

**CREVE COEUR SCHOOL DISTRICT NO. 76  
HEALTH BENEFIT PLAN**

**POLICIES AND PROCEDURES  
FOR COMPLIANCE WITH THE “MINIMUM NECESSARY”  
REQUIREMENTS OF THE PRIVACY STANDARDS**

The Creve Coeur School District No. 76, as the Plan Sponsor and the Plan Administrator of the Health Plan Benefit Plan, on behalf of the Plan, hereby adopts the following Policies and Procedures that shall be instituted and followed by the Plan with regard to uses, disclosures, and requests for protected health information:

**1. Defined Terms.** The following terms shall have the meanings set forth below when used in this document:

**“Business Associate”** shall mean the person who, on behalf of a Covered Entity, performs or assists with an activity involving the use or disclosure of individually identifiable health information.

**“Covered Entity”** shall mean a health plan, a health care clearinghouse or a health provider who transmit any health information in electronic form in connection with a transaction covered by the Privacy Standards.

**“HIPAA”** shall mean the Health Insurance Portability and Accountability Act of 1996, as amended.

**“Plan”** shall mean both the Creve Coeur School District 76 Health Benefit Plan.

**“Plan Administrator”** shall mean Creve Coeur School District No. 76.

**“Plan Sponsor”** shall mean Creve Coeur School District No. 76.

**“Privacy Official”** or **“Privacy Officer”** shall mean the Superintendent who has been designated as such by the Plan Administrator.

**“Privacy Standards”** shall mean the Standards for Privacy of Individually Identifiable Health Information enacted pursuant to HIPAA.

**“Protected Health Information”** or **“PHI”** shall mean individually identifiable health information, as more specifically defined in the Privacy Standards.

**“Summary Health Information”** shall mean information that may be individually identifiable health information that summarizes the claims history, claims expenses or

the type of claims experienced by individuals in the Plan, but it excludes all identifiers that must be removed for the information to be de-identified, except that it may contain geographic information to the extent that it is aggregated by five-digit zip code.

**2. Purpose.** The Plan is committed to ensuring the privacy of PHI and at all times shall comply with the “minimum necessary” requirements of the Privacy Standards. In the event the Privacy Standards are amended, these Policies and Procedures shall be deemed to be amended in accordance therewith. To support the Plan’s commitment to privacy of PHI, the Plan will ensure that appropriate steps are taken, as more specifically set forth below.

**3. Compliance Policy.** The Plan shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose when (a) using PHI; (b) disclosing PHI; and (c) requesting PHI from a Covered Entity; provided, however, that prior to such use, disclosure or request for disclosure of PHI could be satisfied by using de-identified information. If so, the Plan shall use, disclose or request de-identified information. In that event, the Privacy Standards do not apply and there is no need to assess the minimum necessary PHI required.

**4. Procedure: Persons Needing Access to PHI; Categories of PHI Needed.**

The following sets forth (a) the title or classes of persons in the Plan Administrator’s workforce who require access to PHI to carry out their duties and job responsibilities, (b) the category or categories of PHI to which access is needed and (c) any conditions appropriate to that access:

<u>Title/Class of Persons</u>	<u>Categories of PHI</u>	<u>Conditions to Access</u>
Superintendent	Information regarding claims filed, appeals filed, eligibility, enrollment, termination, COBRA premiums, COBRA coverage and applications for coverage, PPO re-pricing, claims paid, claim funding requirements, stop-loss submittals, participant contributions, checking accounts; and audit reports	None
Administrative Staff Member designated by the Superintendent	Information regarding claims filed, appeals filed, eligibility, enrollment, termination, COBRA coverage and applications for coverage	None
Bookkeeper	Information regarding claims filed, appeals filed, claims paid, stop-loss submittals, eligibility, enrollment, COBRA participants, COBRA	None

premiums, participant contributions,  
checking accounts, audit reports, and  
termination, claims funding, PPO re-pricing

- 5. Procedure: Use of PHI.** The Plan shall make reasonable efforts, including the use of firewalls, to limit the access of those titles or classes of persons identified in Item 4 above to the category of PHI to which access is needed.
- 6. Procedure: Disclosure of PHI.** With respect to the minimum necessary disclosure of PHI, the Plan shall:
- a. Routine and Recurring Disclosures.** For disclosures made on a routine and recurring basis, implement and comply with the following policies and procedures that limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of disclosure:
- i. Third Party Administrator.** To perform its duties relating to the Plan, the Third Party Administrator shall have access to all information that is available to the Plan Administrator.
  - ii. Decision on Claims and Appeals.** Fiduciaries of the Plan who review claims decisions or claim appeals requiring the use of discretion shall have access to, and disclose, that amount of PHI as they may deem necessary, in the exercise of discretion and professional judgment, to render a claims determination or decide an appeal.
  - iii. Eligibility Determinations.** For purposes of determinations of eligibility, the Plan fiduciaries shall have access to all enrollment information of Plan participants and those individuals who have applied for coverage under the Plan.
  - iv. Coverage Determinations.** For purposes of determinations of coverage, the Plan fiduciaries shall have access to the Individual's claims file regarding the claim in question.
  - v. Coordination of Benefits.** For coordination of benefits purposes, the Plan fiduciaries and other health plans or health insurance providers shall have access to all enrollment information of the Plan participants who are subject of the inquiry, as well as information regarding other coverage those participants have.
  - vi. Comptroller and Staff.** The Comptroller and designated staff shall have access to information regarding all information regarding funding and expenses of the Plan, claims filed, PPO re-pricing, claims paid, appeals filed, eligibility, enrollment, termination, COBRA participants, COBRA premiums, COBRA coverage and applications for coverage, stop-loss submittals, and participant contributions and checking accounts, as necessary to supervise the day-to-day operations of the Plan and to assist participants with questions and concerns regarding their benefits under the Plan.
  - vii. Plan Operations.** The Plan fiduciaries shall have access to all information needed to oversee and make decisions concerning Plan operations, including claims costs, administrative costs, stop-loss premiums and provisions and audit reports.
  - viii. Plan Sponsor Audits.** For auditing purposes, the Plan Sponsor shall have access to claims information for the prior plan year, as well as information regarding specific claims as are requested to assess the Plan's performance and review Plan costs.

**ix. Underwriting.** For underwriting purposes, the stop-loss carriers and managing general underwriters from whom quotes are obtained shall have access to aggregate claims information for the prior year, as well as such information regarding specific claims as are requested to determine the cause of unexpected claims that could influence the premium.

**x. Stop-loss Claims.** The stop-loss carrier and managing general underwriter shall have access to information regarding specific and aggregate claims as necessary to determine whether or not such claims are payable or reimbursable.

**xi. Personal Representatives.** Personal representatives of Individuals shall have access only to that class of an Individual's PHI that relates to the purpose of their appointment if the personal representative has been appointed for a limited purpose. (For example, if a personal representative is appointed solely to make decisions regarding an Individual's cancer treatment, the personal representative shall have access only to the Individual's PHI relating to cancer treatment.)

**xii. Utilization Review Companies.** Any utilization review companies used by the Plan shall have access to such medical records and medical information as they deem necessary to perform their duties related to pre-admission certification, concurrent review and retrospective review.

**xiii. Attorneys.** For purposes of providing legal services to the Plan, the Plan's attorney shall have access only to that class of an Individual's PHI that relates to the issues on which the attorneys advise the Plan.

**xiv. Broker.** For purpose of providing advice to the Plan, its broker shall have access to such eligibility, enrollment, termination, COBRA, claims and stop-loss information as necessary to provide accurate and complete advice.

**xv. Subrogation Vendor.** Any subrogation vendor used by the Plan shall have access to such medical records, accident information and claims information as it deems necessary to perform its duties relating to the Plan's subrogation interests.

**xvi. COBRA Vendor.** Any vendor used by the Plan to provide COBRA administration services shall have access to such information relating to enrollment, eligibility, termination, COBRA elections and payment of COBRA premiums as it deems necessary to perform its duties for the Plan.

**xvii. Preferred Provider Organization(s).** Any preferred provider organizations providing discounted rates to the Plan shall have access to all claims relating to services provided by member provider so that it may re-price such claims and resolve any disputes in connection therewith.

**Xviii. Printing and Mailing Services.** Any printing and mailing service used by the Plan shall access to those documents to be printed and mailed in performance of its duties for the Plan.

- b. All other Disclosures.** For all other disclosures, the Privacy Official shall review each request for disclosure on an individual basis in accordance with the criteria set forth below. In addition, the Privacy Official shall consult with the party requesting the information to determine the purpose of the requested disclosure, if the purpose is

not clear from the request. The Privacy Official shall have an understanding of the Plan's privacy policies and procedures and sufficient expertise to understand and weigh the necessary factors. However, if necessary, the Privacy Official shall utilize the input of prudent professionals to assist in determining the minimum necessary disclosure of PHI.

The following criteria shall be used in limiting the amount of PHI disclosed by the Plan:

- i. The requesting individual or entity must have a complete understanding of the purpose of the request for the PHI and explain, to the Privacy Official's satisfaction, the purpose and that the information requested is no more than needed to meet the purpose; and
- ii. All of the individuals or entities must be identified for whom the disclosure of PHI is required.

**c. Reliance by the Plan under Certain Circumstances.** The Plan may rely, if reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose(s) when:

- Making disclosures to public officials that are permitted by the Privacy Standards if the Public official represents that the information requested is the minimum necessary for the stated purpose(s);
- The information is requested by a Covered Entity;
- The information is requested by a professional who is a member of the Plan Administrator's workforce, or is a Business Associate of the Plan, for the purpose of providing professional services to the Plan, if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or
- Documentation or representations that comply with the requirements of the Privacy Standards have been provided by a person requesting the information for research purposes.

**7. Procedure: Requests for PHI.** With respect to minimum necessary requests for PHI, the Plan shall:

- a. General Limits.** Limit any requests for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting PHI and Covered Entities;
- b. Routine and Recurring Requests.** For requests made on a routine and recurring basis, implement and comply with the following policies and procedures that limit the PHI requested to the amount reasonably necessary to achieve the purpose of the request:
  - i. Plan Fiduciaries.** Fiduciaries of the Plan who review claims decisions or claims appeals requiring the use of discretion shall request only the amount of

- PHI as they may deem necessary, in the exercise of discretion and professional judgment, to render claims determination or decide an appeal.
- ii. **Eligibility Determinations.** For purposes of determinations of eligibility, the Plan Administrator shall request all enrollment information of Plan participants and those individuals who have applied for coverage under the Plan.
  - iii. **Coverage Determinations.** For purposes of determinations of coverage, the Plan Administrator shall request the Individual's claims file regarding the claim in question.
  - iv. **Coordination of Benefits.** For coordination of benefits purposes, the Plan Administrator and other health plans or health insurance providers shall request all enrollment information of the Plan participants who are the subject of the inquiry, as well as information regarding other coverage those participants may have.
  - v. **Comptroller and Staff.** The Comptroller and designated staff shall request information regarding funding and expenses of the Plan, claims filed, PPO re-pricing, claims paid, appeals filed, eligibility, enrollment, termination, COBRA participants, COBRA premiums, COBRA coverage and applications for coverage, stop-loss submittals, and participant contributions and checking accounts, as necessary to supervise the day-to-day operations of the Plan and to assist participants with questions and concerns regarding their benefits under the Plan.
  - vi. **Plan Operations.** The Plan Administrator shall request to all information needed to oversee and make decisions concerning Plan operations, including claims costs, administrative costs, stop-loss premiums and provisions and audit reports.
- c. **All other Requests.** For all other requests, the Privacy Official shall review each request on an individual basis in accordance with the criteria set forth below. In addition, the Privacy Official shall consult with the party in the Plan Administrator's workforce requesting the information to determine the purpose of the requested disclosure, if the purpose is not clear from the request. The Privacy Official shall have an understanding of the Plan's privacy policies and procedures and sufficient expertise to understand and weigh the necessary factors. However, if necessary, the Privacy Official shall utilize the input of prudent professionals to assist in determining the minimum necessary request for PHI.

The following criteria shall be used in limiting the amount of PHI requested by the Plan:

- i. The requesting individual or entity must have a complete understanding of the purpose of the request for the PHI and explain, to the Privacy Official's satisfaction, the purpose and that the information requested is no more than needed to meet the purpose; and

- ii. All of the individuals or entities must be identified for whom the request for PHI is required.

**8. Procedure: Requests for Entire Medical Record.** Any use or disclosure of, or request for, and individual’s entire medical record shall be examined by the Plan Administrator, who shall determine, in its discretion, whether the use, disclosure or request is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request. If necessary, the Plan Administrator shall utilize the input of prudent professionals to assist in determining whether the use, disclosure or request is specifically justified.

**9. Procedure: Exceptions to Minimum Necessary Requirements.** These minimum necessary requirements shall not apply to:

- a. Disclosures to or request by a health care provider for treatment;
- b. Uses or disclosures permitted or required to be made to the Individual under the Privacy Standards, or to the Individual’s personal representative as long as that use or disclosure is within the purpose of the representation if representation is limited to a particular purpose;
- c. Uses or disclosure pursuant to an authorization;
- d. Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with the Privacy Standards;
- e. Uses or disclosures that are Required by Law (as defined in the Privacy Standards);
- f. Uses or disclosures that are required for compliance with the Privacy Standards; and
- g. Uses or disclosures of required data elements that are required for compliance with HIPAA’s Electronic Data Interchange Transaction Standards.

**10. Effective Date.** This Policy shall be effective on April 14, 2004, and shall be therefore implemented by the Privacy Officer. Accordingly, the School District, as the Plan Sponsor and the Plan Administrator, has executed this Policy as of the effective date set forth below.

Effective the 14<sup>th</sup> day of April, 2004.

Superintendent: \_\_\_\_\_

Attest:

Bookkeeper: \_\_\_\_\_

