

The Health Insurance Portability and Accountability Act and related rules (HIPAA) require group health plans to protect the privacy of health information. The Employee Benefits Division of the Civil Service Commission currently administers the following self-insured group health plans for state employees and retirees on behalf of the State of Michigan: Flexible Spending Accounts Plan (ADP); Preventive Dental Plan (Delta Dental); State Catastrophic Health Plan (BCBSM); State Dental Plan (Delta Dental); State Health Plan PPO (BCBSM/Magellan/Express Scripts); State Retiree Medicare-eligible Health Plan (BCBSM/Magellan/Express Scripts); and State Vision Plan (BCBSM). Federal law requires that the plans listed above send the notice of privacy practices below to all current enrollees. If you are not enrolled in any plan listed above, please disregard the notice below.

The notice below does not apply to HMOs, the Midwestern Dental DMO, long-term disability plans, long-term care plans, or life insurance plans. The administrators of these plans will provide enrollees with any notices required by law.

Questions regarding this notice can be sent to MDCS-HIPAA@michigan.gov or to the office listed at the end of the notice.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION OF GROUP HEALTH PLANS OF THE STATE OF MICHIGAN

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice gives you information about the duties and practices to protect the privacy of your medical or health information for each group health plan for state employees and retirees that is administered and self-insured by the State of Michigan ("Plan"). Each Plan is sponsored by the State of Michigan ("Plan Sponsor"). Each Plan is required by law to maintain the privacy of protected health information and to provide enrollees with a notice of its legal duties and privacy practices with respect to protected health information. Each Plan provides health benefits to you as described in your summary plan description. Each Plan receives and maintains health information in providing these benefits to you. Each Plan hires business associates to help provide these benefits. These business associates also receive and maintain health information related to you in the course of assisting each Plan.

The effective date of this notice is April 14, 2003. Each Plan is required to follow the terms of this notice until it is replaced. Each Plan reserves the right to change the terms of this notice at any time. If a Plan amends this notice, the Plan will send a new notice to all subscribers covered by the Plan. Each Plan reserves the right to make the new changes apply to all your health information maintained by the Plan before and after the effective date of the new notice.

When a Plan may use or disclose your medical or health information without your consent or authorization

The following categories describe when a Plan may use or disclose your medical or health information without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

Treatment. For example, a Plan may disclose health information at your doctor's request to facilitate receipt of treatment.

Payment. For example, a Plan may use or disclose your health information to determine eligibility or plan responsibility for benefits; confirm enrollment and coverages; facilitate payment for treatment and covered services received; coordinate benefits with other insurance carriers; and adjudicate benefit claims and appeals.

Health Care Operations. For example, a Plan may use or disclose your health information to conduct quality assessment and improvement activities; underwriting, premium rating, or other activities related to creating an insurance contract; data aggregation services; care coordination, case management, and customer service; auditing, legal, and medical reviews of the Plan; and to manage, plan, or develop a Plan's business.

Health Services. A Plan or its business associates may use your health information to contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To Business Associates. A Plan may disclose your health information to business associates that assist the Plan in administrative, billing, claims, and other matters. Each business associate must agree in writing to ensure the continuing confidentiality and security of your health information.

To Plan Sponsor. A Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. A Plan may also disclose to the Plan Sponsor that you are enrolled in or disenrolled from the Plan. A Plan may disclose your health information to the Plan Sponsor for authorized administrative functions that the Plan Sponsor provides for the Plan. The Plan Sponsor will not use or disclose your health information for employment-related activities or any other benefit plan.

As Required by Law. A Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:

- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers' compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government programs.
- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.

Each Plan may also use and disclose your health information as follows:

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding coverage, exclusion, cost, and privacy issues.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

Uses and disclosures with your permission

Each Plan will not use or disclose your health information for other purposes, unless you give a Plan your written authorization. If you give a Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information a Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your rights

You may request in writing that a Plan do the following concerning your health information that the Plan maintains:

- Put additional restrictions on a Plan's use and disclosure of your health information. A Plan does not have to agree to your request.
- Communicate with you in confidence about your health information by a different means or at a different location than a Plan currently does. Your request must specify the alternative means or location to communicate with you. A Plan does not have to agree to your request.
- See or receive copies of your health information. A Plan may charge a reasonable fee to cover expenses associated with your request. In limited cases, a Plan does not have to agree to your request.
- Amend your health information. In some cases, a Plan does not have to agree to your request.
- Receive a list of disclosures of your health information from a stated time period during the prior years (but not before April 14, 2003) that the Plan made for certain purposes. This listing will not include disclosures made to you; for treatment, payment, or health care operation purposes; or other exceptions. In some cases, the Plan may charge a nominal, cost-based fee to carry out your request.
- Send you a paper copy of this notice. You may also download a copy of this notice at the employee benefits division section of www.michigan.gov/mdcs.

To exercise any right described in this notice or for a detailed explanation of the fee structure for possible fees for receiving information, please contact the Privacy Official at the address, e-mail, or phone number listed below.

Complaints

If you believe your privacy rights have been violated by the Plan, you have the right to complain in writing to the Plan or to the Secretary of the United States Department of Health and Human Services. You may file a written complaint with the Plan at the address listed below. We will not retaliate against you if you choose to file a complaint with the Plan or the Department of Health and Human Services.

Contact office

To request additional copies of this notice or more information about Plan privacy practices, please contact the Privacy Official for the state group health plans at the following Contact Office:

Contact Office: Michigan Civil Service Commission, Privacy Official
Telephone: (517) 373-7977 or (800) 505-5011 Fax: (517) 373-3174
E-mail: MDCS-HIPAA@michigan.gov
Address: 400 South Pine Street, P.O. Box 30002, Lansing, MI 48909