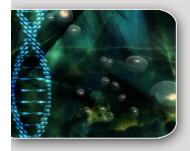




HEALTH CARE LAW

IN THE NEWS

February 2013



II. BAs' Direct Liability Under the Final Rule	3
III. BAAs: Required Provisions Under the Final Rule and the Compliance Date	4
For More Information	5

Changes Affecting Who is a Business Associate and New Business Associate Obligations

Breaking Down the HIPAA Changes: Part 2 of our 5-Part Series

ome of the most significant changes that were made by the final HIPAA omnibus rule, published on January 25, 2013, in the Federal Register (the Final Rule) relate to the expanded definition of HIPAA Business Associate (BA) and newly imposed legal obligations on BAs. The Final Rule also included an expansion of the elements that are required to be included in Business Associate Agreements (BAAs). The purpose of this e-alert is to provide a comprehensive look at: (i) the expansion of, clarifications to, and explicit inclusion of certain entities in the definition of a BA; (ii) the direct

liability that the Final Rule imposes on BAs for noncompliance; and (iii) the elements that the Final Rule requires be included in BAAs and the compliance dates related thereto.

I. Expansion of,Clarifications to, andExplicit Inclusions in theDefinition of BA

The Final Rule included several additions and clarifications to the HIPAA definition of BA. Identifying persons and entities which meet the definition of BA is important because

the Final Rule clarified that a person or entity becomes a BA by meeting the definition of a BA and by creating, receiving, maintaining, or transmitting protected health information on behalf of a Covered Entity, not by contracting with the Covered Entity and entering into a BAA. Moreover, the type of protected health information involved does not matter; if the information is tied to a Covered Entity, it is considered protected health information by definition (even if it is, for example, strictly limited to demographic information). Whether or not a person or entity is a BA is significant because as will be further discussed below, BAs have direct liability under the Final Rule for not complying with certain HIPAA requirements.

A. HIOs, e-Prescribing Gateways, PHRs, and Entities that Maintain Protected Health Information

Pursuant to the Final Rule, the following types of entities are now considered BAs: (i) health information organizations, e-prescribing gateways, or other persons or entities that provide data transmission services with respect to protected health information to a Covered Entity and that require routine access to such protected health information; (ii) a person or entity that offers a personal health record (PHR) to one or more individuals on behalf of a Covered Entity; and (iii) persons or entities that maintain protected health information, even if the person or entity does not actually view the protected health information.

The Final Rule explained that when interpreting the term "routine access," the often relied upon "conduit exception" will be construed very narrowly. Historically, entities that act as a temporary conduit for protected health information, such as the United States Postal Service, UPS, other courier services, and their electronic equivalents, such as internet service providers, have been excluded from the BA definition. While these entities will continue to be excluded from the definition of BA, those companies that maintain protected health information for a Covered Entity, but do not actually view the protected health information or

only do so on a random or infrequent basis, such as a storage company or a cloud-computing company, will now meet the definition of a BA.

The Final Rule also clarified that all vendors of PHRs are not automatically considered BAs. Rather, the vendor of the PHR must offer the PHR on behalf of the Covered Entity health care provider or health plan. This means that some vendors of PHRs may wear two separate hats when it comes to complying with HIPAA – when the vendor provides the PHR on behalf of a Covered Entity, the vendor of PHR would be subject to the HIPAA requirements and the HIPAA Breach Notification Rule. However, when the vendor of PHR does not offer its services on behalf of a Covered Entity, the vendor of PHR is not subject to HIPAA; rather, it must comply with the breach notification requirements set forth by the Federal Trade Commission.

B. Subcontractors of BAs

The Final Rule expands the definition of BA to include subcontractors of a BA (i.e., those persons that perform functions for or provide services to a BA involving protected health information for purposes of the BA fulfilling its obligations to the Covered Entity with which it has contracted). As such, the definition creates a BA relationship chain which starts with the Covered Entity and a primary BA and flows down through subcontractor BAs, with each subcontractor BA having contractual obligations (in addition to the legal obligations of a BA)



to the party immediately preceding such party in the BA relationship chain. Legal and contractual obligations of a BA are discussed in more detail below. The Final Rule clarified that disclosures of protected health information that a BA makes to a subcontractor for purposes of the BA's own management and administration or to carry out the BA's legal responsibilities do not create a BA subcontractor relationship.

C. Other Modifications and Clarifications

- i. Patient Safety Activities. The Final Rule adds patient safety activities to the list of functions and activities that a person or entity may undertake as a BA. Related to this change, the Final Rule also added "patient safety activities" to the HIPAA definition of "health care operations." This modification makes it clear that entities that perform patient safety activities on behalf of a Covered Entity, such as Patient Safety Organizations, must have a BAA in place with the Covered Entity. Further, when a committee is formed by a Covered Entity to perform patient safety activities and the committee includes persons who are not workforce members of the Covered Entity, the Covered Entity should have BAAs in place with the non-workforce members.
- ii. Banking and Financial Institutions. The Final Rule explained that banking and financial institutions are not BAs with respect to payment process activities (as identified in § 1179 of HIPAA) (e.g., activities that constitute authorizing, processing, clearing, settling, billing, transferring, reconciling, or collecting payments for health care or health plan premiums). However, where a bank or financial institution provides activities which go beyond the exempted activities, such as performing accounts receivable functions on behalf of a health care provider, then the bank or financial institution will be considered a BA.
- iii. <u>Health Plan Products and Other Insurance</u>. The Final Rule clarified that when a Covered Entity purchases a health plan product or other insurance (such as

professional liability insurance) from an insurer, the insurer is not a BA of the Covered Entity merely for purposes of providing the insurance. However, if the insurer performs a function on behalf of the Covered Entity that involves protected health information (such as providing legal services for the Covered Entity), then the insurer becomes a BA of the Covered Entity.

iv. <u>Hybrid Entities</u>. Under the Final Rule, if an entity is a hybrid entity (i.e., it performs both HIPAA covered and non-covered functions) and the component of the hybrid entity providing non-covered functions provides BA functions for the division that provides covered functions, the component providing non-covered functions must be included as part of the covered division and thus subject to and directly liable for HIPAA compliance.

II. BAs' Direct Liability Under the Final Rule

Under the Final Rule, BAs are directly liable for:

 The impermissible use and disclosure of protected health information. A BA makes an impermissible use or disclosure of protected health information when the BA uses or discloses protected health information for any reason or purpose other than as is allowed by the BAA. Further, a BA is not making a



permitted use or disclosure if it does not apply the minimum necessary standards, where appropriate.

- A failure to provide notifications of a breach to the Covered Entity. The details of the BA's obligations to the Covered Entity related to breach notification are set forth in the BAA.
- A failure to provide access to a copy of electronic protected health information to either the Covered Entity, the individual, or the individual's designee, as specified in the BAA.
- A failure to disclose protected health information where required by the Secretary of the United States
 Department of Health and Human Services (HHS) to investigate or determine the BA's compliance with the HIPAA rules.
- A failure to provide an accounting of disclosures to the Covered Entity in order to allow the Covered Entity to comply with its accounting of disclosures obligations to an individual. The details of such obligations should be set forth in the BAA.
- A failure to comply with the requirements of the Security Rule. The Security Rule now applies to BAs. This means that BAs must have administrative, physical, and technical safeguards in place, in accordance with 45 C.F.R. §§ 164.306, 164.308, 164.310, 164.312, and 164.314), as well as the policies and procedures and documentation requirements found in 45 C.F.R. § 164.316. When fulfilling their obligation to comply with the Security Rule, BAs may use the same process as Covered Entities. For instance, in deciding which security measures to implement, a BA may take into consideration its size, capabilities, the costs of the specific security measures, and the operational impact. BAs should note that as part of their compliance with the administrative safeguards, BAs must perform their own risk analyses, establish a risk management program, and designate a security officer, as well as

- have in place written policies and procedures, conduct employee training, and document compliance with the requirements.
- Failure to enter into BAAs with subcontractors that create or receive protected health information on their behalf.

While the Final Rule imposes direct liability on BAs for the foregoing, it does not impose direct liability for BAs with respect to <u>all</u> requirements of the HIPAA Privacy Rule. Rather, BAs will remain contractually liable to Covered Entities for any other requirements appearing in the BAA which are not described above.

III. BAAs: Required Provisions Under the Final Rule and the Compliance Date

The Final Rule included an expansion of the elements which must be contained in the BAA. Under the Final Rule, all BAAs must include provisions which require the BA to:

- Comply with the Security Rule.
- Report breaches of Unsecured Protected Health Information to Covered Entities.
- Obtain satisfactory assurances (in the form of a written BAA) from any subcontractor that creates or receives protected health information on behalf of



the BA that the subcontractor agrees to the same restrictions and conditions that apply to the BA with respect to such information. From a practical perspective, this means that each BAA in the BA/ subcontractor relationship chain must be as stringent or more stringent as the BAA above it with respect to the permissible uses and disclosures of protected health information.

 To the extent the BA is to carry out a Covered Entity's obligations under the Privacy Rule, the BA must comply with the requirements of the Privacy Rule that apply to the Covered Entity in the performance of such obligations.

It should be noted that the Final Rule removes the requirement that Covered Entities report to HHS when a Covered Entity is aware of noncompliance by a BA, the BA is unable to cure the breach, and termination of the BAA is not feasible. This is a provision that previously appeared in BAAs.

While compliance with most of the requirements of the Final Rule is required by September 23, 2013, the Final Rule contains a transition period for HIPAA-compliant BAAs that were already in effect prior to January 25, 2013. If any such BAA is not renewed or modified between March 26, 2013, and September 23, 2013, it will "grandfather" in and the Covered Entity and BA may operate under the

existing BAA for up to one (1) year beyond the compliance date (i.e., September 23, 2014). The Final Rule also clarified that BAAs which contain evergreen clauses (i.e., they renew automatically and indefinitely) would be eligible for the transition period and would not terminate when the BAA automatically rolled over. New BA relationships and the resulting BAAs entered into after January 25, 2013 but prior to September 23, 2013, must comply with the Final Rule requirements prior to September 23, 2013, and are not subject to the transition period. As a starting point, HHS released a new, updated version of its sample BAA (click here to view). However, please note that HHS provides no guarantee that its sample BAA fully complies with the provisions of the Final Rule; thus, entities should evaluate and tailor BAAs to meet their specific needs.

In conclusion, because the Final Rule imposes direct liability on BAs, it is now more important than ever for a Covered Entity to identify persons and entities that meet the HIPAA definition of a BA and for any such persons and entities to confirm a compliant BAA is in place. Further, it is critical that BAs fully understand their duties and obligations under HIPAA.

Stayed tuned for the next e-alert in this five-part series, on the modifications to the Breach Notification Rule, which will be circulated on Friday, February 8, 2013.



For More Information

For any questions on the topics covered in this Alert, please contact:

- Tom O'Donnell at todonnell@polsinelli.com or (816) 360-4173
- Erin Dunlap at edunlap@polsinelli.com or (314) 622-6661
- Rebecca Frigy at rfrigy@polsinelli.com or (314) 889-7013
- Matt Murer at mmurer@polsinelli.com or (312) 873-3603



Matthew J. Murer Practice Area Chair Chicago 312.873.3603 mmurer@polsinelli.com

Colleen M. Faddick Practice Area Vice-Chair Denver 303.583.8201 cfaddick@polsinelli.com

Bruce A. Johnson
Practice Area Vice-Chair
Denver
303.583.8203
brucejohnson@polsinelli.com

Alan K. Parver Practice Area Vice-Chair Washington, D.C. 202.626.8306 aparver@polsinelli.com

Janice A. Anderson Chicago 312.873.3623 janderson@polsinelli.com

Douglas K. Anning Kansas City 816.360.4188 danning@polsinelli.com

Jane E. Arnold St. Louis 314.622.6687 jarnold@polsinelli.com

Jack M. Beal Kansas City 816.360.4216 jbeal@polsinelli.com

Cynthia E. Berry Washington, D.C. 202.626.8333 ceberry@polsinelli.com

Mary Beth Blake Kansas City 816.360.4284 mblake@polsinelli.com Gerald W. Brenneman Kansas City 816.360.4221 gbrenneman@polsinelli.com

Teresa A. Brooks Washington, D.C. 202.626.8304 tbrooks@polsinelli.com

Jared O. Brooner St. Joseph 816.364.2117 ibrooner@polsinelli.com

Anika D. Clifton Denver 303.583.8275 aclifton@polsinelli.com

Anne M. Cooper Chicago 312.873.3606 acooper@polsinelli.com

Lauren P. DeSantis-Then Washington, D.C. 202.626.8323 Idesantis@polsinelli.com

S. Jay Dobbs St. Louis 314.552.6847 jdobbs@polsinelli.com

Thomas M. Donohoe Denver 303.583.8257 tdonohoe@polsinelli.com

Cavan K. Doyle Chicago 312.873.3685 cdoyle@polsinelli.com

Meredith A. Duncan Chicago 312.873.3602 mduncan@polsinelli.com

Erin Fleming Dunlap St. Louis 314.622.6661 edunlap@polsinelli.com Fredric J. Entin Chicago 312.873.3601 fentin@polsinelli.com

Jennifer L. Evans Denver 303.583.8211 jevans@polsinelli.com

T. Jeffrey Fitzgerald Denver 303.583.8205 jfitzgerald@polsinelli.com

Michael T. Flood Washington, D.C. 202.626.8633 mflood@polsinelli.com

Kara M. Friedman Chicago 312.873.3639 kfriedman@polsinelli.com

Rebecca L. Frigy St. Louis 314.889.7013 rfrigy@polsinelli.com

Asher D. Funk Chicago 312.873.3635 afunk@polsinelli.com

Randy S. Gerber St. Louis 314.889.7038 rgerber@polsinelli.com

Mark H. Goran St. Louis 314.622.6686 mgroan@polsinelli.com

Linas J. Grikis Chicago 312.873.2946 Igrikis@polsinelli.com

Lauren Z. Groebe Kansas City 816.572.4588 Igroebe@polsinelli.com Brett B. Heger

Dallas
314.622.6664

bheger@polsinelli.com

Jonathan K. Henderson Dallas 214.397.0016 jhenderson@polsinelli.com

Margaret H. Hillman St. Louis 314.622.6663 mhillman@polsinelli.com

Jay M. Howard Kansas City 816.360.4202 jhoward@polsinelli.com

Cullin B. Hughes Kansas City 816.360.4121 chughes@polsinelli.com

Sara V. lams Washington, D.C. 202.626.8361 siams@polsinelli.com

George Jackson, III Chicago 312.873.3657 gjackson@polsinelli.com

Lindsay R. Kessler Chicago 312.873.2984 lkessler@polsinelli.com



Joan B. Killgore St. Louis 314.889.7008 jkillgore@polsinelli.com

Anne. L. Kleindienst Phoenix 602.650.2392 akleindienst@polsinelli.com

Chad K. Knight

Dallas
214.397.0017

cknight@polsinelli.com

Sara R. Kocher St. Louis 314.889.7081 skocher@polsinelli.com

Dana M. Lach Chicago 312.873.2993 dlach@polsinelli.com

Jason T. Lundy Chicago 312.873.3604 jlundy@polsinelli.com

Ryan M. McAteer Los Angeles 310.203.5368 rmcateer@polsinelli.com

Jane K. McCahill Chicago 312.873.3607 jmccahill@polsinelli.com

Ann C. McCullough

Denver
303.583.8202

amccullough@polsinelli.com

Ryan J. Mize Kansas City 816.572.4441 rmize@polsinelli.com

Aileen T. Murphy Denver 303.583.8210 amurphy@polsinelli.com

Hannah L. Neshek Chicago 312.873.3671 hneshek@polsinelli.com

Gerald A. Niederman
Denver
303.583.8204
gniederman@polsinelli.com

Edward F. Novak Phoenix 602.650.2020 enovak@polsinelli.com

Thomas P. O'Donnell Kansas City 816.360.4173 todonnell@polsinelli.com

Aaron E. Perry Chicago 312.873.3683 aperry@polsinelli.com

Mitchell D. Raup Washington, D.C. 202.626.8352 mraup@polsinelli.com

Daniel S. Reinberg Chicago 312.873.3636 dreinberg@polsinelli.com Donna J. Ruzicka St. Louis 314.622.6660 druzicka@polsinelli.com

Charles P. Sheets Chicago 312.873.3605 csheets@polsinelli.com

Kathryn M. Stalmack Chicago 312.873.3608 kstalmack@polsinelli.com

Leah Mendelsohn Stone Washington, D.C. 202.626.8329 Istone@polsinelli.com

Chad C. Stout Kansas City 816.572.4479 cstout@polsinelli.com

Steven K. Stranne Washington, D.C. 202.626.8313 sstranne@polsinelli.com

William E. Swart

Dallas
214.397.0015
bswart@polsinelli.com

Tennille A. Syrstad

Denver
312.873.3661

etremmel@polsinelli.com

Emily C. Tremmel Chicago 303.583.8263 tysrstad@polsinelli.com Andrew B. Turk

Phoenix
602.650.2097
abturk@polsinelli.com

Joseph T. Van Leer Chicago 312.873.3665 ivanleer@polsinelli.com

Andrew J. Voss St. Louis 314.622.6673 avoss@polsinelli.com

Joshua M. Weaver Dallas 214.661.5514 jweaver@polsinelli.com

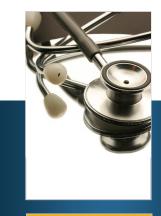
Emily Wey Denver 303.583.8255 ewey@polsinelli.com

Mark R. Woodbury St. Joseph 816.364.2117 mwoodbury@polsinelli.com

Janet E. Zeigler Chicago 312.873.3679 jzeigler@polsinelli.com

Additional Health Care Professionals

Julius W. Hobson, Jr. Washington, D.C. 202.626.8354 jhobson@polsinelli.com Harry Sporidis Washington, D.C. 202.626.8349 hsporidis@polsinelli.com



About Polsinelli Shughart's

Health Care Group

The Health Care group has vast national resources and strong Washington, D.C. connections. With highly trained, regulatory-experienced attorneys practicing health care law in offices across the country, we are familiar with the full range of hospital-physician lifecycle and business issues confronting hospitals today. A mix of talented, bright, young attorneys and seasoned attorneys, well known in the health care industry, make up our robust health care team.

Polsinelli Shughart is the 10th largest health care law firm in the nation, according to the 2010 rankings from Modern Healthcare magazine. The publication annually ranks law firms based on their total membership in the American Health Lawyers Association. With one of the fastest-growing health care practices in the nation, Polsinelli Shughart has the depth and experience to provide a broad spectrum of health care law services.

About

Polsinelli Shughart

With more than 600 attorneys, Polsinelli Shughart is a national law firm and a recognized leader in the areas of health care, financial services, real estate, life sciences and technology, energy and business litigation. Serving corporate, institutional and individual clients, our attorneys build enduring relationships by providing practical, business -driven legal advice with a commitment to helping clients achieve their objectives. The firm has offices in Chicago; Dallas; Denver; Kansas City; Los Angeles; New York; Phoenix; St. Louis; Washington, D.C.; and Wilmington. In California, Polsinelli Shughart LLP.

The firm can be found online at www.polsinelli.com.

Polsinelli Shughart PC. In California, Polsinelli Shughart LLP.

About

This Publication

If you know of anyone who you believe would like to receive our e-mail updates, or if you would like to be removed from our e-distribution list, please contact us via e-mail at Interaction@polsinelli.com.

Polsinelli Shughart provides this material for informational purposes only. The material provided herein is general and is not intended to be legal advice. Nothing herein should be relied upon or used without consulting a lawyer to consider your specific circumstances, possible changes to applicable laws, rules and regulations and other legal issues. Receipt of this material does not establish an attorney-client relationship.

Polsinelli Shughart is very proud of the results we obtain for our clients, but you should know that past results do not guarantee future results; that every case is different and must be judged on its own merits; and that the choice of a lawyer is an important decision and should not be based solely upon advertisements.

Polsinelli Shughart PC. In California, Polsinelli Shughart LLP.

Polsinelli Shughart® is a registered trademark of Polsinelli Shughart PC.

