



HURON BEHAVIORAL HEALTH
PROCEDURE

Procedure #: **RM.2.02**
Issue Date: 05/02/17
Rev. Date: 03/11/24
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Title: External Provider Network Access to Electronic Medical Record (EMR) System Procedure

Prepared By: **QI/PI/Compliance Manager**

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Purpose:

To define the process for granting external providers accessibility to Huron Behavioral Health's Electronic Medical Record (EMR) system and the on-going auditing, monitoring, and reporting of activities related to such access.

Scope:

This procedure applies to all external network providers and to the staff at Huron Behavioral Health (HBH) who are directly involved in this procedure, as defined below.

Information:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides for the protection of all consumer Protected Health Information (PHI). Additionally, this includes all Electronic Protected Health Information (EPHI). HIPAA requires that healthcare organizations maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all consumer PHI and EPHI, including protecting PHI and EPHI from unauthorized access, use, and disclosure. Privacy and security measures have been implemented at Huron Behavioral Health with regard to the Electronic Medical Record (EMR) system in an effort to minimize the risk of PHI/EPHI being accessed, used, or disclosed for reasons other than treatment, payment, and coordination of care which are allowed under HIPAA. HBH firmly adheres to the "Minimum Necessary" rule and the "Need to Know" rule which are required under HIPAA.

To further enhance existing privacy and security measures at HBH, additional safeguards have been implemented to conduct on-going audits of external providers who have been given rights to utilize a portion of the HBH EMR system. This is done in an effort to monitor those accesses into the EMR system to assure that external providers can only and are only accessing consumer records on a "need-to-know" basis.

Procedure:

A. Establishing External Providers Access Rights to the HBH EMR System:

1. HBH has implemented an EMR system that is capable of allowing external providers (non-employees) to enter certain information into the EMR system. This is an efficiency measure allowing external providers to conduct their own data entry rather than having HBH staff manually key provider claims into the EMR system. HBH has several external providers who have been granted rights to the HBH EMR system for the purpose of entering claims for services that they have provided.
2. Typically, it is the Finance department who determines that it would be beneficial to have an external provider do their own claims data entry. The Finance department will forward the "[Third-Party/External Provider Computer Acceptable Use Agreement Form](#)" (90-606) to the external provider with a request to complete the form and fax it back to HBH. (Note - This form is employee/user specific and if more than one employee/user will be entering claims at the external provider location, additional forms need to be completed for each requested user).
3. The Finance department will review the returned agreement forms to assure they are complete and signed, and will request the Information Technology (IT) Manager to generate a username/ID for the external provider's employee. If there is any missing information or questions regarding the completeness and/or accuracy of the form, the Finance department will contact the external provider.
4. When the completed form is returned to HBH, the Finance department will review the form to assure that it is complete and has the appropriate signatures.

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5. The completed form is forwarded to the IT Manager.
6. The IT Manager will establish computer rights within HBH's EMR system. Rights will only be given in the areas/fields necessary for the external provider to make their required entries. This is completed by the IT Manager by going into "system set-up" -> "staff" -> "function" -> "authorizations" to establish the allowed functions which will typically include, but may not be limited to the following:
 - Provider AP Claim Data entry
 - Provider EDI Submissions
 - External Provider Note entry
7. The IT Manager will document which functions have been assigned to the external provider in EMR on the "[Third-Party/External Provider Computer Acceptable Use Agreement Form \(90-606\)](#) in the section marked "For Internal HBH Use only" and will sign and date the form once these functions have been established in the EMR system.
8. Within these fields, the external provider can only see their needed entry screen(s). They are blocked (not given rights to) and cannot access any EPHI or see any other areas within the HBH EMR system.
9. Once the EMR system set-up is complete, the IT Manager will return the form to the Contract Manager where it will be retained with the current contract.
10. On an annual basis, the HBH Contract Manager will request an updated agreement form (90-606) to be completed and signed by the external provider and will assure that the forms are returned. When updated forms (90-606) are received, they are forwarded to the IT Manager for any needed changes. (Note - the external provider is responsible for reporting any changes in employees within their organization who have been granted rights into HBH's EMR system so that the IT Manager can discontinue, restrict, or add rights as needed to maintain a current user list.)
11. External providers are required to notify HBH of any staff changes. When an external provider's staff (who has been given rights to the HBH system) is no longer employed in that role at the external provider location, they are responsible to notify HBH so that the rights can be immediately terminated. If an external provider does not utilize the EMR system for ninety (90) days, they are automatically disabled in the EMR system and must request their rights be re-established before access can occur.

B. Third-Party Access Audits:

1. On a quarterly basis, the Quality Improvement/Performance Improvement (QI/PI)/Compliance Manager will randomly select a minimum of one (1) external provider who has been given access into HBH's EMR system and select one (1) provider employee. This is done by accessing the "Provider Management" "View Provider Staff Directory" in the EMR system. Once selected, the QI/PI Manager will locate the corresponding employee form (90-606) in the J:\ "Contracts" folder.
2. The QI/PI/Compliance Manager will utilize the report "Consumer Access/User Activity Report" within EMR which shows all of the accesses by the external provider.
3. If the report indicates that the external provider's employee has accessed any areas within the EMR system beyond that which have been assigned to them, the QI/PI/Compliance Manager will immediately contact the IT Manager/Security Officer and begin an investigation. A "[Compliance Concern Report Form \(90-062\)](#) will be generated and corrective action implemented to remedy the problem (see also "[Compliance – Internal Reporting Policy \(ORI.1.08\)](#)).
4. The QI/PI/Compliance Manager will complete an "[EMR Compliance Audit Form \(90-506\)](#) and record the findings of the audit activities. If a compliance concern has been generated, a copy of the EMR Compliance Audit Form with the Compliance Concern will be filed and retained for future reference.
5. If no issues or concerns are identified, the audit forms will be filed in the QI/PI/Compliance files.

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6. If any difficulties or issues arise with the external provider, the QI/PI/Compliance Manager will involve the Executive Director, Contract Manager, and/or Chief Finance Officer (CFO) (as appropriate to the issue) for assistance and guidance.

Definitions/Acronyms:

CFO – Chief Finance Officer
EDI – Electronic Data Interchange
EMR – Electronic Medical Record
EPHI- Electronic Protected Health Information
HBH – Huron Behavioral Health
HIPAA – Health Insurance Portability and Accountability Act
ID – Identification
IS – Information Systems
IT – Information Technology
PHI- Protected Health Information
PI – Performance Improvement
QI – Quality Improvement

Forms:

[90-062 Compliance Concern Report Form](#)
[90-506 EMR Compliance Audit Form](#)
[90-606 Third-Party/External Provider Acceptable Use Agreement Form](#)

Records:

Records of EMR audits are retained for a minimum of seven (7) years for the QI/PI/Compliance Manager.

Reference(s) and/or Legal Authority

[ORI.1.08 Internal Reporting Policy](#)
Health Insurance Portability and Accountability Act (HIPAA) of 1996

Change History:

Change Letter	Date of Change(s)	Changes
None		None – new document created to define the external provider access audits conducted to assure compliance with HIPAA.
A	08/14/18	In "Information" section 1 st paragraph changed "treatment, payment, and operations" to "treatment, payment, and coordination of care" to align with PA 559 of 2016 and MCL330.1748(7) language.
B	06/30/20	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
C	06/20/22	In "Procedure" section B.1 clarified location of EMR information, made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
D	03/11/24	Changed "Information Systems" & "IS" to "Information Technology" & "IT" throughout procedure (8 places), in "Acronyms" section added "EDI", "IT", "PI" & "QI", made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.