

TRI-COUNTY SCHOOLS INSURANCE GROUP

ADMINISTRATION

Policy No. 115

Policy 115

Protected Data and Health Information

The confidentiality and protection of protected data and health information is a fundamental responsibility of the Plan Administrator, Tri-County Schools Insurance Group. The expansion of federal and state requirements and the technological threats greatly increase the risk of breaches. The listing below of authorized disclosures highlights the more common instances of disclosing information. Instances which are not covered specifically below must be decided on a case-by-case basis with an emphasis on a conservative approach which emphasizes protection of data.

1. Disclosure of Protected Health Information

The Plan Administrator, Claims Administrator, Plan Sponsors and all Business Associates shall comply with the published Employee Health Care Plan: HIPAA Notice of Privacy Practices.

2. Disclosure of Certain Enrollment Information Allowed Between the Plan Sponsor, Plan Administrator and Claims Administrator

Pursuant to section 164.504(f)(1)(iii) of the Privacy Standards (45 CFR 164.504(f)(1)(iii)), the Plan may disclose to the Plan Sponsors information on whether an individual is participating in the Plan or is enrolled in or has un-enrolled in programs offered by the Plan. The plan sponsor shall affirm they will not use or disclose the protected health information for any employment-related action or decision or in connection with any other benefit plan.

3. Disclosure of Summary Health Information to Employers

Summary Health Information which is claims history, claims expenses, or types of claims experience of the individuals shall be aggregated representing the de-identified data for the entire pool consistent with the concept of pooling claims experience for underwriting (blind pooling). Individual employer summary data shall not be provided.

4. Disclosure of Data if Experience Modifier and Separate Rating Used

Per Section 9.9 and 9.11 of the by-laws, the Executive Committee retains the right to request additional contributions from individual employer members if warranted by additional expenses associated with that member or members. In such cases the methods of the calculation and summary data used to develop the formula for the experience modification factor shall be provided to the individual employer impacted by the experience modification factor.

5. Disclosure of Aggregated Data for Public Health and Public Policy Research

Aggregated data which is de-identified in compliance with HIPAA and Hi-tech standards maybe disclosed to federal and state public health agencies for research, grant applications and reporting.

6. Disclosure of Summary Information for Disease and Risk Management and Trends

The Plan Administrator may with or without, the use of Business Associates, analyze claims data to determine disease, risk and utilization trends. Such information may be disclosed in the aggregate or at the individual employer level, if personal health information can be de-identified to the point that identity cannot be inferred from other data.

7. Disclosure of PHI to Obtain Stop-loss or Excess Loss Coverage

The Plan Administrator may disclose PHI to stop-loss/excess loss carriers or managing general underwriters (“MGUs”) in order to obtain and maintain coverage related to claims under the Plan, made in accordance with the Privacy Standards.

8. Disclosure of PHI for subrogation of claims and defense.

The Plan Administrator may disclose PHI to Business Associates and law firms engaged in subrogating claims expense to liable third parties or to defend the Plan Administrator in the event of a lawsuit.