

# Early Retiree Reinsurance Program Protected Health Information Report Request Form — Fully Insured



## INSTRUCTIONS AND HEALTH PLAN INFORMATION

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, fully-insured Group Health Plans (Group) that create or receive Protected Health Information (PHI) are typically subject to the HIPAA Privacy Regulations. However, fully-insured groups that elect not to create or receive PHI are exempt from a number of those requirements. There are pros and cons to making this “PHI election”, and Groups need to carefully review this issue with their own legal counsel. Groups and their counsel can use the following information as a guide. This is not intended to be legal advice.

If a group decides that it does want to receive PHI, and subject itself to the Privacy Regulations, the amount of PHI that can be provided by Anthem Blue Cross and Blue Shield, hereafter referred to as the Plan, will be limited. As an insurer/HMO, the Plan is a covered entity regulated by the Privacy Regulations. In this role, the Plan has a responsibility to ensure that it only provides the minimum amount of PHI necessary for the Group and the Plan to run the organized health care arrangement. The Plan will use this PHI Report Request Form to help us determine if the PHI requested by the group meets that criterion. If your Group decides it does in fact want PHI, please complete the form set forth on the back of this page and return to the Plan.

## “PROS” OF THE PHI ELECTION

Fully insured Groups who make the PHI election may ask for and may receive PHI. The Plan, as the insurer or HMO for the Group, will be able to provide the minimum amount of PHI necessary for the Group to run the organized health care arrangement (the relationship between a fully insured group and its insurer). For example:

- The Group can contact the Plan’s customer service representatives to help a member resolve a claim issue.
- The Group can request reports or bills that contain PHI.
- The Group can request access to available e-employer internet applications that contain PHI.
- The Group can use or access PHI contained on an Interactive Voice Response Unit.

Note that these Groups may also receive Summary Health Information as well as enrollment and disenrollment information.

## “CONS” OF THE PHI ELECTION

Generally, under HIPAA, if a Group:

- Provides health benefits solely through an insurance contract with an insurer or an HMO; and
- The Group does create or receive PHI,

**Then the Group must comply with all of the HIPAA privacy requirements, including the following:**

- Designate a privacy official.
- Designate a contact person or office that is responsible for receiving complaints and who is able to provide further information about matters covered by the Group’s privacy notice.
- Train all members of its workforce on confidentiality policies and procedures.
- Document that the training has been provided.
- Adopt appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.
- Provide a process for individuals to make complaints concerning the Group’s confidentiality policies and procedures or its compliance with such policies and procedures.
- Document all complaints received, and their disposition, if any.
- Adopt and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the Group.
- Document the sanctions that are applied, if any.
- Mitigate, to the extent practicable, any harmful effect that is known to the Group of a use or disclosure of PHI in violation of its policies and procedures.
- Implement policies and procedures with respect to PHI that are designed to comply with the standards, implementation specifications, or other requirements of the HIPAA Privacy Regulations.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (“BCBSWI”), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (“CompCare”), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

# Early Retiree Reinsurance Program Protected Health Information Report Request Form – Fully Insured



**Group Health Plan Representative:** Please complete this form and return it to your Anthem Sales Representative.

GROUP HEALTH PLAN INFORMATION		Provide full legal name (e.g., use official corporate name such as “XYZ Company, Inc.”).		
Group’s full name	Group’s health plan no.	Group’s representative name		
Group’s address (street and P.O., if applicable)	City	State	ZIP code	County

THIRD PARTY INFORMATION		If the Group wants a business associate or other third party to receive a copy of the Report, fill in the following information.	
Other party’s full name	Reason for disclosure of report		

\*Note that if Plan’s proprietary information is included in any report shared with a group’s vendor or other third party, a Confidentiality Agreement will be required.

FREQUENCY OF REPORT
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____

INFORMATION BEING REQUESTED
<input type="checkbox"/> ERRP HHS Application: 2-Year Reimbursement Projection Workbook <input type="checkbox"/> ERRP HHS Claims Reimbursement Report

REASON BEING REQUESTED
Reason(s) why information is needed: <input type="checkbox"/> Fulfillment of HHS Early Retiree Reinsurance Application Requirements <input type="checkbox"/> Fulfillment of HHS Early Retiree Reinsurance Reimbursement Report Requirements

Upon receipt of this Request Form, the Plan will review the request and decide if this information is necessary to run the Organized Health Care Arrangement. By signing below, the Group Health Plan agrees: (1) that the Group and its agents will comply with applicable HIPAA Privacy Regulations; and (2) that the Group, and its agents will keep any Plan proprietary information confidential and will not further use or disclose this information without the Plan’s advance written notice.

By: \_\_\_\_\_  
Signature Title (Approved Benefit Office Representative) Date

FOR INTERNAL USE ONLY		
Sales Representatives: Return the completed form to the Underwriting Department (Central Zone only) or Robin Pope (all other plans) for approval. Underwriting/Privacy & Security Manager to complete the following:		
Date received	Date approved	Approved by
Date denied	Reason for denial	Denied by