

EAST END HEALTH PLAN

PART IX

USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION

**EAST END HEALTH PLAN AMENDMENT TO
PLAN DOCUMENT REGARDING USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

A. Use and Disclosure of Protected Health Information (PHI)

The East End Health Plan, through its Third Party Administrator, Pharmacy Benefits Manager and Vision Plan Manager (hereinafter collectively referred to as “The Plan”) will use protected health information (PHI) to the extent of and in accordance with the uses and disclosures permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the Plan will use and disclose PHI for purposes related to health care treatment, payment for health care and health care operations.

Payment includes activities undertaken by the Plan to obtain premiums or determine or fulfill its responsibility for coverage and provision of plan benefits that relate to an individual to whom health care is provided. These activities include, but are not limited to, the following:

- ! Determination of eligibility, coverage and cost sharing amounts (for example, cost of a benefit, plan maximums and co-payments as determined for an individual’s claim);
- ! Coordination of benefits;
- ! Adjudication of health benefit claims (including appeals and other payment disputes);
- ! Subrogation of health benefit claims;
- ! Establishing employee contributions;
- ! Risk adjusting amounts due based on enrollee health status and demographic characteristics;
- ! Billing, collection activities and related health care data processing;
- ! Claims management and related health care data processing, including auditing payments, investigating and resolving payment disputes and responding to participant inquiries about payments;
- ! Obtaining payment under a contract for reinsurance (including stop-loss and excess of loss insurance);
- ! Medical necessity reviews or reviews of appropriateness of care or justification of charges;
- ! Utilization review, including pre-certification, preauthorization, concurrent review and retrospective review;
- ! Reimbursement to the plan.

Health Care Operations include, but are not limited to, the following activities:

- ! Quality assessment;
- ! Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, disease management, contacting health care providers and patients with information about treatment alternatives and related functions;
- ! Rating provider and plan performance, including accreditation, certification, licensing or credentialing activities;
- ! Underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to health care claims (including stop-loss insurance and excess of loss insurance);
- ! Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs;
- ! Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the Plan, including formulary development and administration, development or improvement of payment methods or coverage policies;
- ! Business management and general administrative activities of the Plan, including, but not limited to:
 - (a) management activities relating to the implementation of and compliance with HIPAA's administrative simplification requirements, or
 - (b) customer service, including the provision of data analyses for policyholders, plan sponsors, or other customers;
 - § resolution of internal grievances; and
 - § due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor is a "covered entity" under HIPAA or, following completion of the sale or transfer, will become a covered entity.

B. The Plan Will Use and Disclose PHI as Required by Law and as Permitted by Authorization of the Participant or Beneficiary.

With an authorization, the Plan will disclose PHI to the following for purposes related to administration of these plans:

- ! Pension plans;
- ! Disability plans;
- ! Reciprocal benefit plans;
- ! Workers' compensation insurers;
- ! Employment insurance; and
- ! Social security administration.

C. Adoption of Third Party Administrators' and Pharmacy Benefits Managers' HIPAA Privacy Policies and Procedures

The Trustees of the EEHP adopt the policies and procedures of its Third Party Administrators and Pharmacy Benefits Manager, with respect to all HIPAA privacy requirements for the use and disclosure of PHI and Individual rights with respect to PHI including but not limited to:

- ! Use and disclosure of PHI received in connection with administration of the Plan
- ! Confidentiality and security of Participants' PHI
- ! Rights of Individuals with respect to inspection, amending, or access to PHI, right to an accounting of disclosures of PHI and Individuals right to revoke authorization to use or disclose medical information

D. For Purposes of This Section The Board of Trustees of the East End Health Plan Is the Plan Sponsor.

PHI will be disclosed to the Plan Sponsor only upon receipt of an authorization from a Plan member.