MISSISSIPPI STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

Health Insurance Portability and Accountability Act (HIPAA), Notice of Privacy Practices

State and School Employees' Health Insurance Plan

This Health Insurance Portability and Accountability Act, Notice of Privacy Practices (HIPAA) Notice describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice is effective January 1, 2021.

Please review this Notice carefully.

This Notice relates to the State and School Employees' Health Insurance Plan only. This Notice does not apply to other covered programs offered by your employer such as dental, vision and flexible spending accounts. This Notice does not apply to non-covered programs such as life insurance and workers' compensation.

This Notice describes how the State and School Employees' Health Insurance Plan (Plan) may use and disclose Protected Health Information (PHI) and also explains your legal rights regarding this information. PHI is individually identifiable information about your past, present or future health or condition, health care services provided to you, or payment for health services.

The Plan is required by law to maintain the privacy of your PHI and to provide you with this Notice of the Plan's legal duties and privacy practices. The Plan is required to follow the privacy practices described in this Notice. This Notice is posted on the Plan's website at http://KnowYourBenefits.dfa.ms.gov. The Plan reserves the right to change its privacy practices and the terms of this Notice at any time. If a change is made to this Notice, a revised Notice will be mailed to those individuals defined as "enrollees" in the *Plan Document*. The revised Notice will be posted on the Plan's website. You have the right to receive a printed copy of this Notice upon request. Contact information is included at the end of this notice.

PERMITTED USES AND DISCLOSURES

The examples of permitted uses and disclosures listed below are not provided as an all-inclusive list of the situations in which PHI may be used and disclosed by the Plan. However, the Plan will only use or disclose your PHI, without your written authorization in situations falling into one of these categories.

Uses and Disclosures for Purposes of Treatment, Payment or Health Care Operations

The Plan may use and disclose your PHI for the purposes of treatment, payment and health care operations. Examples of the uses and disclosures that the Plan may make under each purpose are listed below.

Treatment: Refers to the provision of health care by a doctor, hospital or other health care provider. The Plan generally does not use or disclose your PHI for treatment, but is permitted to do so if necessary. For example, the Plan may disclose to your treating specialty provider the name of your treating general medical provider so that the specialty provider may have the necessary medical records to evaluate your medical condition.

Payment: Refers to the activities that the Plan undertakes in the payment of claims for covered services received by Plan participants. Examples of uses and disclosures under this section include determination of medical necessity of a treatment or service, and what the allowable charge should be; determining if a treatment or

service is covered by the Plan; and sharing PHI with insurers in order to settle subrogation claims, and to perform coordination of benefits.

Health Care Operations: Refers to the basic functions necessary to operate the Plan. Examples of uses and disclosures under this section include the use of PHI to evaluate the performance of the Plan's vendors; the disclosure of PHI to provide disease management programs to participants with specific health conditions; the disclosure of PHI to vendors under contract with the Plan who provide consulting, actuarial, claims review and legal services to the Plan; the use and disclosure of PHI for general administrative functions such as responding to complaints or appeals; the use and disclosure of PHI for data and information management; and the use and disclosure of PHI for general data analysis used for planning, managing and evaluation purposes.

Disclosures to the Plan's Business Associates

The Plan may disclose your PHI to its business associates as part of contracted agreements to perform services for the Plan provided that the business associate agrees to protect the information.

Disclosure for Health Related Products and Services

The Plan or its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, the Plan's utilization management vendor may contact you regarding a disease management program.

Disclosures to Other Covered Entities

The Plan may disclose your PHI to other covered entities or business associates of those covered entities for the purposes of treatment, payment and certain health care operations. For example, the Plan may disclose PHI to another health plan in order to perform coordination of benefits.

Other Uses and Disclosures Allowed Without Authorization

The Plan may use and disclose PHI without your authorization in the following ways:

- To you as the covered individual;
- To a personal representative designated by you to receive PHI or a personal representative designated by law, such as the guardian ad litem for a minor or a person with power of attorney for health care;
- To the Secretary of Health and Human Services (HHS) or a duly designated employee of HHS as part of an investigation to determine the Plan's compliance with HIPAA;
- In response to a court order, subpoena, discovery request, or other lawful judicial or administrative proceeding or process;
- As required for federal, state and local law enforcement purposes;
- As required to comply with workers' compensation or other similar programs established by law;
- To a health oversight agency for activities authorized by law such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee benefit programs, other governmental regulatory programs and civil rights laws;
- As required to address certain matters of public interest as required or permitted by law. Examples include threats to the public health or national security matters; and

- To the State and School Employees Health Insurance Management Board, the Plan Sponsor, provided the appropriate language is included in the *Plan Document*, to carry out the payment and health care operations functions discussed above.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. If you have provided an authorization to the Plan, you may revoke your authorization at any time by providing written notice to the Plan. The Plan will honor a request to revoke as of the day it is received and to the extent that the Plan has not already used or disclosed your PHI.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

The federal privacy regulations give you the right to make certain requests regarding your PHI.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or a business associate) discover a breach of unsecured protected health information.

Right to Request Restrictions

You have the right to request that the Plan restrict its uses and disclosures of PHI in relation to treatment, payment and health care operations. Any such request must be made in writing and must state the specific restriction requested and to whom that restriction would apply. The Plan is not required to agree to a restriction that you request.

Right to Request Confidential Communications

You have the right to request that communications involving your PHI be provided to you at a certain location or in a certain way. Any such request must be made in writing. The Plan will accommodate any reasonable request if the normal method of communication would place you in danger and that danger is stated in your request.

Right to Access Your Protected Health Information

You have the right to inspect and copy your PHI maintained in a "designated record set" by the Plan. The designated record set consists of records used in making payment, claims adjudication, medical management and other operations. The Plan may ask that such requests be made in writing and may charge reasonable fees for producing and mailing the copies. The Plan may deny such requests in certain cases.

Right to Request Amendment

You have the right to request that your PHI created by the Plan and maintained in a designated record set be amended. Any such request must be made in writing and must include the reason for the request. If the Plan denies your request for amendment, you may file a written statement of disagreement. The Plan has the right to issue a rebuttal to your statement in which case a copy will be provided to you.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that the Plan has made if any. This accounting does not include disclosures for payment or health care operations or certain other purposes, or

disclosures to you or with your permission. Any such request must be made in writing and must include a time period, not to exceed six years. The Plan is only required to provide an accounting of disclosures made on or after April 14, 2003. If you request an accounting more than once in a 12-month period, the Plan may charge you a reasonable fee.

All requests should be submitted in writing to the Department of Finance and Administration (DFA), Office of Insurance.

COMPLAINTS

You have the right to file a complaint if you think your privacy rights have been violated. You may file a complaint with the Plan by writing to the DFA, Office of Insurance, Attention: Privacy Officer at the address listed in this Notice. You may also file a complaint by writing to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

PRIVACY CONTACT

If you have any questions regarding this Notice, please contact:

Department of Finance and Administration
Office of Insurance
P.O. Box 24208
Jackson, MS 39225-4208
Phone 601-359-3411
Toll-free 866-586-2781