

HIPAA Changes Home Health, Hospice Documentation Practices

Save to myBoK

by Prinny Rose Abraham, RHIT, CPHQ

HIPAA privacy regulations will dramatically change how home health and hospice agencies deal with patient health information. Here are some facets HIM professionals working in this area need to understand.

Home health and hospice providers—regardless of license, certification, or accreditation status—must comply with the HIPAA privacy rules by April 14, 2003. Small private agencies without Medicare certification may mistakenly believe that HIPAA does not apply to them.

How to Comply?

Home health and hospice compliance issues are different from those at a hospital or long-term care facility. For example, an agency cannot meet HIPAA requirements to provide the patient with a written notice of information practice by simply posting a notice in a reception area, because patients rarely visit the agency. The rule allows covered entities to e-mail notices to individuals or post them to a covered entity's Web site. However, not all home health and hospice patients are online. Other alternatives may include an agency mailing the notice to all new patients, with a reference to privacy practices on the initial visit, or a provider might consider printing the notice directly on the admission folder. If all else fails, however, an agency may resort to adding yet another sheet of paper to an already bursting admission packet.

The HIPAA final privacy rule preempts state laws, except where state law is more stringent or where an exception has been granted by the Department of Health and Human Services. Large home health and hospice providers operating in several states must use caution when purchasing sample policies and forms without taking the time to adapt them to the state and agency involved. Agencies using an external consultant or an internal consultant on loan from a hospital should investigate the person's experience with home health.

Defining role-based access to protected health information (PHI) will also vary depending on the agency size. For instance, the agency receptionist does not usually need chart access unless he or she frequently substitutes for data entry staff. In addition, agencies that are part of an integrated provider must develop procedures for ensuring, for example, that the corporate branch knows about the hospice patient who restricted the agency from using his name and address for marketing or fund raising.

Implementation and Implications

HIPAA standards limit the amount of information used or disclosed to the minimum necessary to accomplish the intended purpose. This rule requires that an agency critically assess what personal health information they send outside the agency. Many agencies routinely send reams of unnecessary copies to commercial insurance companies without validating the minimum disclosure necessary to substantiate the claim.

Agencies may readily recognize flaws in their chart storage and retrieval practices yet miss potential problems with how shadow records are maintained. Shadow records include on-call logs, staffing records, field charts, home charts, and itineraries. Because disclosure and accounting retention rules cover the record set encompassing clinical and financial information, agencies might consider combining these two files.

Gone are the days when a nurse can give out a copy of the clinical record while acting as a well-intentioned patient advocate. A clinician should not provide a patient with record copies—or prevent their provision—unless the clinician is intimately familiar with the elements required for documenting PHI disclosures with or without an authorization. Agencies may want to centralize release of information to well-trained specialists.

Employee training programs on new privacy rules should focus on new consumer rights that grant patients access to a copy of their record and the right to amend their record. Home health and hospice clinicians need frequent reminders that although the physical chart belongs to their agency, the information belongs to the individual patient.

More education on understanding the regulations, training tools, ways to monitor ongoing compliance, and developing policies and procedures is still needed. HIM professionals are well positioned to take a lead role in these discussions and should step to the forefront as organizations move toward HIPAA compliance. u

Prinny Rose Abraham (prinny@hiqm.com) is an HIM consultant with HIQM Consulting, Minneapolis, MN, specializing in home health and hospice.

Article citation:

Abraham, Prinny Rose. "HIPAA Changes Home Health, Hospice Documentation Practices." *Journal of AHIMA* 73, no.2 (2002): 39-40.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.