**COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM, INC.**

**MEETING NOTES**

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| **Committee: Corporate Compliance** | | | | **Date: July 3, 2019** |
| **Attending Members: Art Proper, Michael Cole, Nancy Watrous, Lisa Thomas and Claire Parde** | | | | |
| **Absent Members: Tina Sharpe and Theresa Lux** | | **Facilitator: Claire Parde** | **Scribe: Lisa Thomas** | |
| **TOPIC DISCUSSED** | **DISCUSSION SUMMARY** | | | |
| Ethical Conduct Attestation Form | The Committee reviewed and revised the Code of Ethical Conduct Attestation Form. | | | |
| Inappropriate Receipt of Confidential Information | The Corporate Compliance Officer reported that there have been 3 recent instances when the Consortium received information inappropriately. Two of them were faxes intended for the Cancer Services Program, which was but no longer is housed at the Consortium. The 3rd was a client of our Navigator Program receiving an eligibility determination from a health plan that was for another client (to be clear, this was an error on the part of the health plan, not the Navigators). In all 3 cases, the sender was notified, the document was shredded, and the situation was documented on the Tracking Form. In the 3rd instance, we also advised our contract manager from DOH about the health plan’s error.  There was a discussion about reporting an agency for repeat offenses. It was agreed we should call an oversight agency. | | | |
| Staff Training on the Confidentiality Policy | Typically, when the Board approves of changes to a policy, the policy is printed and circulated among staff, accompanied by an attestation sheet indicating that they have received, read and understand the changes. When changes were made to the Confidentiality Policy, we felt that staff would benefit from a training. At the last staff meeting, training was provided which included information on the key points of confidentiality, procedures for protecting PHI and PII (physical and technical safeguards), steps to follow if a breach occurs, and procedures for handling confidential information inappropriately received by the agency. During the training, we found out some technical safeguards weren’t working for all staff. For instance, some weren’t being prompted to change their passwords every 90 days and screens weren’t timing out. Both of these items have been fixed. It was reported that Transportation is receiving faxes with Medicaid information on them that aren’t needed. Jim contacted MAS to stop the faxes from coming. It was also discussed that Navigators have left confidential information on the glass of the copier that all staff use. It has been set up so that staff can’t print unless they enter a code assigned to them. Staff do not send PHI via texts or email. Additionally, the policy on Inappropriate Receipt of Confidential Information has been posted by the copier along with envelopes marked “confidential.”  Staff are good at not disclosing confidential information outside of the agency, but it isn’t so obvious to staff that they can’t disclose confidential information *between* programs. This was reinforced during the training and will be reinforced at annual trainings hereinafter. | | | |
| Next Meeting | September 4, 2019 at 10:00 a.m. | | | |