



COUNTY OF YOLO

Health and Human Services Agency

Exhibit A: HHS HIPAA Healthcare Component Questionnaire

The following survey was administered to Health and Human Services Agency management staff for each HHS program in November 2021. One response was submitted for each program. If a respondent answered “No” to any one of questions 4, 6, 8, 9, or 10, the survey ended and the program was tentatively identified as a non-covered program. If a respondent answered “Yes” to each of questions 4, 6, 8, 9, and 10, the program was tentatively identified as a covered program. Final designations of covered and non-covered programs were made after follow-up interviews with program management.

1. Please enter your name.
2. Please select your branch.
3. Please enter the program you are answering for.

Protected Health Information

This section asks about the collection of Protected Health Information. **Protected Health Information (PHI)** is individually identifiable health information that is created, received, sent or maintained by a covered entity. (45 CFR 164.103) **Individually identifiable health information (IIHI)** is information that is a subset of health information, including demographic information collected from an individual, and:

- Is created or received by a health care provider, health plan, or health care clearinghouse; and
 - Relates to the past, present or future physical or mental health condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - That identifies the individual; or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.
4. Are any of the following types of Protected Health Information (PHI) received or created by your program or subprogram?
 - Health Plan Data
 - Billing Data
 - Medical/Dental Record
 - Nursing Notes/Logs
 - Doctor's Statements
 - Eligibility Status
 - Claim Inquiries
 - Patient File Data
 - Lab Reports
 - Treatment Plan
 - Pre-Authorization
 - Coordination of Benefits

- Patient Financial Data
- Medication Administration
- Immunization Records

5. Please select which of the following PHI are received or created by your program and subprograms.

- Health Plan Data
- Billing Data
- Medical/Dental Record
- Nursing Notes/Logs
- Doctor's Statements
- Eligibility Status
- Claim Inquiries
- Patient File Data
- Lab Reports
- Treatment Plan
- Pre-Authorization
- Coordination of Benefits
- Patient Financial Data
- Medication Administration
- Immunization Records

6. Does the protected health information that is received or created by your program or subprograms contain any of the following individually identifying information?

- Name
- Social Security Number
- Medi-Cal ID Number
- Address
- Diagnosis
- Payment
- Billing Amount
- Injury Reports
- Claims
- Driver's License Number
- Medical Record Number
- Family Member Names
- Referral
- Photograph

7. Please select which of the individually identifying information is contained within the PHI created or received by your program or subprogram.

- Name
- Social Security Number
- Medi-Cal ID Number
- Address
- Diagnosis
- Payment

- Billing Amount
- Injury Reports
- Claims
- Driver's License Number
- Medical Record Number
- Family Member Names
- Referral
- Photograph

Healthcare Services

This question asks about services defined by HIPAA as healthcare. Below is a list of examples. (45 CFR 160.103)

Furnishes Healthcare Services:

- Preventative
- Diagnostic
- Therapeutic
- Rehabilitative
- Maintenance
- Palliative
- Counseling
- Physical/Mental Condition; Functional Status

Bills/Receives Payment for Healthcare Services:

- Specific Healthcare
- Sale/Dispense - Drug
- Sale/Dispense - Device
- Sale/Dispense Equipment
- Other Prescription Item
- Contractual Services
- Clinical Software

8. Does your program or subprogram(s) provide any of the services defined by HIPAA as healthcare?
(see above for examples)

Covered Transactions

This question asks about covered transactions as defined by HIPAA. Below is a list of examples. (45 CFR 162)

Administrative Transactions

- Enrollment/Dis-enrollment: Establishing or terminating health care coverage
- Authorization for services or referral to another provider
- Eligibility for a health plan
- Inquiries regarding beneficiary eligibility or benefits
- First report of injury

Financial Transactions

- Coordination of Benefits
- Health Claims
- Health Claim Status
- Healthcare Payment
- Remittance Advice
- Healthcare Premium Payment
- Health Attachments – Documents containing detailed medical information regarding a claim or authorization

9. Does your program or subprogram(s) conduct any of the Covered Transactions as defined by HIPAA? (see above for examples)

Electronic Form

This question asks about electronic form. **Electronic Form** is using electronic media, electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

10. Are any of the covered transactions transmitted in Electronic Form? (see above for definition)