

# **HIPAA Privacy Regulations**

## **Building Toward Group Health Plan and Issuer Compliance**

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# Building Block Definitions (I) §160.103

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- **Group health plans:**

Employee welfare benefit plan which either has 50 or more participants or is not administered by the sponsor.

- **Health insurance issuer:**

Insurance company, HMO etc.

- **Health plan:**

Group health plan, health insurance issuer, Medicare, Medicaid, Champus, FEHBP etc.



# Building Block Definitions (II) §164.504

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- **Hybrid entity:**

- legal entity with covered functions that are not its primary function

- **Health care component:**

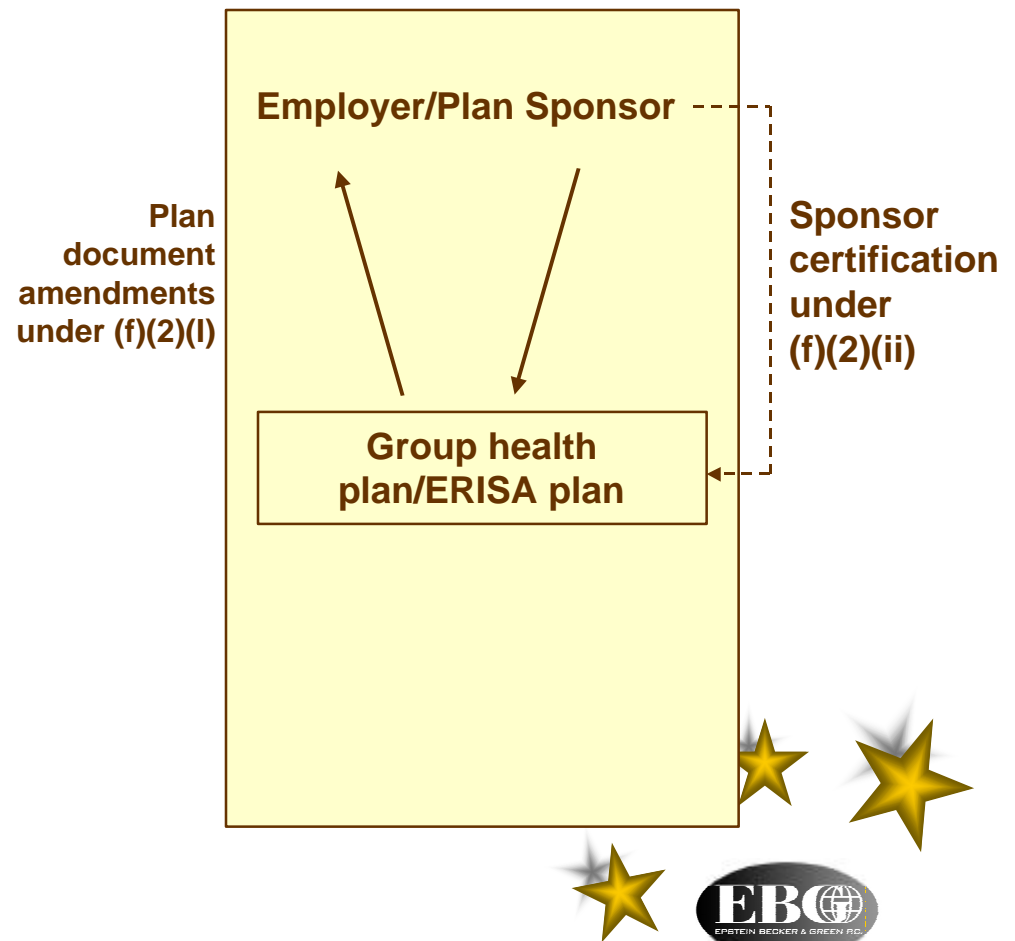
- the parts of a covered entity that perform covered functions
- a part that would be a business associate if the components were in two entities (e.g., performs a function and received PHI)



# Relationship #1

## MUSINGS

- Group health plan is a covered entity.
- Employer is not. Could it be the “business associate” of the Group Health Plan?
- Apparently it could be since the rule recognizes the sponsor and ERISA plan as separate legal entities. (Preamble at 82645)
- Also, the preamble notes that business associate contract would be required but for 504(f)(2) (Preamble 82508).
- Alternative approach “Hybrid entity”?



# Requirements for Disclosure of PHI to Plan Sponsor/Employer

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- Always have a §508 authorization option ... (but individual nature and disclosure details could be difficult)
- Special restrictions apply to “Big 3” (§ 506) disclosures - they are limited to summary health information unless the plan documents (in lieu of individual authorizations) establish what the sponsor can do with it and:



# Requirements for Disclosure of PHI to Plan Sponsor/Employer (cont.)

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- the uses are “consistent with the subpart” (catchall?)
- the sponsor makes a series of certifications to the group health plan e.g.,:
  - no use for employment-related actions
  - report breaches
  - available for amendment
  - return or destroy
  - access rules have been established



# Implementation Requirements:

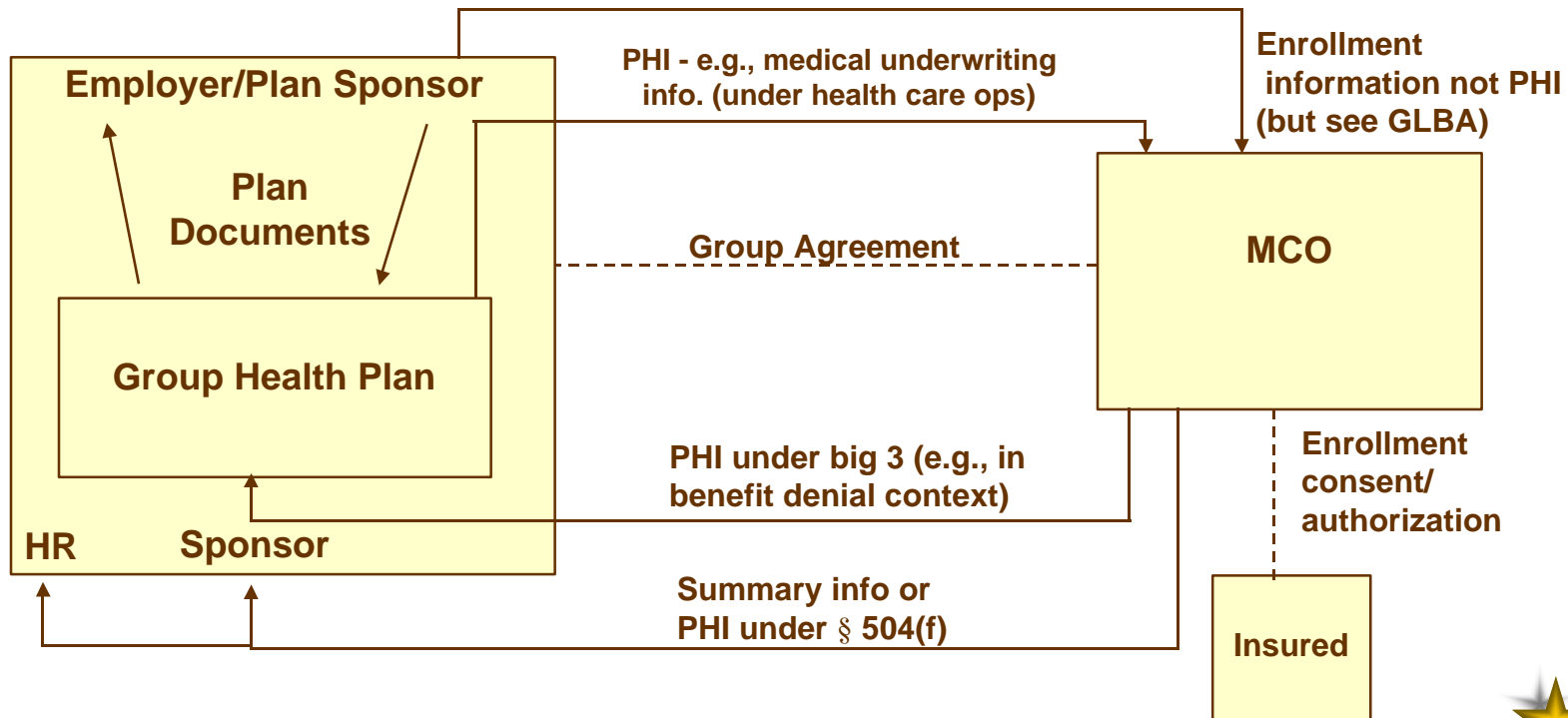
## §164.504(f)(3)

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- Seems to add a “plan administration” caveat to §(f)(1) and §(f)(2).
- Moreover, not only is group health plan required to amend plan documents and obtain sponsor certifications before GHP’s own disclosures but:
  - it must prevent a health insurance issuer from making such disclosures unless a specific statement has been included in its privacy policy and
  - even then, the sponsor cannot have an employment related purpose



# Relationship #2





# Relationship #2 (cont.)

- **Group Agreement Upgrades:**

- MCO gives GHP business associate covenants and the PHI information is identified? Preamble 82508 v. §160.103(ii).
- MCO's Argument: "I am a covered entity anyway".  
GHP's Response: "Then why not give me the covenants?"
- MCO gives GHP pledge not to disclose PHI except as permitted by 504(f)(2).
- GHP certifies to MCO that Firewalls etc. are in place
- Sponsor certifies to MCO that no employment use will be made and other 504(f)(2) covenants



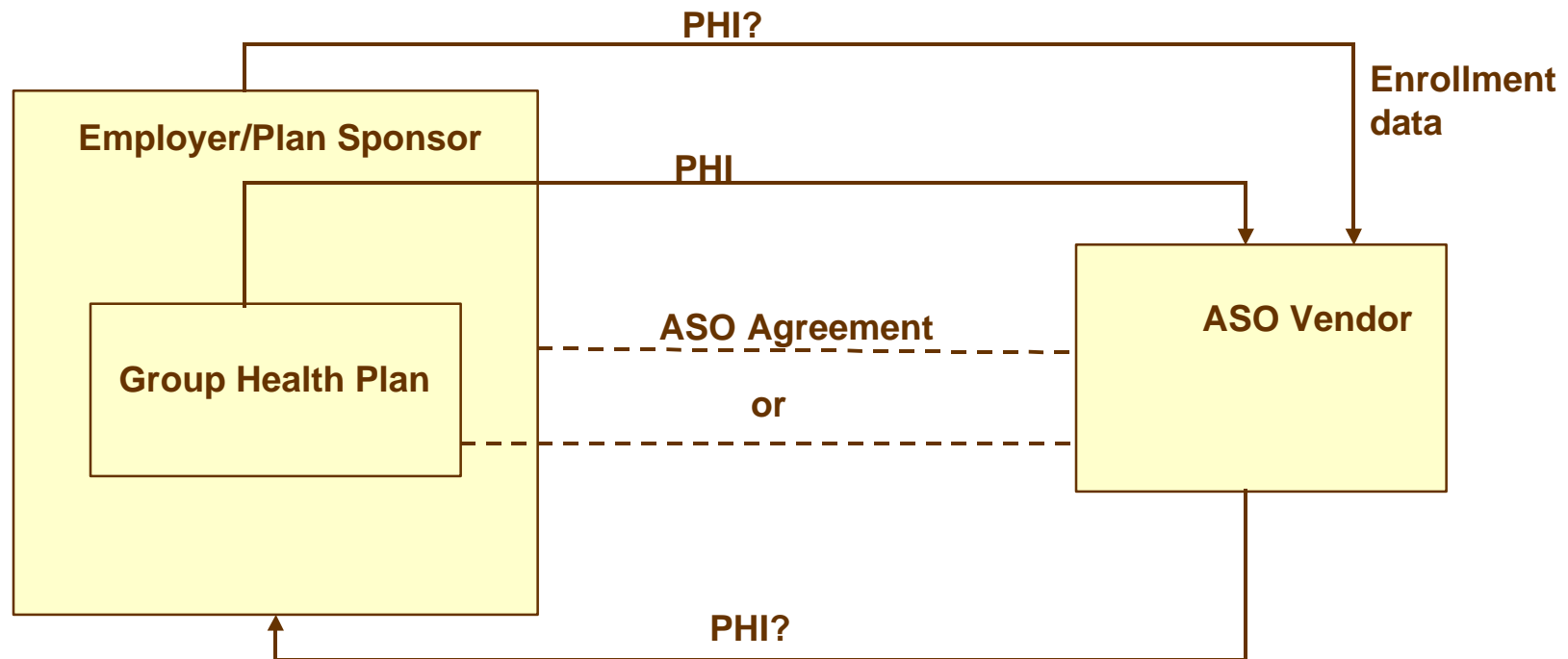
# Relationship #2 (cont.)

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- **What if employer needs PHI for fiduciary roles?**
  - plan documents
  - the MCO's privacy statement would need to address it
- **GHP makes decision to be in or out of PHI flow to avoid notice and administrative requirements? (Preamble 82509)**
- **What if EOC/COI serves as plan documents?**
- **Amend plan documents to reflect Big 3 disclosures to MCO and more if needed.**



# Relationship #3



- ASO vendor not a covered entity in this context even if otherwise a covered entity.
- However, ASO vendor is business associate of GHP



# Relationship #3 (cont.)

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- ASO agreement should contain business associate PHI identification and covenants probably even where ASO vendor contracts with sponsor
- ASO agreement should contain plan document upgrade covenants.
- Vendor's disclosures to sponsor not governed by §164.504(f). See 504(f)(iii). Therefore disclosures could be more extensive unless the ASO contract's business associate language limits them.
- What if the employer receiving the PHI is an MCO or hospital and thus a covered entity in its own right?

