March 5, 2012

To all Employees, Retirees and Ancillary Groups participating in the university’s benefit plans:

Attached is the formal “notice” describing the privacy practices for the University of Nebraska’s Group Health, Dental, Prescription Drug, and Flexible Spending (Medical Spending Account) Plans. This notice replaces last year’s initial HIPAA notice covering the Group Health and Prescription Drug Plans and adds two additional covered plans. The questions and answers below are to help you understand how HIPAA privacy regulations may impact you. This question and answer document is not intended to replace or alter any of the practices described in the notice.

What is HIPAA and how does it concern me?

HIPAA is the Health Insurance Portability and Accountability Act. The Group Health, Dental, Prescription Drug, and Flexible Spending (medical reimbursement) Plans (“the plans”) sponsored by the University of Nebraska are covered under this act.

What does HIPAA do to the plans?

HIPAA created new federal rules stating that the plans must take reasonable measures to handle certain health care information, known as “protected health information,” in ways designed to keep that information private.

What is “protected health information?”

Protected health information, or PHI, is defined by these regulations. It includes certain health information that is collected from you, or created or received by the plans, relating to:

1. Your physical or mental health or condition
2. Delivery of health care to you by doctors and health care providers
3. Payments for the delivery of health care to you.

Examples of PHI are your name, address, telephone number, social security number, diagnosis, treatment history and medication history.

What are these privacy rules designed to do?

The privacy rules are designed to assure that an individual’s PHI that is in the possession of the plans is not disclosed to the university, other than to certain benefits personnel and supporting personnel with a need to know for benefit administration purposes. The rules are also designed to assure that this information is not available for use by the university to make employment-related decisions about you, or decisions about other benefit plans sponsored by the university.

What is the attachment?

You may have received similar mailings from other health plans (insurers, HMOs, Medicare or other employer-sponsored group health plans). The “Notice of Privacy Practices of Certain Group Health Plans” describes the plans’ privacy practices, their legal duties and your rights concerning your information. In order to comply with these federally mandated privacy rules, changes have been made in the method by which you may access or obtain information from the plans.
**How will the new regulations impact me?**

Generally speaking, your PHI may only be disclosed to you and the people or organizations you authorize. There are important exceptions to this, and they are described in the notice. Examples of how the rules and the plans’ new practices may affect you include:

- You may not be able to obtain PHI about your spouse, unless your spouse authorizes it.
- Some disclosures about your dependent children will now need their authorization.
- University benefits personnel may need your signed “authorization” when helping you resolve payment and coverage disputes with the companies that administer the plans (Blue Cross, Caremark, etc.).
- Only specifically-identified university benefits personnel will be permitted to contact the plan administrators on your behalf.
- For many requests you will be referred directly to the customer services representatives of the plan administrators.

**Where can I get an authorization form?**

The [Authorization for Release of Health Information form](#) is available on the University Benefits webpage.

**Do I have to fill out separate authorization forms for the university, Blue Cross Blue Shield and Caremark?**

Yes. When telling Blue Cross Blue Shield (which administers the university’s group health and dental plans) and Caremark (which administers the prescription drug plan) to disclose your PHI to others, they will ask for separate forms. Sometimes these may be the university’s form; sometimes they may ask you to sign their own forms. They are doing this to help our plans comply with the HIPAA rules. The flexible spending plan is administered by the university and will use the university’s form of authorization.

**Where else can I find the university’s privacy practices related to HIPAA?**

The [Notice of Privacy Practices](#) is available on the University Benefits webpage.

**If I have more questions, who can I e-mail or call?**

Please contact your Campus Benefits Manager with additional questions.

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