

LOUISIANA HEALTH CARE QUALITY FORUM

POLICY: LaHIE Audit Policy	EFFECTIVE: 10-01-2011
DEPARTMENT: LaHIE	REVISED:

PURPOSE

To outline the process of performing periodic reviews and verifications of audit logs for both operational monitoring and system security and to ensure compliance with all applicable regulations and laws.

PROCESS

1. LHCQF's Health IT Director or designee of LaHIE is primarily responsible for execution and revision of the privacy and security policies, for ensuring audits occur by LaHIE staff and that results and corrective actions are undertaken and reported as appropriate. The Health IT Director or his/her designee will oversee the activities of LaHIE to evaluate compliance by Participants with this policy and enforce its terms.
2. An annual privacy and security internal audit plan will be developed by the Health IT Director or designee based on guidance from ONC and HIPAA regulations. This plan will receive input and direction from LHCQF's HIT Advisory Council and LHCQF's Board of Directors will be the governing body for final approval.
 - a. The audit plan will include the types of audits to be performed, the specific controls to be audited and the frequency and sample size for each audit.
 - b. Documentation of the audit and its results will be maintained and include the list of cases sampled for each audit, the audit schedule, and all audit activity.
3. Audit Process:
 - a. Audits will be conducted on a statistically significant sample size.
 - b. At least on an annual basis, or more frequently, as determined by the Health IT Director or designee, LaHIE will generate a random sample of records to be audited and work with the Participants to establish a process for review to establish the following with respect to each such record:
 - i. That any Authorized User who accessed Data of a Patient (1) executed the proper authorized user agreement and (2) had a treatment relationship with such Patient, or was authorized by the Participant to access such data.
4. Annually, the results of the privacy and security audits will be presented to the HIT Advisory Council for review and to LHCQF's Board of Directors for final approval.
5. Participants will have the responsibility to ensure compliance with state and federal laws and regulations, such as HIPAA, to maintain the confidentiality, privacy and security of individuals' protected health information. This includes ensuring that LaHIE is being used only for purposes authorized by the Participation Agreement, and that each individual who views data through LaHIE is doing so in a manner consistent with state and federal laws and regulations and privacy and security policies.

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6. The LaHIE system will maintain audit trails. All user activity within the system is logged, enhancing audit capabilities and improving the general security of patient data. Audit trails of user logins, logouts, applications used, security overrides, patient selections and individual documents viewed are recorded, with the date and time. Audit log data is stored in a separate audit database.
7. If an audit reveals noncompliance by a Participant, a corrective action plan must be submitted by the Participant to the LHCQF Health IT Director or designee.
 - a. The Health IT Director or designee will forward the matter to the LHCQF Executive Director.
 - b. The Health IT Director or his/her designee will make a recommendation on the corrective action plan to LHCQF Executive Director as to whether a specified corrective action plan should be accepted as presented, be revised as per agreement reached by the Executive Director or be rejected.
 - c. If a corrective action plan is rejected, depending on the nature of the problem uncovered in the audit, the Executive Director after obtaining advice of Legal Counsel may decide to suspend access to the Exchange for either the Participant or one or more Authorized Users of such Participant until the problem is adequately addressed.
8. If an audit reveals noncompliance by a LHCQF staff, a corrective action plan must be submitted to the LHCQF Health IT Director or designee.
 - a. The Health IT Director or designee will forward the matter to the LHCQF Executive Director.
 - b. The Health IT Director or his/her designee will make a recommendation on the corrective action plan to LHCQF Executive Director as to whether a specified corrective action plan should be accepted as presented, be revised as per agreement reached by the Executive Director or be rejected.
 - c. If a corrective action plan is rejected, depending on the nature of the problem uncovered in the audit, the Executive Director after obtaining advice of Legal Counsel may choose to take necessary disciplinary action against the employee and suspend access to the Exchange for the employee until the problem is adequately addressed.

APPROVAL:

Cindy Munn
Executive Director
Louisiana Health Care Quality Forum