

HIPAA

Lesson 1. What is HIPAA?

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What is HIPAA?

The acronym "HIPAA" refers to the **Health Insurance Portability and Accountability Act of 1996**, which is a federal law enacted by the United States Congress and signed by President Bill Clinton in 1996. It has been known as the Kennedy-Kassebaum Act or Kassebaum-Kennedy Act after two of its leading sponsors.



What are the HIPAA Titles?

- **Title I of HIPAA** protects health insurance coverage for workers and their families when they change or lose their jobs.
- Title II of HIPAA, known as the Administrative Simplification (AS) provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers.
- Title III of HIPAA standardizes the amount that may be saved per person in a pre-tax medical savings account.
- **Title IV of HIPAA** specifies conditions for group health plans regarding coverage of persons with pre-existing conditions, and modifies continuation of coverage requirements; it also clarifies continuation coverage requirements and includes COBRA clarification.
- **Title V of HIPAA** includes provisions related to company-owned life insurance for employers providing company-owned life insurance premiums, prohibiting the tax-deduction of interest on life insurance loans, company endowments, or contracts related to the company. It also repeals the financial institution rule to interest allocation rules.



What are the HIPAA Rules?

The Health Insurance Portability and Accountability Act (HIPAA) Rules provide federal protections for patient health information held by **covered entities** and **business associates** and give patients an array of rights with respect to that information.

This suite of regulations includes **the Privacy Rule**, which protects the privacy of individually identifiable health information; **the Security Rule**, which sets national standards for the security of electronic Protected Health Information (e-PHI); and **the Breach Notification Rule**, which requires covered entities and business associates to provide notification following a breach of unsecured Protected Health Information (PHI).



What type of entities must comply with HIPAA?

Covered entities must comply with the HIPAA Privacy, Security and Breach Notification Rules. **Business associates** must comply with the HIPAA Security Rule and Breach Notification Rule as well as certain provisions of the HIPAA Privacy Rule.

In few terms, the Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires **covered entities** and **business associates** to:

- Protect the privacy of patient information.
- Secure patient health information (physically and electronically).
- Adhere to the "minimum necessary" standard for use and disclosure of patient health information.
- Specify patients' rights for access, use and disclosure of their health information.



Examples of Covered Entities

Covered entities include:

- ✓ Health care providers who conduct certain standard administrative and financial transactions in electronic form, including doctors, clinics, hospitals, nursing homes, and pharmacies. Any health care provider who bills electronically (such as a current Medicare provider) is a covered entity.
- ✓ Health insurance plans.
- √ Health care clearinghouses.



Examples of Business Associates

Business associates can perform many different services for a covered entity, including:

- Legal
- Accounting
- Consulting
- Data aggregation
- Management
- Administrative accreditation
- Data transmission

- Data analysis
- Processing or administering claims
- Quality assurance
- Billing (OnQ Contact Center is considered as a HIPAA Business Associate)



What information is protected by HIPAA?

The information protected by HIPAA is called **Protected Health Information (PHI)**.

HIPAA Protected Health Information includes:

- Information related to a patient's past, present or future physical and/or mental health or condition.
- Includes at least one of the 18 personal identifiers.
- In any format: written, spoken, or electronic (including videos, photographs, and X-rays).
- PHI includes health information about individuals who have been deceased less than 50 years.



What are the HIPAA 18 identifiers?

The 18 Identifiers defined by HIPAA are:

- Name;
- Postal address;
- All elements of dates except year;
- Telephone number;
- Fax number;
- Email address;
- URL address;

- IP address;
- Social security number;
- Account numbers;
- License numbers;
- Medical record number;
- Health plan beneficiary
 number;
- Device identifiers and their serial numbers;

- Vehicle identifiers and serial number;
- Biometric identifiers (finger and voice prints);
- Full face photos and other comparable images; and,
- Any other unique identifying number, code, or characteristic.



Important Things To Remember

- HIPAA stands for Health Insurance Portability and Accountability Act, which is a federal law signed in 1996.
- The information protected by HIPAA is called Protected Health Information (PHI).
- The Covered Entities and Business Associates must comply with HIPAA (OnQ Contact Center is considered a Business Associate).
- The HIPAA Rules are: the Privacy Rule, the Security Rule and the Breach Notification Rule.
- PHI includes all the information related to the patient's health status and any other patient information that you have access to through your work at OnQ Contact Center.



