

LEWIS AND CLARK INFORMATION EXCHANGE

Business Practice Standard

Index #004
Classification - Public

Background:

Sanctions help enforce compliance with LACIE's policies and applicable laws by LACIE staff and Authorized Users, and provide for consequences of instances of noncompliance. This Enforcement and Sanctions Policy is consistent with the following Health Insurance Portability and Accountability Act (HIPAA) security standard: "Security Management Process" (45 CFR 164.3089(a)(1)).

Policy:

Data obtained from LACIE will be used only for Treatment, Payment, and Operations as provided in HIPAA. LACIE encourages Participants to utilize the data, but will require Participants to petition the board for uses of the data not consistent with the intent of LACIE.

Procedure:

- Consistent with our Access Standards, LACIE is open to any Participant who wishes to connect to the Exchange and pay the membership fees.
- LACIE Participants must have policies and procedures in place to assure that Participant and its Authorized Users are in compliance with LACIE Standards.
- LACIE will use Generally Accepted Accounting Practices.
- LACIE will utilize its CAPS Committee for monitoring and auditing of LACIE, its Staff, and its Procedures.
- LACIE will interconnect to other Health Information Exchanges (HIE)s via accepted IHE message formats and transport protocols.
- LACIE will incorporate a consumer voice into its operations via inclusion of a representative on the Board of Directors as well as outreach through advisory groups, educational materials, and a feedback mechanism from consumers used for continually improving communication and services.
- LACIE will provide, with 3 business days of request, reports to participants regarding system performance of the Exchange, information access audit reports, and privacy violation notices.
- Any secondary use of the data will require Participants seeking to utilize their own data from LACIE or in a consortium with other Participants to petition the Board of Directors for access to

such data. Each case will be handled on an individual basis with each Participant having to affirmatively opt-in.

- LACIE prefers to exchange data via the Continuity of Care Document (CCD) with the preferred minimum data set of:
 - Full name of the source of the information and / or the person or entity submitting the information
 - Patient Demographic Information
 - Problem List
 - Medication List
 - Allergies (medication / food / environmental)
 - Diagnostic Test Results (radiology, clinical laboratory, pathology, microbiology, cardiology)
 - Immunizations
 - Procedures
- LACIE prefer to exchange data via the Continuity of Care Document with the preferred additional data sets of:
 - Notes (History and Physicals)
 - Payer, Guarantor
 - Primary Care Physician
 - Advanced Directive
 - Vital Signs

Approval:

Review:

- LACIE CAPS Committee 3-25-2013

Revisions:

- V1: LACIE Compliance Team
- V2: Ryan Harper 3-25-2013
- V3: LACIE CAPS Committee 4-25-2013

Owner:

- LACIE CAPS Committee

Stakeholder(s):

- LACIE and Participants

