

HIPAA Frequently Asked Questions June 3, 2003

HIPAA Privacy Questions

- 1. Q: For what type of groups is EyeMed required to send its Notice of Privacy Practices?**

A: Because EyeMed Vision Care works in conjunction with insurance companies, EyeMed is required to send its Notice of Privacy Practice to those members who receive vision benefits under a fixed fee or insured vision benefit. EyeMed also makes vision benefits available on a fee-for-service basis. With respect to fee-for-service plans, the Group Health Plan is the responsible party under HIPAA to send its Notice of Privacy Practices.
- 2. Q: When will EyeMed be sending its Notice of Privacy Practices?**

A: The Notice of Privacy Practice was mailed to all existing members on or before April 14, 2003, the compliance date. Going forward, EyeMed is including the Notice of Privacy Practices in with the member's card. In addition, a member can obtain a copy of the Notice of Privacy Practices at any time from the EyeMed Vision Care web site or by contacting EyeMed's privacy officer at PrivacyOffice@eyemedvisioncare.com.
- 3. Q: What is included in EyeMed's Notice of Privacy Practices?**

A: The Notice of Privacy Practice includes information regarding how EyeMed uses and discloses protected health information for treatment, payment and healthcare operations, all of which are permitted under the HIPAA regulations. The Notice also sets forth the additional disclosures allowed by the law and describes the rights that a member has to their protected health information, including the right to access, amend, and request restriction. Also as required by the HIPAA regulations, the Notice provides EyeMed members with individual contact information for further questions about privacy rights and protections as well as information on how to contact the Secretary of Health and Human Services if the member believes his or her privacy rights have been violated and the member wishes to file a complaint.
- 4. Q: Will EyeMed send its Business Associate Agreement to groups?**

A: Yes, but a Business Associate Agreement is only necessary for the Fee-for-Service plans/groups. In addition, EyeMed is considered the business associate of insurance companies that include the EyeMed Vision Care panel and benefit with its plans.
- 5. Q: Will EyeMed accept the Group's Business Associate Agreement?**

A: Yes, EyeMed will review and sign the Group's Business Associate Agreement, so long as the terms are acceptable to EyeMed and comply with the HIPAA regulations.
- 6. Q: Will EyeMed be amending the Group's Vision Plan to comply with HIPAA?**

A: No, the EyeMed vision benefit documents are not the "Plan" as that term is used under HIPAA. The actual "Plan" document is one that is in compliance with ERISA and is the responsibility of the Group. EyeMed is not in a position to provide ERISA legal advice to clients. The EyeMed Vision Plan is a benefit made available to the Group and thus is considered a part of the Group Health Plan, as defined under HIPAA. If the benefit to the Group is an insured benefit, the vision benefit and corresponding documents, Master Policy and Certificate of Insurance, are in compliance with state insurance laws.

7. Q: Does EyeMed send any reports to Group that contains Protected Health Information?

A: The answer depends on the type of group—insured or fee-for-service—and what information EyeMed is actually requested by the Group to provide.

For an insured group, the sharing of the roster, including the enrollment and disenrollment of members, with the Group Health Plan is specifically permitted under the regulations.

For a Fee-for-Service group, the actual invoice does contain Protected Health Information and is potentially not the minimum necessary. In order for EyeMed to continue to send the detailed invoice to the Group, the Group must amend its “Plan” as indicated in the regulations and provide EyeMed with a copy of the same certification issued to the Plans Sponsor as set forth in the regulations. The compliance date for Group’s to comply with the “Plan” amendment requirements depends on whether the Group is considered a “Small Health Plan,” which is defined as a Health Plan with \$5 million or less in annual receipts. Small Health Plans compliance date is April 14, 2004. If the Group is not a “Small Health Plan,” then its “Plan” should have been amended by April 14, 2003.

Any other reports to the group would need to be specifically evaluated to determine if Protected Health Information is included and what actions, if any, must be taken to continue to provide such reports to the Group.

8. Q: Will EyeMed share PHI with our HR representative’s without an authorization from the individual so that the representative can assist in resolution of an issue or complaint?

A: No. EyeMed will require a written authorization that complies with the HIPAA regulations in order to discuss an individual’s Protected Health Information with an HR representative or anyone from the Group.

9. Q: Will EyeMed accept a verbal authorization from the individual if they are on the telephone call with the HR representative?

A: EyeMed will participate in such a conference call with the individual and the HR representative. The individual may not provide a verbal authorization and then leave the telephone call. The HIPAA regulations state that a valid authorization is a document that meets the requirements in the regulations, one of which is that the document must include the signature of the individual.

10. Q: Does EyeMed have an authorization form that is HIPAA compliant? Will EyeMed require the use of its authorization form?

A: Yes, EyeMed can provide to Groups a HIPAA compliant authorization form. No, EyeMed does not require the use of its form. EyeMed will also accept the group’s authorization form so long as it complies with the HIPAA regulations.

11. Q: How can either the Group or a Member obtain a copy of EyeMed’s authorization form?

A: The form will be provided to all Groups upon implementation and on request. In addition, a copy of the form will be available on EyeMed’s web site. Member’s can obtain a copy of the form from the web site or by contacting the Customer Care Center and providing the representative with a fax number or other place to send a copy of the form.

12. Q: Who is EyeMed’s Privacy Officer and how can he be contacted?

A: EyeMed’s privacy officer is Joe Neville. He can be contacted by e-mail at PrivacyOfficer@eyemedvisioncare.com. In addition, his telephone number is 513.765.4321.

13. **Q: How does EyeMed use and disclose Protected Health Information?**
A: After a careful review of all of EyeMed's systems and processes, EyeMed has determined that it only uses Protected Health Information for purposes of treatment, payment and health care operations, as those terms are defined under the HIPAA regulations.

Electronic Transaction Questions (EDI/Standard Transactions)

1. **Q: Will EyeMed be compliant with the required transactions by the compliance date of October 16, 2003?**
A: Yes, EyeMed will be in compliance by the required date.
2. **Q: When will EyeMed be ready to test EDI transactions with trading partners?**
A: By July 1, 2003, EyeMed will be ready to test the Benefit Enrollment and Maintenance Standard EDI transactions with trading partners. In August, EyeMed will be ready to test the other Standard EDI transactions.
3. **Q: What are the Standard Transactions under the HIPAA regulations?**
A: The Administrative Simplification Compliance portion of HIPAA standardizes the following electronic activities that are carried on from one Covered Entity to another Covered Entity:
1. Health Care Claim (837)
 2. Health Care Eligibility Benefit Inquiry and Response (270/271)
 3. Health Care Services review (278)
 4. Health Care Claim Status Request and Response (276/277)
 5. Benefit Enrollment and Maintenance (834)
 6. Health Care Claim Payment/Advice (835)
 7. Premium Payment for Insurance Products (820)
4. **Q: Which of the Standard Transactions will EyeMed support?**
A: EyeMed will support the following transactions: 834, 835, 837, 270/271, 276/277 and 820.
5. **Q: Will EyeMed ask its Trading Partners to enter into a Trading Partner Agreement?**
A: Yes, EyeMed will ask that all Trading Partners consider signing a trading partner agreement so that the terms related to how we will interact are clearly agreed to at the time we start trading.
6. **Q: How do I obtain information about trading the Standard Transactions with EyeMed's?**
A: Trading partners can obtain information on trading with EyeMed by going to EyeMed's HIPAA web site. EyeMed's transaction companion guides will be published on the HIPAA web site. These guides are PDF files and can be easily downloaded. If you are interested in trading with us, please contact: Lisa Belcuore through email at lbelcuor@eyemedvisioncare.com or by phone at 513-765-6007.
7. **Q: How will I know if EyeMed has any special requirements about the Standard Transactions?**
A: Our requirements are defined in our companion and connectivity guides. If there are questions after your review the companion and connectivity guides, please contact Lisa Belcuore through email at lbelcuor@eyemedvisioncare.com or by telephone at 513-765-6007.

8. Q: Are EyeMed's transactions certified by an outside company or organization to indicate that they are in compliance with HIPAA?

A: Yes, EyeMed has contracted with Claredi to certify all HIPAA Standard Transactions supported by EyeMed are in compliance with the HIPAA regulations.

9. Q: Will EyeMed require that its Trading Partners also obtain a certification regarding its compliance with HIPAA Standard Transaction requirements?

A: EyeMed highly recommends that all trading partners consider obtaining a certification from an outside company or organization regarding its compliance with the HIPAA regulations. Such certification should assist the Trading Partner in transacting with any payer organization.