


**The California State University
Office of the Chancellor
401 Golden Shore
Long Beach, CA 90802-4210
(562) 951-4411**

Date: July 23, 2004

Code: HR 2004-22

To: CSU Presidents

Supersedes: HR 2003-14

From: Jackie R. McClain 
Vice Chancellor
Human Resources

Subject: **HIPAA Regulations – Privacy Compliance for CSU Human Resources Operations – Update**

This letter updates issues related to the California State University's (CSU) human resources operations privacy compliance obligations established under the Health Insurance Portability and Accountability Act (HIPAA). Effective April 14, 2004, HIPAA privacy regulations now include the Health Care Reimbursement Account (HCRA) plan and external campus-sponsored Employee Assistance Programs (EAP). Under HIPAA's "small plan rule," health plans that met HIPAA's small plan definition were given an additional year to comply. All other CSU sponsored health benefit plans were subject to privacy regulations April 14, 2003.

HR 2003-14, issued July 15, 2003, established HIPAA privacy compliance policy for the CSU, its health benefit plans and plans' providers. This updated policy provides additional implementation guidance and compliance updates to campuses and includes the following attachments:

Attachment A: Revised CSU HIPAA Privacy Policy

Attachment B: Executive Order 877 (Issued August 5, 2003)

Attachment C: HIPAA Privacy Overview Presentation

Attachment D: Revised HIPAA Privacy Notice

Attachment E: Participant Authorization Form

Attachment F: DCRA/HCRA Administrative Guide - Section 11 HCRA HIPAA Privacy Regulations

Attachment G: HIPAA Privacy Policy Implementation Checklist

Attachment H: Employee Assistance Programs subject to HIPAA Privacy Policy

Distribution:

Vice Presidents, Administration
Associate Vice Presidents/Deans of Faculty
Human Resources Directors
Benefits Officers
Payroll Managers

ADDITIONAL IMPLEMENTATION GUIDANCE

The following completed tasks are important to the successful implementation of HIPAA privacy regulations for CSU human resources operations. These tasks include the completion of the CSU HIPAA Privacy Manual, revision of the HIPAA Privacy Notice, and announcement of HIPAA privacy compliance requirements for the HCRA plan and external EAPs. For a comprehensive list of completed and to-be-completed CSU specific HIPAA privacy implementation tasks, see Attachment G, HIPAA Privacy Policy Implementation Checklist.

HIPAA MATERIALS

❖ *New* CSU Human Resources HIPAA Privacy Manual

HIPAA privacy regulations require CSU human resources operations to establish privacy policy and structure, including restrictions on the use or disclosure of Protected Health Information (PHI), for all CSU health benefit plans. A comprehensive HIPAA privacy manual has been designed for CSU human resources operations staff and will be used centrally by Systemwide Human Resources at the Chancellor's Office. In addition, a separate manual has been written for campus human resources departments. The campus manual is designed to meet specific campus needs based on the survey conducted last year regarding campus human resources departments' use of PHI. Campuses are encouraged to review the manual to ensure compliance with HIPAA privacy regulations for all CSU sponsored health benefit plans. *The campus specific HIPAA Privacy Manual will be distributed to campuses under separate cover.*

❖ *Revised* HIPAA Privacy Notice (Attachment D)

The CSU's multi benefit plan HIPAA Privacy Notice has been revised to include the HCRA plan and external EAPs. *Campuses are requested to replace outdated copies with the attached revised version.* Campuses are asked to continue providing this Notice to newly hired employees electronically or in hard copy. On behalf of the HCRA plan and external EAPs, the CSU also is responsible for distributing the Privacy Notice to all HCRA and EAP plan participants/enrollees. See below for more information regarding the distribution of Privacy Notices for the HCRA plan and external EAPs. Note: The health benefit insurance providers (CalPERS medical, Delta Dental, PMI DeltaCare, and Blue Shield/MES vision) continue to be responsible for the distribution of their privacy notices.

❖ *Expanded Use* Participant Authorization Form (Attachment E)

The Participant Authorization to Use and/or Disclose Personal Health Plan Information Form was developed for use when an employee's authorization is needed to use or disclose PHI. This authorization form must be used for all CSU sponsored health plans including CalPERS medical, Delta/PMI dental, Blue Shield/MES vision, **AND the HCRA Plan and campus sponsored external EAPs.** In order to obtain any PHI from a CSU sponsored benefit provider, an authorization must be obtained from the employee and submitted to that provider. Under the HCRA Plan, an authorization is not needed when providing or obtaining PHI from the third party administrator, Central Bank/ASI.

HIPAA PRIVACY COMPLIANCE UPDATE - "SMALL PLAN RULE"

❖ CSU Health Care Reimbursement Account (HCRA) Plan

The HCRA Plan must comply with HIPAA privacy regulations effective April 14, 2004. On behalf of the HCRA Plan, the CSU must do the following:

- ✓ ***Establish privacy policy and procedures, including restrictions on the use or disclosure of PHI without participant authorization.***
 - The newly created HIPAA Privacy Manual provides the policies and procedures for all CSU sponsored health benefit plans, including the HCRA Plan.
 - The DCRA/HCRA Administrative Guide has been updated to describe the Plan's permitted uses and disclosures of PHI for the HCRA plan (See Attachment F – Section 11 HCRA HIPAA Privacy Regulations). An updated version of the DCRA/HCRA Administrative Guide, in its entirety, will be available electronically prior to the upcoming open enrollment.
- ✓ ***Ensure all EAP participants receive a Privacy Notice.*** On April 14, 2004, Systemwide Human Resources Administration notified HCRA participants, currently enrolled in plan year 2004, of HIPAA privacy regulations via direct mailing to the participant's home address. Many employees may have already received a similar Privacy Notice if enrolled in other CSU sponsored benefit plans.
- ✓ ***Enter into a Business Associate Agreement with HCRA's third-party administrator (TPA), Central Bank/ASI.*** On behalf of the HCRA Plan, the Chancellor's Office has entered into a Business Associate Agreement with Central Bank/ASI. The Agreement requires the TPA to follow HIPAA privacy regulations.

❖ Campus-Sponsored External Employee Assistance Programs (EAPs)

The external EAPs must comply with HIPAA privacy regulations effective April 14, 2004. A survey conducted last year determined that 14 campuses and the Chancellor's Office sponsor external EAPs (See Attachment H for the list of campuses and their external EAPs). On behalf of the external EAPs, the CSU must do the following:

- ✓ ***Establish privacy policy and procedure, including restrictions on the use or disclosure of PHI without participant authorization.*** The newly created HIPAA Privacy Manual provides the policies and procedures for all CSU sponsored health benefit plans, including the external EAP Programs.

- ✓ ***Ensure all EAP participants receive a Privacy Notice.*** Most employees eligible to participate in the EAP have already received a multi benefit plan Privacy Notice if enrolled in other CSU sponsored health benefit plans. Campuses will be requested to provide copies of the revised HIPAA Privacy Notice to all CSU employees during open enrollment for the 2005 plan year. Instructions will be provided in the upcoming open enrollment technical letter.
- ✓ ***Enter into a Privacy Agreement with the EAP vendors.*** Similar to a Business Associate Agreement, the Privacy Agreement requires the TPA to follow HIPAA privacy regulations. Systemwide Human Resources Administration will contact the 14 campuses and the Chancellor's for further instruction.

The above highlights some of the key requirements campus human resources departments must follow to comply with HIPAA privacy regulations. As mentioned, campus human resources departments are encouraged to review the HIPAA Privacy manual to ensure compliance with all HIPAA privacy regulations. If you have questions, please call Human Resources Administration at (562) 951-4411. This memorandum and attachments are also available on the Human Resources Administration's Web site at: <http://www.calstate.edu/HRAdm/memos.shtml>.

JRMcC/br

Attachments



California State University HIPAA PRIVACY POLICY

The California State University's (CSU) health benefit plans must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Title II regulations, issued by the Federal Department of Health and Human Services (DHHS). How the CSU complies with the HIPAA regulations will vary with the particular health plan and the CSU's involvement in plan administration functions.

HIPAA's Title II requirements cover the privacy and security of individual health information used, transmitted, and retained by employer health plans and other covered entities, and the electronic transmission of certain individual health data. This information is known as protected health information (PHI). There are three main sets of HIPAA regulations, each part with differing effective dates.

HIPAA Regulations	Description	Effective Dates
Privacy	Rules that safeguard privacy of individual health information by placing limits on accessibility and dissemination of patient information.	April 14, 2003, unless meets "small plan rule" then April 14, 2004.
Electronic Data Interchange (EDI)	Rules that standardize transactions/code sets for electronic data interchange to encourage electronic commerce in healthcare.	October 16, 2003
Security	Rules that maintain confidentiality and data integrity, prevent unauthorized use of data, and guard against physical hazards.	April 21, 2005

Health Plan Types Subject to HIPAA's Privacy Regulations

- Major medical, pharmacy, disease-specific policies (such as cancer coverage)
- Dental, vision, long-term care, mental health
- Some Employee Assistance Programs (EAPs)
- Health Flexible Spending Accounts (FSAs)

Privacy Regulations Apply to Covered Entities and Business Associates

Covered Entities	
Health Plans	<ul style="list-style-type: none"> - Any plan that provides health benefits or pays for health care - Includes insured plans (CalPERS medical, Delta Dental, PMI dental, BlueShield/MES vision and external EAPs) and self-insured health plans (HCRA), HMOs, and insurers
Health Care Providers	<ul style="list-style-type: none"> - Applies if they transmit health data electronically - Can include on-site clinics and medical facilities
Health Care Clearinghouses	<ul style="list-style-type: none"> - Billing agents and firms that process electronic health information

Typically employers, third party administrators (TPAs), life insurance plans, disability plans, worker's compensation plans and agencies are not covered entities. However, HIPAA regulations make it clear that employers and their TPAs may be affected based on their roles as plan sponsors and business associates.

Business Associates

A business associate is an entity that performs functions for or provides services to or on behalf of, a covered entity, where the function or service involves the use or disclosure of individually identifiable health information. Business associates must agree via contract with a group health plan that they will comply with the HIPAA regulations. Certain entities are not business associates, including insurers and HMOs providing insured benefits, and employers performing administrative activities for their plans. Examples of business associates include: TPAs, consultants, attorneys, and auditors. The CSU must have a business associate agreement with its Health Care Reimbursement Account (HCRA) Plan TPA and a privacy agreement, similar to a business associate agreement, with all its external campus-sponsored employee assistance programs (EAPs).

COBRA vendors may be considered business associates for purposes of HIPAA compliance. Benefit plans must ensure that there is a business associate agreement in place. This responsibility lies with the insurance carriers if they contract out their COBRA operations. CSU does not contract directly with any COBRA vendor. This is not applicable to the CSU but may be for its insurance carriers.

The Regulations Affect Employers including the CSU

HIPAA regulations affect almost every employer that sponsors a health plan, including the CSU. Although employers are not directly regulated by the HIPAA regulations, the group health benefit plans they sponsor are. The employer, as the plan administrator for a group health benefit plan, is responsible for ensuring the plan's compliance with the regulations. Employers are, generally, not "covered entities," but the privacy rules require employers that perform administrative services for their health plans to implement safeguards.

If an employer only 1) receives summary health information for limited purposes of obtaining premium bids or for modifying, amending, or terminating plans and 2) only transmits participant enrollment, disenrollment, premium payment information to the business associates, insurers, and HMOs that administer the group health benefit plan, then the employer is generally "off the HIPAA hook."

However, if the employer creates, maintains or receives protected health information (PHI) other than enrollment, disenrollment, premium payment information or summary health information, the employer is subject to more of the regulations.

Privacy Regulations – Impact on CSU

- ❖ CSU's sponsored health benefit plans (medical, dental, and vision) are subject to the HIPAA privacy regulations effective April 14, 2003. The Health Care Reimbursement Account (HCRA) plan and campus-sponsored external Employee Assistance Programs (EAPs) are subject to the regulations effective April 14, 2004.

- ❖ HIPAA does not affect CSU's treatment of health-related information that is acquired through ordinary human resources operations (i.e., campus generated enrollment and disenrollment in benefit plans, fitness for duty examinations, medical restrictions, and accommodations for disabilities) and is used for ordinary human resources operations.
- ❖ The privacy regulations do affect the scope of information that the health benefit plan providers (i.e., CalPERS medical, Delta, PMI, BlueShield/MES and external EAPs) can disclose to the CSU beyond summary health information and enrollment and disenrollment information.
- ❖ The CSU's health benefit plan insurers and HMOs are covered entities under HIPAA privacy regulations and as such must establish privacy policy and procedures, including restrictions on the use or disclosure of PHI.
- ❖ The Health Care Reimbursement Account (HCRA) plan is self-insured; therefore, the CSU, as plan sponsor, is responsible for the HCRA plan's compliance with HIPAA privacy regulations, including establishing privacy policy and procedures that restrict the use and disclosure of PHI.
- ❖ CSU staff dealing with PHI must be trained regarding HIPAA policies and procedures, safeguard PHI against intentional or accidental misuse, disclose only the minimum necessary amount of information, and are prohibited from retaliating against participants who file a complaint.
- ❖ CSU participants have the right to receive privacy notices, inspect a copy of their PHI, amend PHI, request restricted use of PHI, receive an accounting of non-routine disclosures of their PHI and file a complaint about privacy violations.
- ❖ HIPAA privacy regulations will be enforced by the Federal DHHS Office of Civil Rights through complaints and selected audits. Civil and criminal penalties can be enforced.

CSU Human Resources Specific HIPAA Privacy Materials

HIPAA Privacy Policy Manual: A campus specific HIPAA Privacy Policy Manual is available for use by campus human resources departments when dealing with HIPAA privacy regulation compliance. This manual will be available for viewing online at the HIPAA web site in the near future. The URL will be provided under separate cover.

CSU Multi Benefit Plan HIPAA Privacy Notice: Newly benefits eligible employees are to be provided with the CSU multi benefit plan HIPAA Privacy Notice. This notice covers CSU sponsored health benefit plans subject to HIPAA privacy regulations. This notice can be viewed by clicking onto the following URL: http://www.calstate.edu/HRAdm/pdf2004/HR2004-22_Privacy_Notice.pdf.

HIPAA Participant Authorization Form: A Participant Authorization form is to be used when an employee's authorization is needed by the campus to use PHI for purposes deemed necessary by HIPAA privacy regulations. This form can be viewed by clicking onto the following URL: http://www.calstate.edu/HRAdm/pdf2004/HR2004-22_Authorization_Form.pdf.

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR



BAKERSFIELD

CHANNEL ISLANDS

August 5, 2003

CHICO

DOMINGUEZ HILLS

MEMORANDUM

FRESNO

FULLERTON

TO: CSU Presidents

HAYWARD

FROM: Charles B. Reed
Chancellor

Handwritten signature of Charles B. Reed in black ink.

HUMBOLDT

SUBJECT: Designation of Health Care Components for Purposes of the Health Care Portability and Accountability Act of 1996 (HIPAA)

LONG BEACH

LOS ANGELES

MARITIME ACADEMY

Attached is a copy of Executive Order No. 877 relating to Health Care Portability and Accountability Act of 1996 (HIPAA).

MONTEREY BAY

NORTHRIDGE

In accordance with policy of the California State University, the campus president has the responsibility for implementing executive orders where applicable and for maintaining the campus repository and index for all executive orders.

POMONA

SACRAMENTO

CBR/pg

SAN BERNARDINO

Attachment

SAN DIEGO

cc: Executive Staff, Office of the Chancellor

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
401 Golden Shore
Long Beach, California 90802-4210
(562) 951-4700

Executive Order: 877
Effective Date: April 14, 2003
Supersedes: No Prior Executive Order
Title: Designation of Health Care Components for Purposes of the Health Care Portability and Accountability Act of 1996 (HIPAA)

This executive order is issued under the authority of Sections 1 and 2 of Chapter III of the Standing Orders of the Board of Trustees and is effective as of April 14, 2003.

I. Purpose

This executive order is established to govern the California State University's compliance obligations with respect to the Administrative Simplification Rules promulgated under the Health Care Portability and Accountability Act of 1996 (HIPAA). These rules mandate significant changes in the legal and regulatory landscape governing the provision of health benefits, the delivery of and payment for health care services, and the privacy and security of individually identifiable health information.

The Administrative Simplification Rules are comprised of several sets of regulations, the most important of which are the Privacy Rule, the Transactions Rule, and the Security Rule. The Privacy Rule, with a compliance date of April 14, 2003, governs the privacy of an individual's health information. The Transactions Rule sets specifications for the electronic transmission of data relating to certain health-related financial and administrative transactions. Compliance is required on or before October 16, 2003. The Security Rule provides for security of an individual's health information that is transmitted or stored in electronic form. The compliance date for the Security Rule is April 21, 2005.

The HIPAA regulations apply to health care providers who transmit health information in electronic form in connection with specific types of transactions (discussed below). The regulations also apply to health plans and health care clearinghouses. Although the California State University is a higher education institution, it performs some of these covered functions and therefore must comply with HIPAA.

CSU may limit the scope of its compliance obligations, however, by taking on “hybrid entity” status under HIPAA. This is accomplished by formally designating CSU “health care components,” *i.e.*, those parts of the CSU that actually engage in covered functions. As a hybrid entity, only the designated CSU health care components – and not the entire institution – will be required to comply fully with HIPAA, while the CSU system will be responsible for the following:

- A. Ensuring that each designated CSU health care component (and any CSU components that provide certain financial or administrative services to it) comply with the Privacy Rule’s restrictions on the use and disclosure of protected health information when dealing with the rest of the CSU.
- B. Complying with the enforcement and compliance provisions of the regulations, including:
 - (1) Keeping records and submitting compliance reports in response to a request by the Secretary of the U.S. Department of Health and Human Services;
 - (2) Cooperating with complaint investigations and compliance reviews; and
 - (3) Permitting access by the Secretary during normal business hours (unless exigent circumstances exist) to CSU facilities, books, records, accounts and other sources of information, including protected health information, that are pertinent to ascertaining compliance with HIPAA regulations;
- C. Implementing policies and procedures for protected health information that are designed to comply with HIPAA; and
- D. Designating health care components.

The purpose of this executive order is to formalize the designation of CSU health care components, to assign responsibility for reporting additional CSU health care components that may need to be formally designated, and to ensure that CSU and its designated health care components comply with HIPAA to the extent applicable.

II. Designated CSU Health Care Components

CSU, as a hybrid entity for purposes of HIPAA, has designated the health care components listed on Attachment 1. The Assistant Vice Chancellor, Student Academic Support shall be responsible for promptly updating Attachment 1 to reflect all newly designated or de-designated CSU health care components, and shall append each revised version of the attachment to this executive order. Each revised version of Attachment 1 shall show the effective date of the revision. A copy of each version of Attachment 1 shall be maintained for at least six years after the date it was last in effect.

A. Responsibility for Additional Covered Health Plans, If Any

The Vice Chancellor, Human Resources shall be responsible for ensuring that the formal designation of CSU health care components is at all times accurate with respect to covered health plans offered by CSU or any of its campuses. Additional health care components shall be reported promptly to the Assistant Vice Chancellor, Student Academic Support.

B. Responsibility for Additional Covered Health Care Providers, If Any

The President of each CSU campus shall be responsible for ensuring that the formal designation of CSU health care components is at all times accurate with respect to covered health care providers on his/her respective campus. Additional health care components shall be reported promptly to the Assistant Vice Chancellor, Student Academic Support.

Covered health care providers are those who meet the following requirements:

- (1) The health care provider (directly or indirectly) transmits health information in electronic form; and
- (2) The transmission is in connection with a covered transaction between two parties to carry out financial or administrative activities related to health care. This includes the following types of information transmissions:
 - a. Health care claims or equivalent information about patient visits submitted for payment purposes;
 - b. Health care payment and remittance advice;
 - c. Coordination of benefits;
 - d. Health care claim status;
 - e. Enrollment and disenrollment in a health plan;
 - f. Eligibility for a health plan;
 - g. Health plan premium payments;
 - h. Referral certification and authorization;
 - i. First report of injury;
 - j. Health claims attachments; and
 - k. Other transactions that the Secretary of the U.S. Department of Health & Human Services may prescribe by regulation.

C. Obligations of Designated CSU Health Care Components

Each designated CSU health care component shall comply with HIPAA regulations to the full extent applicable. Guidance is available through the CSU Office of General Counsel.

Student health centers, in particular, must be mindful of the obligation to comply with the Family Educational Rights and Privacy Act (FERPA) with respect to patients who are CSU students. The HIPAA Privacy and

Security Rules do not apply to student records of any kind, regardless of whether they contain health information.

Each designated CSU health care component shall adopt policies and procedures to implement the HIPAA Privacy Rule to the extent required. Standard policies and procedures are available through the CSU Office of General Counsel.

In addition to other applicable requirements of the HIPAA regulations, each designated CSU health care component shall comply with the following:

- (1) Designated CSU health care components shall not disclose protected health information to other parts of the CSU or to other designated CSU health care components if such disclosure would violate the HIPAA Privacy Rule;
- (2) If a CSU employee, office or department performs activities that would make it a "business associate"¹ of a designated CSU health care component if the two components were separate legal entities, the CSU "business associate" component must not use or disclose protected health information that it creates or receives from or on behalf of the designated CSU health care component in a manner that violates HIPAA.
- (3) If a CSU employee, contractor, or volunteer performs duties for a designated CSU health care component as well as for another component of the university, that person must not use or disclose protected health information that was created or received in the course of his/her work for the health care component in a manner that violates HIPAA.



Charles B. Reed, Chancellor

Dated: August 5, 2003

¹ A "business associate" is one who performs a function or activity on behalf of the designated health care component that involves the use or disclosure of individually identifiable health information, including: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing.

ATTACHMENT 1

DESIGNATED CSU HEALTH CARE COMPONENTS

Effective April 14, 2003

- (1) The Benefits Group in systemwide Human Resources Administration, CSU Office of the Chancellor, with respect to CSU's Health Care Reimbursement Accounts (HCRA) plan, a small health plan as defined by HIPAA. For small health plans only, the compliance dates are: (a) for the Privacy Rule, April 14, 2004; (b) for the Transactions Rule, October 16, 2003; and (c) for the Security Rule, April 21, 2006.
- (2) California State University, Hayward, Student Health Services, a covered health care provider.
- (3) California State University, Monterey Bay, Campus Health Center, a covered health care provider.
- (4) California State University, Northridge, Klotz Student Health Center, a covered health care provider.
- (5) California State University, Sacramento, Student Health Center, a covered health care provider.
- (6) San Diego State University, Student Health Service, a covered health care provider.

MERCER

Human Resource Consulting



Updated as of July 2004

HIPAA Privacy Overview

Presented to the California State University

MMC Marsh & McLennan Companies

Agenda

- Introduction
- HIPAA privacy regulations
- HIPAA privacy impact on CSU
- Next steps/action items



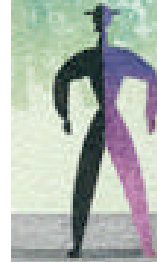
HIPAA Privacy Regulations



What is HIPAA Privacy?

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Title 2 Administrative Simplification
 - Privacy (our focus today)
 - Electronic Data Interchange
 - Security
- The HIPAA privacy regulations are effective April 14, 2003 and cover the privacy and security of individual medical information used, transmitted or retained by employer sponsored health plans and other covered entities.
- The HIPAA privacy regulations will be enforced by the HHS Office of Civil Rights through complaints and selected audits.
 - Civil Penalties – Up to \$25K per standard
 - Criminal Penalties – Fines up to \$250K per standard and 10 years in prison
 - Other Penalties – Private lawsuits under state law or ERISA

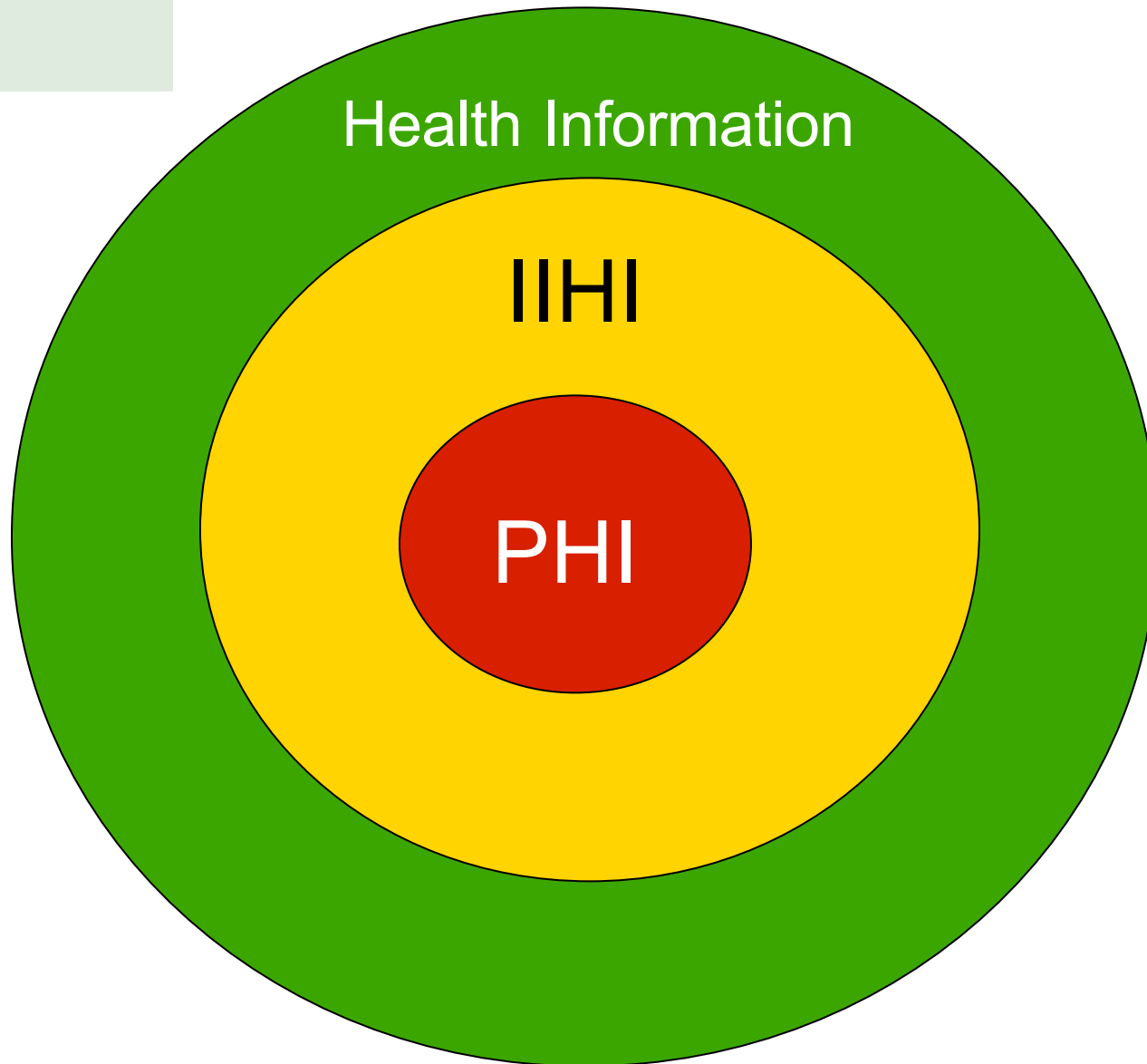
HIPAA Privacy Regulations



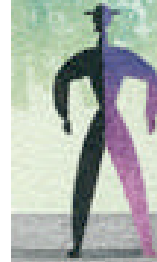
What information is protected under the HIPAA privacy regulations?

- Protected Health Information (PHI) is any health information that is:
 - Individually identifiable (reasonable basis to believe information could identify individual) and related to the individual's physical, mental or other condition, the provision of health care to the individual, or the payment of health care for the individual
 - Created, maintained, transmitted or received by a health provider, health plan, clearinghouse, or employer in its health care capacity
 - In any medium – written, electronic or verbal
- Does not include personal medical information that is obtained by employer for employment purposes
 - Compliance with FMLA, ADA, worker's compensation, administration of sick leave, etc.

What is PHI?



HIPAA Privacy Regulations



The HIPAA privacy regulations apply to covered entities.

■ What is a covered entity?

- Health plans (e.g., health insurers, HMOs, employer-sponsored health plans)
 - CSU sponsored health plans, including the Health Care Reimbursement Account (HCRA) Plan and possibly campus employee assistance programs (EAP)
- Health care providers that transmit health data electronically
- Health care clearinghouses

■ What is a health plan?

- “Health plan” is broadly defined – an arrangement that provides (or pays the cost of) health care. CSU is a plan sponsor of a number of health plans as follows:
 - Medical and prescription drug plans (PERS Health Care Providers)
 - Dental plans (Delta Dental and PMI)
 - Vision Plans (CPIC Life)
 - Health care flexible spending arrangements (HCRA)
 - Employee assistance plans that provide counseling (maybe some campus EAPs)

HIPAA Privacy Regulations



- What is not a covered entity?

- Employers*
- Third party administrators*
- Disability, Workers' Compensation and Life Insurance Plans

* *But the HIPAA regulations make it clear that employers and their TPAs may be affected based on their roles as plan sponsors and business associates.*

Employers will be responsible for their employees who handle individual health information when they help with the administration of the employer sponsored health plans (e.g., customer service) compliance with the HIPAA privacy regulations.

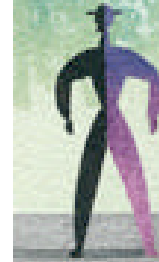
HIPAA Privacy Regulations



What is a business associate?

- Entity that performs functions for or provides services to a health plan or other covered entity
- Includes: FSA administrators, claims administrators, utilization management vendors, pharmacy benefit managers, consultants, attorneys, auditors, etc.
- May include COBRA administrators
- Does not include insurers and HMOs, because they are covered entities under HIPAA

HIPAA Privacy Regulations



What are key requirements of the HIPAA privacy regulations?

- Covered entities must establish a privacy policy and structure, including restrictions on use or disclosure of PHI without participant authorization.
 - Applies to both fully-insured health plans and self-funded health plans (i.e., flexible spending accounts).
- Business associates must abide by the HIPAA privacy regulations in storing, maintaining, or transmitting PHI in any form.
 - Employers/plan sponsors will generally be responsible for ensuring that business associates comply with HIPAA's privacy regulations through contractual agreements.
- Individuals have certain rights concerning their PHI.

HIPAA Privacy Impact on CSU



Who is considered the covered entity?

- CSU sponsored health plans (including the fully-insured plans, HCRA and possibly, the EAPs) and CSU's health care insurance carriers are covered entities under the HIPAA privacy regulations.

When do CSU's health plans and health care insurance carriers have to comply with the HIPAA privacy regulations?

- Both HCRA and campus EAPs fall under the HIPAA "small plan rule" and are required to comply with HIPAA privacy regulations by April 14, 2004.
- Not all campus EAPs may be subject to HIPAA regulations. Further review is required.
- The remainder of CSU's health plans and CSU's health care insurance carriers are required to comply with the HIPAA privacy regulations by April 14, 2003.

HIPAA Privacy Impact on CSU

What are the general HIPAA privacy protocols?



- CSU staff members handling PHI must safeguard it against intentional or accidental misuse.
- CSU staff members handling PHI may access or disclose only the “minimum necessary” amount of information to accomplish the task at hand.
- CSU staff members handling PHI will be trained regarding CSU HIPAA policies and procedures.
- PHI will be subject to CSU HIPAA policies and procedures, as well as to applicable participant notices.
- Plan participants will have certain rights regarding their own PHI.
- CSU staff members who violate CSU HIPAA policies and procedures that protect PHI will be sanctioned.
- CSU staff members are prohibited from retaliating against participants who file a complaint or otherwise exercise their privacy rights under HIPAA.
- Only certain CSU staff members will be permitted to handle PHI.
- Under certain circumstances, CSU staff members handling PHI must obtain a participant’s authorization before using or disclosing the participant’s PHI (e.g., claim advocacy).

HIPAA Privacy Impact on CSU



Important campus human resources activities impacted by the HIPAA privacy regulations

- Claims advocacy
- Participant requests for assistance with specific medical conditions
- Certain questions regarding a participant's medical coverage

In most cases, CSU staff members will need to obtain a participant's authorization to obtain PHI from CSU's health plans, business associates or health care insurance carriers.

HIPAA Privacy Impact on CSU



How can CSU staff members ensure PHI remains confidential?

- Funnel incoming mail and faxes through distinct channels to limit access to PHI
- Limit the number of photo copies made of documents containing PHI
- Implementing “clean desk” policy
- Lock all files when not in use
- Do not keep fax machines, computer equipment, printers, copiers, manual files where PHI may be received in public areas
- Limit the use of PHI in e-mails and add confidentiality statements to e-mails
- Encrypt information as necessary
- Require password entry for files containing PHI on public servers
- Discuss PHI in areas where you will not be overheard (i.e., behind closed doors)

HIPAA Privacy Impact on CSU



What are CSU health plan participants' rights regarding their PHI?

- Right to receive privacy notices
- Right to inspect and copy their PHI*
- Right to amend their PHI*
- Right to request restricted use of their PHI (though covered entities need not accept those restrictions)
- Right to receive accounting of non-routine disclosures of their PHI
- Right to file complaints about privacy violations

These rights apply to PHI held by CSU staff members involved in plan administration, business associates, or CSU's health care insurance carriers. Most participant inquiries will be directed to the CSU's health care insurance carriers (i.e., PERS medical, Delta, PMI, CPIC Life).

*Health Plans can deny these requests only under certain circumstances.



The California State University

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the group health plans sponsored by California State University (CSU). The group health plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These plans are collectively referred to as the “Plan” in this notice, unless specified otherwise.

The Plan’s duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. If you participate in the insured dental and vision plans, or in the health plans offered through CalPERS, you will receive a notice directly from the insurer, HMO, or CalPERS. It’s important to note that these rules apply to the Plan, not CSU as an employer — that is the way the HIPAA rules work.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment also can include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share health information about you with physicians who are treating you.*
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*

- **Health care operations** include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may use information about your claims to review the effectiveness of wellness programs.*

The amount of health information used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. The Plan also may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

How the Plan may share your health information with CSU

The Plan, or its health insurers, business associates, CalPERS, HMOs, or external Employee Assistance Program (EAP) vendors may disclose to CSU the following health information without your written authorization:

- The Plan, or its insurers, business associates, CalPERS, HMOs, or external Employee Assistance Program (EAP) vendors may disclose “summary health information” to CSU if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.
- The Plan, or its insurers, business associates, CalPERS, HMOs, or external Employee Assistance Program (EAP) vendors may disclose to CSU information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an option offered by the Plan.

In addition, the Plan, its insurers, business associates, CalPERS, HMOs, or external Employee Assistance Program (EAP) vendors may disclose your health information without your written authorization to CSU for plan administration purposes, if CSU adopts Plan amendments describing its administration activities.

CSU cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by CSU from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for

example if you are not present or if you are incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for uses and disclosures required by law, for public health activities, and other specified situations, including:

- Disclosures to Workers' Compensation or similar legal programs, as authorized by and necessary to comply with such laws
- Disclosures related to situations involving threats to personal or public health or safety
- Disclosures related to situations involving judicial proceedings or law enforcement activity
- Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
- Disclosures related to organ, eye or tissue donation, and transplantation after death
- Disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances by researchers regarding necessity of using your health information and treatment of the information during a research project
- Certain disclosures related to health oversight activities, specialized government or military functions and Health and Human Services investigations

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the "Contract" section of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information, to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you. This right may be conditioned on you providing an alternative address or other method of contact and, when appropriate, on you providing information on how payment, if any, will be handled.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “Designated Record Set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If you want to exercise this right, your request to the Plan must be in writing.

If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures the Plan has made of your health information. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the “Other allowable uses or disclosures of your health information” section of this notice, unless otherwise indicated below. You may be entitled to an accounting of disclosures that the Plan should not have made without authorization.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request, but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective) or April 14, 2004 for the Health Care Reimbursement Account (HCRA) or any EAP that may be subject to HIPAA. You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time by contacting your campus benefits office.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on April 14, 2003, for all the CSU Group Health Plans (CalPERS medical, dental and vision) except the Health Care Reimbursement Account (HCRA) and any Employee Assistance Plan (EAP) that may be subject to HIPAA. This notice takes effect on April 14, 2004, for the HCRA and any EAP subject to HIPAA. The EAPs subject to HIPAA and covered by this Privacy Notice are those whose services are provided by an external EAP vendor. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised Privacy Notice directly from your insurer, HMO or CalPERS. New CSU employees may also receive an updated version from their campus benefits office.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, please contact the applicable insurance carrier, HMO, CalPERS or external Employee Assistance (EAP) vendor. For the HCRA plan, please contact the CSU systemwide Human Resources Office at (562) 951-4411.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact the benefits officer on your campus or Chancellor's Office. Benefit Officer phone numbers have been provided below.

Campus	Phone Number
Chancellor's Office	(562) 951-4078
Bakersfield	(661) 664-3205
California Maritime Academy	(707) 654-1138
Channel Islands	(805) 437-8425
Chico	(530) 898-6435
Dominguez Hills	(310) 243-3771
Fresno	(559) 278-2155
Fullerton	(714) 278-2425
Hayward	(510) 885-4227
Humboldt	(707) 826-5171
Long Beach	(562) 985-8266
Los Angeles	(323) 343-3676
Monterey Bay	(831) 582-3507
Northridge	(818) 677-3809
Pomona	(909) 869-2927
Sacramento	(916) 278-6213
San Bernardino	(909) 880-5138
San Diego	(619) 594-4666
San Francisco	(415) 338-1545
San Jose	(408) 924-2272
San Luis Obispo	(805) 756-6471
San Marcos	(760) 750-4425
Sonoma	(707) 664-2983
Stanislaus	(209) 667-3353



The California State University Authorization to Use and/or Disclose Personal Health Plan Information

Form Received By Date

1. Employee Name	1a. Employee Health Plan ID Number
1b. Employee Date of Birth	1c. Employee Address and Phone Number
2. Name of Person Whose Health Information is the Subject of this Authorization	2a. Relationship to Employee <div style="display: flex; justify-content: space-around; font-size: small;"> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> </div>
3. Your Name	3a. Authority If you are not the person in Box 2, please describe your authority to act on his or her behalf: <hr/> <hr/> <hr/>
4. Mailing Address for Records	4a. City, State, Zip Code

I hereby authorize _____ [Insert name of the insurance carrier, HMO, health plan vendor or the CSU Group Health and HCRA Plans who will be disclosing the health information] to use and/or disclose the health information described in Sections A — E below.

Section A: Health Information to be Used and/or Disclosed.

Specify the health information to be released and/or used, including (if applicable) the time period(s) to which the information relates. Select only one (1) of the following boxes:

All of my health information, including, but not limited to, dates of service, types of service, treatment charts, x-rays, provider notes or other information, related to the following health condition: _____ (please describe).

All of my health information relating to Claim Number _____, including, but not limited to, dates of service, types of service, treatment charts, x-rays, provider notes or other information.

Other (please specify). _____

Section B: Person(s) Authorized to Use and/or Receive Information.

Specify the persons or class of persons authorized to use and/or receive the health information described in Section A:

Section C: Purposes for Which Information will be Used or Disclosed.

Specify each purpose for which the health information described in Section A may be used or disclosed. Select all of the applicable boxes below:

- To facilitate the resolution of a claim dispute.
- As part of my application for leave under the Family and Medical Leave Act (FMLA) or state family leave laws.
- For a disability coverage determination.
- At my request.
- Other (please specify) _____

Section D: Expiration of Authorization

Specify when this Authorization expires. (Provide a date or triggering event related to the use or disclosure of the information.)

- On the following date: _____.
- Upon the passage of the following amount of time: _____.
- Upon my disenrollment from the CSU Group Health and HCRA Plans.
- Upon my return from FMLA leave.
- Other (please specify) _____

Your rights:

- You can revoke this Authorization at any time by submitting a written revocation to the campus benefits office.
- A revocation will not apply to information that has already been used or disclosed in reliance on the Authorization.
- Once the information is disclosed pursuant to this Authorization, it may be redisclosed by the recipient and the information will no longer be protected by HIPAA.
- The Plan may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the Authorization.
- You will be provided with a copy of this Authorization Form, after signing, if the Plan sought the Authorization.

Signature of Participant

Date

SECTION 11 – HCRA HIPAA PRIVACY REGULATIONS**11.1 HIPAA Privacy Regulations**

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and the regulations issued thereunder at 45 CFR Parts 160 and 164 ("the HIPAA regulations"), impose privacy obligations on group health plans that restrict the use and disclosure of protected health information ("PHI").

11.2 HCRA Plan Document Amendment

The California State University (CSU) sponsors and maintains the Health Care Reimbursement Account (HCRA) Plan that is subject to the HIPAA regulations. CSU intends to receive PHI from the HCRA Plan (including its Business Associates) from time to time. The HIPAA regulations require CSU to amend the HCRA Plan document to incorporate provisions specified in 45 CFR 164.504(f)(2) prior to the receipt of such PHI. This Section 11 shall amend the HCRA Plan document accordingly.

11.3 Effective Date HIPAA privacy regulations are effective as of April 14, 2004.

11.4 Uses and Disclosures of PHI

The Plan and CSU may use or disclose a Plan Participant's PHI to CSU (or the Plan's Business Associates) for the following Plan administration functions under 45 CFR 164.504(a), to the extent not inconsistent with the HIPAA regulations:

- Payment activities such as claims and reimbursements,
- Health care operations such as audits,
- Disclosures to a participant, and in certain circumstances, to family members and others acting on the Participant's behalf,
- As authorized by a HCRA Plan participant or his or her authorized representative, and
- As required by law

11.5 Restriction on Plan Disclosure to CSU

Neither the Plan nor its Business Associates will disclose PHI to CSU except upon the Plan's receipt of CSU certification that the Plan has been amended to incorporate the agreements of CSU under paragraph 11.6, except as otherwise permitted or required by law.

11.6 Privacy Agreements of CSU

As a condition for obtaining PHI from the Plan or its Business Associate, CSU agrees it will:

- a. Not use or further disclose such PHI other than as permitted in this language, as permitted by 45 CFR 164.508, 45 CFR 164.512, and other sections of the HIPAA regulations, or as required by law;

- b. Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to CSU with respect to such information;
- c. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of CSU;
- d. Report to the Plan any use or disclosure of the PHI that is inconsistent with the uses or disclosures provided for of which CSU becomes aware;
- e. Make the PHI of a particular Participant available for the purposes of the Participant's requests for inspection, copying, and Amendment, and carry out such requests in accordance with HIPAA regulation 45 CFR 164.524 and 164.526;
- f. Make the PHI of a particular Participant available for purposes of required accounting of disclosures by CSU pursuant to the Participant's request for such an accounting in accordance with HIPAA regulation 45 CFR § 164.528;
- g. Make CSU's internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Plan with HIPAA;
- h. If feasible, return or destroy all PHI received from the Plan that CSU still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, CSU agrees to limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
- i. Ensure that there is adequate separation between the Plan and CSU by implementing the terms (1) through (3), below:
 - 1) Work Locations With Access to PHI: The CSU personnel who work in the CSU Systemwide Human Resources Administration and Campus Human Resources Offices are the only personnel that may access PHI received from the Plan.
 - 2) Use Limited to Plan Administration: The access to and use of PHI by the work locations in (1), above, is limited to Plan Administration functions as defined in HIPAA regulation 45 CFR § 164.504(a) that are performed by CSU for the Plan.
 - 3) Mechanism for Resolving Noncompliance. If CSU, or persons(s) responsible for monitoring compliance determines that any person in a work location described in (1), above, has violated any of the restrictions of this Amendment, then such individual shall be disciplined in accordance with the policies of CSU established for purposes of privacy compliance, up to and including dismissal from employment. CSU shall arrange to maintain records of such violations along with the persons involved, as well as disciplinary and corrective measures taken with respect to each incident.

11.7 PHI not Subject to this Amendment

Notwithstanding the foregoing, the terms of this Amendment shall not apply to uses or disclosures of Enrollment, Disenrollment, and Summary Health Information made pursuant to 45 CFR 164.504 (f)(1)(ii) or (iii); of PHI released pursuant to a Participant Authorization that complies with 45 CFR 164.508; or in other circumstances as permitted by the HIPAA regulations.

11.8 Definitions

All capitalized terms within this Amendment not otherwise defined by the provisions of this Amendment shall have the meaning given them in the respective Plan or, if no other meaning is provided in the Plan, the term shall have the meaning provided under HIPAA.

HIPAA PRIVACY POLICY IMPLEMENTATION CHECKLIST

Task	Conducted/Performed by	Audience	Description	Date Performed
Teleconference	Mercer Human Resources Consulting	Campus Human Resources Staff	An overview of the HIPAA privacy regulations and their impact on campus human resources offices was given via teleconference on May 21, 2003, by the systemwide Human Resources Office and Mercer Human Resources Consulting.	May 21, 2003
HIPAA Policy Technical Letter HR 2003-14	Systemwide Human Resources Administration	Campus presidents and HR staff	Original HR policy technical letter, HR 2003-14, informing campuses of HIPAA privacy regulations and CSU compliance. Also included copy of HIPAA Privacy Notice and Participant Authorization Form. This letter has been superseded by HR 2004-22.	July 15, 2003
HIPAA Web Site	Systemwide Human Resources Administration	Campus HR staff	Web site developed to assist campuses with HIPAA privacy compliance issues and questions. URL: http://www.calstate.edu/Benefits/pdf/CSU_HIPAA_Policy.pdf	July 21, 2003
HIPAA Operational Survey	Mercer Human Resources Consulting	Campus Human Resources Staff	A HIPAA Internal Operations Survey was given to 10 campuses to determine how HIPAA regulations may impact human resources operations at campuses and the Chancellor's Office.	July 2003
EAP Survey	Mercer Human Resources Consulting	Campus Human Resources Staff	Campuses were surveyed to determine which, if any, campus-sponsored EAP must comply with HIPAA privacy regulations. It was determined that all external EAPs must comply, which include 14 campuses and the Chancellor's office.	July 2003
Training	Human Resources Consulting	Campus Human Resources Staff	In depth HIPAA training was conducted at the annual Benefit Officers' Workshop on August 5, 2003.	August 5, 2003
Executive Order 877	Chancellor	Campus Presidents	Titled "Designation of Health Care Components for Purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)"	August 5, 2003

HIPAA PRIVACY POLICY IMPLEMENTATION CHECKLIST

Task	Conducted/Performed by	Audience	Description	Date Performed
Participant Privacy Notification	Benefit Plan Providers/ Insurance Carriers, CSU Systemwide Human Resources Administration and Campus Human Resources Offices	Plan Participants	<p>HIPAA Privacy Notices must be distributed to all plan participants. As required by HIPAA, insurance carriers mailed Medical, dental and vision notices last year to all plan participants. On behalf of the HCRA plan, Systemwide Human Resources mailed notices to all 2004 HCRA plan participants during April 2004. Notices must still be distributed to external EAP participants by the campuses sponsoring the EAPs.</p> <p>The CSU has decided also to provide new benefits eligible employees with a CSU multi benefit plan HIPAA privacy notice in addition to the notices mailed out by the insurance carriers. Campuses are requested to continue this practice.</p> <p>A revised HIPAA Privacy Notice has been issued with HR 2004-22 to include reference to HCRA and external EAPs. Campuses are requested to replace the outdated notice with this revised notice.</p>	<p>July 2003 and April 2004</p> <p>EAP Privacy Notices – to be distributed with the 2005 campus benefit open enrollment materials.</p>
HIPAA Business Associate Agreement with HCRA TPA	Systemwide Human Resources Administration	Central Trust Bank/ASI	Chancellor's Office has entered into a Business Associate Agreement with Central Trust Bank/ASI.	June 2004
HIPAA Policy Technical Letter HR 2004-22	Systemwide Human Resources Administration	Campus presidents and HR staff	Updated CSU HIPAA Privacy Policy letter HR 2004-22, to include HCRA and external EAPs subject to HIPAA privacy regulations effective April 14, 2004.	July 23, 2004
HIPAA Privacy Manual	Systemwide Human Resources Administration	Campus Human Resources Staff	Campus specific HIPAA privacy manual has been completed and will be provided to the campuses under separate cover.	To be distributed in the near future
HIPAA Privacy Agreements with EAPs	Systemwide Human Resources Administration and Campus Human Resources Offices	EAP providers/ vendors	Campuses are requested to enter into HIPAA Business Associate agreements with their external EAP providers. The systemwide Human Resources Administration Office will be working with each campus to obtain these signed agreements.	TBA

HIPAA PRIVACY POLICY
CAMPUS SPONSORED
EXTERNAL EMPLOYEE ASSISTANCE PROGRAM (EAP) LIST

Employee Assistance Program Vendor*	Campus(s)
Community Action EAP	Los Angeles
Concern EAP	San Jose
Doris and Associates	Fullerton
Employment Development Services	Sonoma
Humboldt Family Services	Humboldt
Integrated Insights	Dominguez Hills, San Marcos, San Diego
Magellan Behavioral Health	Monterey Bay
Managed Health Network	Stanislaus
PacificCare Behavioral Health	Bakersfield, Chancellor's Office, Channel Islands, Hayward, Maritime Academy

* Campus sponsored external Employee Assistance Programs are subject to HIPAA privacy regulations.

Campuses with Internal EAPs

- Chico
- Fresno
- Long Beach
- Northridge
- Pomona
- Sacramento
- San Bernardino
- San Francisco
- San Luis Obispo