506 - HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA)

Section 506.01 Definition
Federal law imposes certain limitations upon group health plans on preexisting condition exclusion periods, special enrollment periods for individual participants and beneficiaries based on health status, standards relating to mothers and newborns, and parity in the application of certain limits to mental health benefits.

Section 506.02 Application
Federal law allows a non-federal governmental self-funded plan (such as the Fort Bend County Employee Benefit Plan offered to full-time employees and retirees of Fort Bend County) to exempt its Plan in whole or part from these requirements: limitations on preexisting condition exclusion periods, special enrollment periods for individuals (and dependents) losing other coverage, prohibitions from discriminating against individual participants and beneficiaries based on health status, standards relating to mothers and newborns, and parity in the application of certain limits to mental health benefits. Fort Bend County has requested that the entire Fort Bend County Employee Benefit Plan be exempt under 42 U.S.C.§ 300gg-21.

Fort Bend County is required to provide certificates of coverage to those individuals covered by the Plan at the time they cease to be covered by the Plan, and when they request a certificate within 24 months following cessation of coverage.

Section 506.03 Additional Information
For additional information, or to obtain an Employee Benefit Plan Document, please contact the Risk Management Department.

Section 506.04 HIPAA Privacy Regulations
Fort Bend County is required by law to maintain the privacy of your protected health information. Protected health information is individually identifiable health information, including demographic information collected from you, or created or received by a health care provider, all health plans (including self-funded employers), or a health care clearing house, and that relates to: (a) your past, present, or future physical or mental health or condition; (b) the provision of health care to you; or (c) the past, present, or future payment for the provision of health care to you. For additional information please contact Privacy Officer (Director of Risk Management), at the Fort Bend County Risk Management Department.

Section 506.05 HIPAA Privacy Rule
The Fort Bend Employee Medical Plan (“the Plan”) complies with the requirements of Section 164.504(f) of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, 45 C.F.R. parts 160 through 164 (the regulations are referred to herein as the “H.I.P.A.A. Privacy Rule” and Section 164.504(f) is referred to as “the 504 provisions”) which establish the extent to which “the Plan” sponsor will receive, use and/or disclose Protected Health information.
Section 506.06
The Plan’s Designation of Person/Entity to Act on It’s Behalf:

“The Plan” has determined that it is a group health plan within the meaning of the H.I.P.A.A. Privacy Rule and “the Plan” designates Risk Management Director as Privacy Officer to take all actions required to be taken by “the Plan” in certification for the Plan sponsor.

Section 506.07
“The Plan’s” Disclosure of Protected Health Information to “the Plan” sponsor – Required Certification of Compliance by Plan Sponsor

Except as provided below with respect to “the Plan’s” disclosure of summary health information, “the Plan” will disclose Protected Health Information to “the Plan” sponsor by a health insurance issuer with respect to “the Plan,” only if “the Plan” has received a certification (signed on behalf of “the Plan” sponsor) that:

1. “The Plan” Documents have been amended to establish the permitted and required uses and disclosures of such information by “the Plan” sponsor, consistent with the “504” provisions;
2. “The Plan” Documents have been amended to incorporate “the Plan” provisions set forth in this section; and
3. “The Plan” sponsor agrees to comply with “the Plan” provisions as described by this section.

Section 506.08
Required Separation between “the Plan” and “the Plan” Sponsor

In accordance with the “504” provisions, this section describes the employees or classes of employees of workforce members under the control of “the Plan” sponsor who may be given access to members’ Protected Health Information received from “the Plan” or from a health insurance issuer. (Classes may include, for example: Analyst/Administrators; Service Personnel; Information Technology Personnel; Clerical Personnel; Supervisors/Managers; Quality Assurance Unit)

1. Director of Risk Management
2. Risk Management Supervisor
3. Benefit Analyst
4. Assistant Benefit Analyst
5. Part-time Clerk

This list reflects the employees, classes of employees, or other workforce members of “the Plan” sponsor who receive members’ Protected Health Information relating to payment under, health care operations of, or other matters pertaining to plan administration functions that “the Plan” sponsor provides for “the Plan”. These individuals will have access to members’ Protected Health Information solely to perform these identified functions, and they will be subject to disciplinary action and/or sanctions (including termination of employment or affiliation with “the Plan” sponsor) for any use or disclosure of members’ Protected Health Information in violation of, or noncompliance with, the provision of this section.

Policy Approved and Adopted By:
Fort Bend County Commissioners Court
November 24, 1998
Revised: February 10, 2004