

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by entities covered under the Health Insurance Portability and Accountability Act (HIPAA) privacy rules and how you can get access to this information.

Please Review it Carefully.

Entities Covered by this Notice

This notice applies to the privacy practices of the following covered entities that operate as an organized health care arrangement (OHCA) with respect to MESSA's group health plan, which is underwritten by BCBSM and BCS Life Insurance Company. As members of an OHCA, we share your PHI with each other as necessary for payment and health care operations purposes as described in this notice.

- Michigan Education Special Services Association (MESSA)®
- Blue Cross Blue Shield of Michigan®
- BCS Life Insurance Company®

Our Commitment Regarding Your Protected Health Information

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will mail a revised notice to our subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state law requires BCBSM to condition the disclosure on the recipient's promise to obtain your written permission to disclose to someone else.

Our Uses and Disclosures of Protected Health Information

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g., catalog or telemarketing firms).

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

❖ **To You and Your Personal Representative**

We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).

❖ **For Treatment**

We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, we may disclose your PHI to health care providers in connection with case management programs.

❖ **For Payment**

We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including for example:

- Obtaining premiums and determining eligibility for benefits
- Paying claims for health care services that are covered by your health plan
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have

❖ **For Health Care Operations**

We may use and disclose your PHI for our health care operations, including for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities
- Coordinating case management activities
- Communicating with you about treatment alternatives or other health-related benefits and services
- Performing business management and other general administrative activities, including systems management and customer service

❖ **To Others Involved in Your Care**

We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.

❖ **When Required by Law**

We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.

❖ **For Research**

We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.

❖ **To Our Business Associates**

From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct case management programs on our behalf.

Disclosures You May Request

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form. To obtain the form, call the customer service number printed on the back of your membership ID card or 800.292.4910 or 517.332.2581.

Individual Rights

You have the following rights. To exercise these rights, you must make a written request on our standard form. To obtain the form, call the customer service number printed on the back of your membership ID card or 800.292.4910 or 517.332.2581. Forms are also available online at www.messa.org.

❖ Access

With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.

❖ Disclosure Accounting

You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on and after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.

❖ Restriction Requests

You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.

❖ Amendment

You have the right to request that we amend your PHI in the set of records we described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

Confidential Communication

We communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits to a post office box instead of to the subscriber's address. To request confidential communications, call the customer service number printed on the back of your membership ID card or 800.292.4910 or 517.332.2581.

Questions and Complaints

If you want more information about our privacy practices or a written copy of this notice please contact us at:

Privacy Officer
MESSA
1475 Kendale Boulevard, P.O. Box 2560
East Lansing, MI 48826-2560
Telephone: 800.292.4910 or 517.332.2581

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at www.messa.org.

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, call us at 800.292.4910 or 517.332.2581. You also may complete our form online at www.messa.org.

You also may submit a written complaint to the U.S. Department of Health and Human Services. Upon request we will provide you with the department's address to file your complaint. We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.



MESSA.
www.messa.org

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