



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 6, POLICY 001

TRUSTED AGENT IDENTITY PROOFING ROLES AND RESPONSIBILITIES

POLICY NUMBER:	5-6-001
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	02.14.2023
EFFECTIVE:	02.14.2023
SUPERSEDES # :	Supersedes Policy #'s: N/A

A. PURPOSE: To establish the roles and responsibilities of Yolo County Health and Human Services (HHS) Behavioral Health (BH), Network Providers, and any additional HHS Branches/units that will be utilizing systems/software that requires identify proofing

B. DEFINITIONS:

1. End User Applicant (EUA): An individual who has access to a system/software
2. Network Provider: Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHS BH and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2)
3. Registered Authority (RA): An entity responsible for enrolling providers in the Direct Network.
4. Trusted Agent(s): An individual or individuals responsible for ensuring a provider's identity is verified prior to the provider being able to communicate electronically. The Trust Agent (TA) is an extension of the RA.

C. RELATED DOCUMENTS:

1. N/A

D. POLICY: Yolo County HHS, Network Providers, and HHS Branches/units shall ensure that all users that access any software or systems that require trusted agent review or

approval, follow appropriate guidelines and requirements of Registration Authorities (RA) or regulations as imposed by Federal, State, or Local entities.

Trusted Agent(s) (TA) shall be assigned by RA's and appointed by Yolo County HHS to represent and meet any outlined requirements of the RA.

1. **TA Roles**

- a. The role of the TA shall be to oversee:
 - i. Gathering of Documentation. Documentation should include the following:
 - a. Name
 - b. Address
 - c. Date of Birth
 - d. Valid government issued photo id, which should include:
 - i. Type of id
 - ii. Where the ID was issued
 - iii. Id number
 - iv. Verification of photo id to physical person
 - ii. Verifying Documentation. Allowed forms of documentation should include one of the following and must be available to present in the event of an audit:
 - a. I-9 forms (Recommended)
 - b. Identity verification Applications
 - i. For example: Verizon ID Level 3 Assurance, ID.ME, Medicare enrollment verification, or Approved NetSmart Notary Form
 - iii. Reporting Documentation
 - a. Report the name of the verified end user to the Registration Authority (RA) prior to access.
 - b. Report any changes to RA's promptly.
 - iv. Maintaining Documentation.

The following records should be maintained for 7.5 years after the end user applicant ceases to be employed by their organization:

 - i. Name of TA or designee performing ID Proofing
 - ii. Date of Verification
 - iii. Source used to perform verification
 - iv. Previously gathered documents
 - v. Monitoring activities shall be completed upon renewal of the provider contract, upon recertification of Medi-Cal, or as required by any state/federal requirements. Monitoring shall include:
 - a. Proof of identity verification completed at hiring;

- b. A review to ensure records are being maintained in accordance with documentation maintenance requirements; and
- c. Ensuring appropriate policies and procedures are in place;
- vi. Additionally, Yolo County may elect to randomly choose users and complete identify proofing with them.

2. TA Responsibilities

- a. A healthcare professional’s identity (clinical or non-clinical) is verified prior to the individual being enabled to communicate electronically via Direct Messaging.
- b. ID Proofing processes and procedures are in place.
 - i. TA shall work with a Human Resources representative(s) and Credentialing Manager(s) within the end user applicant’s organization to obtain applicable executed Policies and Procedures that address ID Proofing, including any additional supplemental documents
 - ii. Any changes in Policies and Procedures governing ID Proofing must be reported to the TA immediately with policy review occurring at least annually
- c. TA shall not be responsible for performing the physical process of completing ID Proofing of applicant end users. This responsibility shall be held by the end user applicant’s organization.
 - i. The individual(s) identified as responsible for proofing within each agency shall track the following elements for each applicant:
 - a. Name of user;
 - b. Employment start date;
 - c. Employment end date;
 - d. Source of identification;
 - e. Date of identification;
 - f. Designee performing ID proofing; and
 - g. Designee title

E. PROCEDURE:

- 1. **Internal HHS Staff:** Yolo County shall utilize the following procedure for identity proofing for internal HHS staff.
 - a. Upon receipt of a new Electronic Health Record (EHR) access form, a request for identity proofing shall be issued to the designated Human Resources (HR) representative or identified designee.
 - b. The HR representative or identified designee shall:
 - i. Utilize I-9 eligibility for verifying each user or any other additional identify proofing mechanism that meets the requirements as outlined in this policy.

- ii. The HR representative or identified designee shall submit results of identify proofing back to the issuer.
 - iii. The HR representative or identified designee shall maintain in their records any requests of identify proofing including results that shall meet the elements outlined in D.2.c.i.
- 2. **Network Providers:** Network providers shall develop internal policies and procedures that meet the minimum requirements outlined in this policy.
 - a. Network providers shall:
 - i. Complete identify proofing when requesting new EHR Access. Identify proofing shall be one of the methods outlined in E.1.a & b.
 - ii. Submit and provide evidence of identify proofing as part of the EHR Access Request form.
 - iii. Evidence shall meet the requirements as outlined in this policy,
 - iv. Maintain and track records as outlined in this policy (see D.1.a.iv).
- 3. **Monitoring:**
 - a. A Yolo County representative or the RA may choose to monitor any entity that has an account activated after a submitted and approved account that has undergone Identify Proofing.
 - i. Monitoring may be completed:
 - a. Upon renewal of the provider contract,
 - b. Upon recertification as a Medi-Cal site, or
 - c. As required by any state/federal requirements.
 - b. Yolo County HHSa may choose to monitor as part of other monitoring activities or as its own monitoring activity. All monitoring submissions must include all of the tracking items identified in section D.2.c.i of this policy.
 - c. Network providers may also be required by the County to submit screenshots of Identity Verification Applications or copies of I-9 forms.
- 4. **Disputes**
 - a. In the event, a request for EHR access is denied based upon identity proofing, an appeal can be submitted to the Behavioral Health Compliance Officer (BHCO). The BHCO shall review the application and all submitted data, where upon an approval determination shall be made. The BHCO's determination shall be deemed final and cannot be contested.

F. REFERENCES:

- 1. MedAllies Trusted Agent

Approved by:

Karleen Jakowski

Karleen Jakowski, LMFT, Mental Health Director
Yolo County Health and Human Services Agency

02/15/2023

Date