the appropriate consent option into the RHIO.
  2. Lead Registrar will transmit updated consent to RHIO upon request to indicate the withdrawal.
  1. A copy of the withdrawal will be offered to the Participant/Consenter, and the Health Home consent withdrawal will be scanned into protected server file and attached to the Participant's record in Netsmart.
  2. Registrar will maintain a list of all participants who have authorized affirmative consent.

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3. Participant/Consenter may reactivate their RHIO consent at any time.
- J. Once the Participant turns 10 years of age, the consent status for those RHIOs that limit access will default to “Unspecified”, and information will not be able to be accessed.
- K. When a Participant turns 18, they may re-consent through the DOH-5055 and RHIO consent, and CMA’s may access information that was entered into the RHIO during the black-out years.

**USE OF RHIO:**

- A. Authorized Users may access RHIOs as needed to review the health information of a Participant for purposes consistent with their consent, and Plan of Care.
- B. All access will adhere to established Policies and Procedures, as well as those governing RHIO access.
- C. Access will be limited to the specific information required for facilitating needed care coordination, follow-up and to assist with verifying improved outcomes, necessary for discharge.
- D. Authorized Users will assure the physical security of locations when accessing RHIOs.
- E. At no time, will Authorized Users access a participant’s information in RHIOs without the appropriate affirmative consent.
- F. Authorized Users will be monitored for appropriate use through supervision and regular audits.
- G. Authorized Users found to violate acceptable use policies will be subject to disciplinary action.
- H. Unauthorized access or use will constitute a violation of privacy laws, and can result in individual fines, in addition to disciplinary action.

**AUTHORIZED USER AUDITS:**

- A. CMA will conduct audits by reviewing the Consent/User Reports received from the RHIO as requested.
  1. Audits will confirm Consent Forms are on file for Participants whose information was accessed.
  2. Audits will confirm that Authorized users who have accessed information, have done so for authorized purposes.
- B. Health Home and CMA will document findings of all audits, and maintain reports for a period of not less than 6 years;
- C. Health Home and CMA will notify RHIO, in writing, of findings, and of any access that occurred outside of acceptable use policies and procedures, including suspected or actual breaches.
  1. Care Management Programs will follow established HIPAA-HITECH procedures to report, investigate, mitigate and perform necessary notification.

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**REMOVAL/REVOKE ACCESS PROCEDURE:**

- A. When an Authorized User's employment is terminated, or when Supervisors become aware that a user no longer requires access to a RHIO due to a change in job duties, the Supervisor will notify the Lead Registrar.
- B. The Lead Registrar will notify RHIO of Authorized User changes as they occur.