

Case Study: Small Group Health Plan HIPAA Privacy Compliance for Employers

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Speaker

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Case Study: Happy PT

- Happy Physical Therapy Associates
- Approximately 100 employees
- Operations in two states
- Self-insured medical/vision
- Insured dental; two insurers
- Health Flexible Spending Account
- EAP



Case Study: Happy PT

Happy PT Goals:

- HIPAA Compliance
- Limited Budget
- Employee-Friendly





Approach to HIPAA

- 1. Covered entity analysis Employer and Plan
- 2. Information flow analysis determination of contact with PHI
- 3. Identification of internal compliance tasks
- 4. Address Use and Disclosure: business associate and other contractors





Covered Entity Analysis: Employers

- What about Employers?
- Employers are not Covered Entities simply because of their status as employers
- Employers have unique responsibilities
 - As the fiduciary of a Group Health Plan
 - As a Plan Sponsor under Privacy Rules





Covered Entity Analysis: Health Plan

- Includes any individual or group plan, private or governmental, that provides or pays for medical care (including employer-sponsored group health plan)
- Essentially, in employer context, employee welfare benefit plan under ERISA
- Includes self-insured and insured plans
- Except self-administered employee health plans with fewer than 50 participants
- Except for some but not all "excepted benefits"



Covered Entity Analysis: Health Plan

Covered Plans

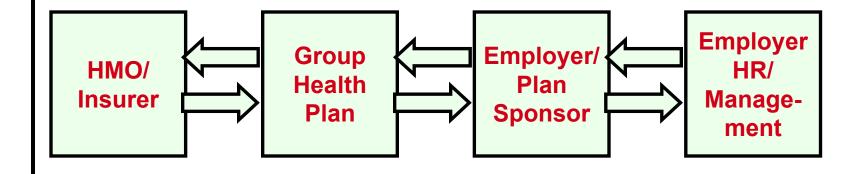
- Medical Benefit Plans
- Long-Term Care
- Dental Plans
- Vision Plans
- Prescription Drug Plans
- Most EAPs
- Health FSAs

Excluded

- Life Insurance
- AD&D
- STD and LTD
- Worker's Compensation
- Auto Insurance
- Stop Loss/ Reinsurance
- Other Property/ Casualty



Covered Entity Analysis



Covered Entities

Non-Covered Entities





Covered Entity Analysis: Small Health Plan

- Small Health Plan
 - Less Than \$5,000,000 in receipts
 - Insured Plan = Premiums
 - Self-Insured Plan = Benefit Claims Paid Out
 - Insured/Self Insured = Blend
 - Prior Fiscal Year
 - Compliance Date: April 14, 2004





Case Study: Covered Entity Determination

- 100 Employees
- \$900,000 in Receipts
- Small Group Health Plan





Information Flow

- Identify where protected health information goes, and why
- Determine whether plan sponsor is hands-on or hands-off PHI
- Fully Insured Plans that receive no PHI
 - No Individual Rights
 - No Administrative Procedure





Compliance Tasks: HIPAA Privacy Rule

- Creates individual rights with respect to health information
- Mandates administrative actions for covered entities
- Imposes use, disclosure and receipt requirements for health information





Basic Compliance Tasks

- Appoint Privacy Official
- Amend Plan Documents (if necessary)
- Prepare Notice of Privacy Practices
- Business Associate Contracts
- Reasonable Policies and Procedures
- Varies depending on Information Flow

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Individual Rights

- Right to Adequate Notice of Privacy Practices
 - How much detail?
 - Readability
- Right to Access Health Information
- Right to Request Amendment of Health Information
- Right to an Accounting of Disclosures
- Right to Request Restriction of Uses and Disclosures
- Right to Request RestrictionsCommunicating Health Information





Administrative Procedures

- Covered Entities must have policies, procedures and systems in place to protect health information and individual rights.
- Designation of a privacy official
- Complaint mechanism/contact person
- Privacy training for employees
- Safeguards to prevent misuses of protected health information
- Sanctions for employee violations





Use and Disclosure: Plan Sponsor

- Generally, plan sponsor may only receive PHI from group health plan to carry out plan administrative functions if
 - Amends plan documents
 - **■** Controls flow of PHI
 - Issues a certification to the group health plan about protections for PHI
- Amendments and certification must:
 - Establish uses and disclosures of PHI by plan sponsor
 - Ensure adequate separation between group health plan and plan sponsor
- Permitted disclosures to plan sponsor must be described in plan's privacy notice





Use and Disclosure: Plan Sponsor

- If plan sponsor does not make required changes to plan document and practices or does not certify that it has done so
 - Plan may only disclose "summary information" to plan sponsor to obtain premium bids for insurance coverage or to modify, amend or terminate the plan



Case Study: Amend Plan

- One Plan Amendment
- Self-Insured Medical Plan
- Health FSA
- EAP
- Insured Dental Plans



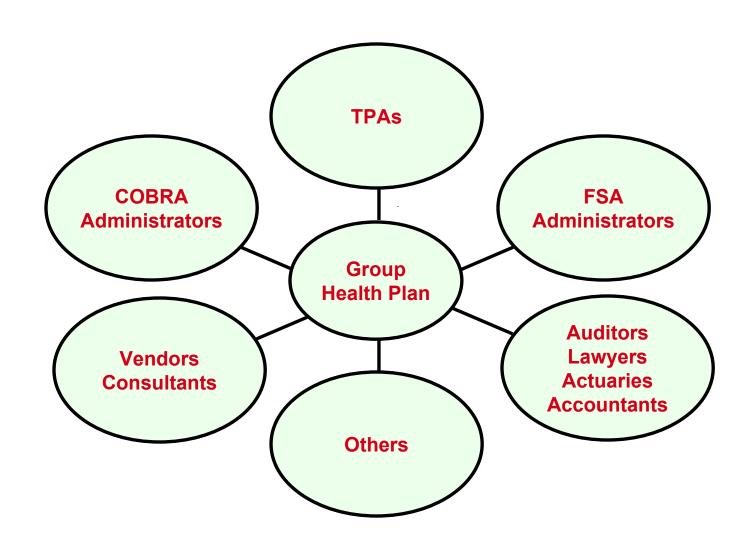


Use and Disclosure: Business Associates

- May disclose PHI to its business associates if it obtains satisfactory assurances, through written contract, that the business associate will appropriately safeguard the information.
- Specific requirements for business associate contract



Use and Disclosure: Business Associates







Case Study: Business Associate Contracts

- Medical Plan TPA
- Health FSA TPA
- **EAP Health Care Provider**
- Template for Attorneys, Accountants and Others
- Broker?





Penalties

- Civil penalties
 - \$100 per violation
 - \$25,000 annual cap for violations of "identical" requirement
- Criminal penalties
 - For profit/with malice: up to \$250,000 and/or 10 yrs in jail
- Other "penalties" or liability
 - Standard of care
 - Reputation
 - **ERISA**
 - Breach of fiduciary duties





Don't Forget

- Analyze implications of Standard Transactions and Code Set Rules
 - Plans must be able to accommodate standard transactions if requested
 - Get commitments from insurance carriers/ TPAs
- Security Regulations
 - Beware mini-security rule in Privacy Regulations
- State Law



Questions

