

	PCHP.PV.135 Employee Privacy Training V3 PCHP.PV.135	
	Name:	PCHP.PV.135 Employee Privacy Training
	ID Number:	PCHP.PV.135
	Approval Date:	03/16/2018
	Approved By:	Garland Morton/CentraNotes

Body

Policy Name: Staff Privacy Training

Scope: Entire Piedmont workforce

Purpose: To ensure all employees of Piedmont are trained regarding the policies and procedures for using and/or disclosing PHI, as required under 45 CFR 164.530(b) and other applicable federal, state, and/or local laws and regulations.

Definitions & Acronyms:

CMS: Centers for Medicare & Medicaid

CFR: Code of Federal Regulations

PBM: Pharmacy Benefit Manager

HIPAA: Health Insurance Portability and Accountability Act of 1996

HITECH: Health Information Technology for Economic and Clinical Health Act

PHI: Protected Health Information

PII: Personally Identifiable Information

DRS: Designated Record Set

BA: Business Associate

Piedmont: "Piedmont" collectively refers to Piedmont Community Health Plan (PCHP), Piedmont Community HealthCare (PCHC) and any future entities that are owned, affiliated with and/or operated by Piedmont.

Policy:

1. Piedmont will provide training to all members of the workforce on privacy policies and procedures as necessary and appropriate to carry out their duties and responsibilities on behalf of the health plan.
2. New hires and temporary staff will be trained on **applicable** privacy policies and procedures within 90 days of hire.
3. Piedmont Compliance department will coordinate the required new hire and annual HIPAA trainings, and may incorporate multiple training tactics, including:
 - A. Online training, computer based learning (CBL) modules
 - B. Electronic Policy & Procedure Reviews
 - C. Classroom training
4. Ongoing privacy training will be provided annually to maintain competency regarding privacy policies and procedures, or as needed for changes in federal or state rules or regulations.
5. Training of workforce members will be documented and maintained by the Compliance Officer or other applicable department for a period of at least six years.

Procedures:

1. All new Piedmont workforce members are assigned the HIPAA Computer Based Learning (CBL) module through eHealthcare IT within 90 days of hire. If unable to access the CBL, new hires will meet with a member of the Compliance department to participate in HIPAA training in-person within 90 days of hire.

2. **Applicable** Privacy Policies and Procedures will be formally assigned to be read by all new hires within 90 days of hire **and verified by attestation through eHealthcare IT.**
3. When material changes occur in privacy policies and procedures, all Piedmont employees will be reeducated by requiring a reading of the policy. When changes to the Policies and Procedures occur, reeducation will take place within a reasonable timeframe, and will be **verified by attestation through eHealthcare IT.**
4. Incident-specific training will be provided to any affected department after a HIPAA privacy or security-related incident occurs. The Compliance Officer and/or designee will provide targeted, corrective-action training as needed to specific individuals or departments as a result of the incident.
5. Individual department **VPs**, directors and managers may incorporate HIPAA privacy language into their own policies and procedures to reinforce the requirement to protect member privacy.
6. All HIPAA training will be documented by Compliance and maintained electronically.
7. The Compliance Officer and/or Compliance Department will maintain records that the training has been provided for a period of 6 years.

Equipment: None

Forms and Letters: None

Reference(s): 45 CFR §164.530(b)

Interdisciplinary Review: None

Policy History:

Date	Revision No.	Reason for Change	Sections Affected
04/14/2003	NEW		All
09/23/13	1.0	<ul style="list-style-type: none"> • Updated policy to new format. • Provided more detailed clarification and included changes/updates from the HIPAA Omnibus Rule effective 9/23/13. 	All
02/02/2016	1.1	<ul style="list-style-type: none"> • Converted to Centra Format 	
08/12/2016	2.0	<ul style="list-style-type: none"> • Reviewed for compliance with Phase 2 Audit Protocol • Reviewed for compliance with NCQA Standards 2016 	
03/07/2018	3.0	<ul style="list-style-type: none"> • Added applicable to policy to clarify • Updated to remove P&P system distribution, in favor of eHealthcare IT 	Policy & Procedure

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