

Vantage Health Plan, Inc.'s Notice of Practices Regarding The Privacy of Protected Health Information (PHI)

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

At Vantage Health Plan, Inc. (VHP), we respect the confidentiality of your health information and will protect it in a responsible and professional manner. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure.

This notice describes what types of information we collect, explains when and to whom we may disclose it, and provides you with additional important information. VHP is allowed by law to use and disclose your health information to carry out the operations of our business. We are required by law to maintain the privacy of your health information, to provide you with this notice and abide by the notice in effect. It also informs you of your rights with respect to your health information and how you can exercise those rights.

I. What Is Protected Health Information or PHI?

When we talk about “information” or “health information” in this notice we mean Protected Health Information or PHI. PHI is information that identifies an individual enrolled in a VHP benefit plan. It relates to the person’s participation in the plan, the person’s physical or mental health or condition, the provision of health care to that person, or payment for the provision of health care to that person. It does not include publicly available information, or information that is available or reported in a summarized fashion that does not identify any individual person.

II. What Types of Personal Information Does VHP Collect?

Like all health benefits companies, we collect the following types of information about you and your dependents:

- Information we receive directly or indirectly from you or your employer or benefits plan sponsor through applications, surveys, or other forms, in writing, in person, by telephone, or electronically, including our web site (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information, medical history).
- Information about your relationship and transactions with us, our affiliates, our providers, our agents, and others (e.g., health care claims and encounters, medical history, eligibility information, payment information, service request, and appeal and grievance information).

III. How Does VHP Protect This Information?

VHP has policies that limit internal and external sharing of PHI to only persons who have a need for it to provide benefit services to you and your dependents. We maintain physical, electronic and procedural safeguards to protect PHI against unauthorized access and use. For example, access to our facilities is limited to authorized personnel and we protect information electronically through a variety of technical tools. We also have established a Privacy Committee, which has overall responsibility for the development, implementation, training, oversight and enforcement of policies and procedures to safeguard PHI against inappropriate access, use and disclosure, consistent with applicable law.

IV. How May VHP Use or Share Your Information?

To effectively operate your health benefit plan, VHP may use and share PHI about you to:

- Perform our duties of certificate of insurance, which may involve claims review and payment or denial; coordination of benefits; utilization review; medical necessity review; coordination of care; response to member inquiries or requests for services; conduct of grievance, appeals, and external review programs; benefits and program analysis and reporting; risk management; detection and investigation of fraud and other unlawful conduct; auditing; underwriting; administration and coordination of reinsurance contracts.

- Operate preventive health programs, disease early detection programs, disease management programs and case management programs in which we or our affiliates or contractors send educational materials and screening reminders to eligible members and providers; perform health risk assessments; identify and contact members who may benefit from participation in disease or case management programs; and send relevant information to those members who enroll in the programs, and their providers.
- Conduct quality improvement activities, such as the credentialing of participating network providers; and accreditation by the National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS), and/or other independent organizations, where applicable.
- Conduct performance measurement and outcomes assessment; health claims analysis and reporting.
- Provide data to outside contractors who help us conduct our business operations. **We will not share your PHI with these outside contractors unless they agree in writing to keep it protected.**
- Manage data and information systems.
- Perform mandatory licensing, regulatory compliance/reporting, and public health activities; responding to requests for information from regulatory authorities, responding to government agency or court subpoenas as required by law, reporting suspected or actual fraud or other criminal activity; conducting litigation, arbitration, or similar dispute resolution proceedings; and performing third-party liability and subrogation activities.
- Change policies or contracts from and to other insurers, HMOs, or third party administrators.
- Provide data to the employer that sponsors the benefit plan through which you receive health benefits. **We will not share your PHI (other than enrollment and disenrollment information) with your benefit plan sponsor unless they agree in writing to keep it protected.**

We consider the activities described above as essential for the operation of our health plan. For example VHP may feature:

- Cancer screening reminder programs that promote early detection of breast, ovarian, and colorectal cancer, when these illnesses are most treatable.
- Disease management programs that help members work with their physicians to effectively manage chronic conditions like asthma, diabetes, and heart disease to improve quality of life and avoid preventable emergencies and hospitalizations.
- Quality assessment programs that help us review and improve the services we provide.
- A variety of outreach programs that help us educate members about the programs and services that are available to them, and let members know how they can make the most of their health benefits.

There are also state and federal laws that may require us to release your health information to others. We may be required to provide information as follows:

- To state and federal agencies that regulate us such as the US Department of Health and Human Services and the Louisiana Department of Insurance.
- For public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- To public health agencies if we believe there is a serious health or safety threat.
- With a health oversight agency for certain oversight activities (for example, audits, inspections, licensure, and disciplinary actions.)

- To a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- For law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- To a government authority regarding child abuse, neglect or domestic violence.
- To a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- For procurement, banking or transplantation of organs, eyes or tissue.
- To specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- For on the job-related injuries because of requirements of state worker compensation laws.

VHP does not share PHI for any purpose other than those listed above. If one of the above reasons does not apply, **we must get your written authorization to use or disclose your health information.** In the event that you are unable to provide the authorization (for example, if the member is medically unable to give consent), we accept authorization from any person legally authorized to give consent on behalf of the member, such as a parent or guardian. If you give us written authorization and change your mind you may revoke your written authorization at any time.

V. What Are Your Rights?

The following are your rights with respect to your PHI. If you would like to exercise any of these rights, please contact VHP at the address or phone numbers listed at the end of this notice. We will require that you make your request in writing and will provide you with the appropriate forms.

- ***You have the right to inspect and/or obtain a copy or summary of information*** that VHP maintains about you in your designated record set. A “designated record set” is a group of records maintained by or for VHP that are your enrollment, payment, claims determination, and case or medical management records or a group of records, used in whole or in part, by VHP to make decisions about you, such as appeal & grievance records. VHP may charge you a reasonable administrative fee for copying, postage or summary preparation depending on your specific request.

However, you do not have the right to inspect certain types of information and we can not provide you with copies of the following information:

- contained in psychotherapy notes;
- compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; or
- subject to certain federal laws governing biological products and clinical laboratories.

We will respond to your request no later than 30 days after we receive it or if the information requested is not accessible or maintained on site, no later than 60 days after we receive it.

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- ***You have the right to ask us to amend information*** we maintain about you in your designated record set.

We will require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to dispute your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

NOTE: If you want to access or amend information about yourself, you should first go to your provider (e.g., doctor, pharmacy, hospital or other caregiver) that generated the original records, which are more complete than any we maintain.

- ***You have the right to receive an accounting of certain disclosures*** of your information made by us during the six years prior to your request. Please note that we are not required to provide you with an accounting of the following information:
 - Any information collected prior to April 14, 2003.
 - Information disclosed or used for treatment, payment, and health care operations purposes.
 - Information disclosed to you or pursuant to your authorization;
 - Information that is incident to a use or disclosure otherwise permitted.
 - Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
 - Information disclosed for national security or intelligence purposes;
 - Information disclosed to correctional institutions, law enforcement officials or health oversight agencies;
 - Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We will act on your request for an accounting within 60 days. We may need additional time to act on your request, and therefore may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide to you one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

- ***You have the right to ask us to restrict*** how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care.
- ***You have the right to ask to receive confidential communications*** of information, if you believe that you would be harmed if we send your information to your current mailing address. For example, in situations

involving domestic disputes or violence, you can ask us to send the information by alternative means (for example by fax) or to an alternative address. We will try to accommodate a reasonable request made by you.

VI. What Does Vantage Health Plan, Inc. Do With PHI About Members Who Are No Longer Enrolled In A VHP Plan?

Vantage Health Plan, Inc. does not destroy PHI when individuals terminate their coverage. The information is necessary and used for many of the purposes described in Section IV, even after the individual leaves a plan. However, the policies and procedures that protect that information against inappropriate use and disclosure apply regardless of the status of any individual member. In many cases, PHI is subject to legal retention requirements, and after that requirement for record maintenance, PHI is destroyed in a confidential process.

VII. Exercising Your Rights

- **You have a right to receive a copy of this notice upon request at any time.** We provide this notice to our subscribers upon enrollment in a VHP group health plan. You can also view a copy of the notice on our web site at www.vhpla.com. Should any of our privacy practices change, **we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information that we maintain.** Once revised, we will provide the new notice to you and post it on our web site.
- If you have any questions about this notice or about how we use or share information, please write to the Director of Privacy & Security or contact VHP's Member Services Department at the address and phone numbers listed at the end of this notice. VHP is open Monday through Friday except holidays from 8:00 a.m. to 5:00 p.m.

If you are concerned that your privacy rights may have been violated, you may file a complaint with VHP. You also have the right to complain to the Secretary of the U.S. Department of Health and Human Services. If you have any questions about the complaint process, including the address of the Secretary of Health and Human Services, please write to VHP's Privacy Officer or contact VHP's Member Services Department at the address and phone numbers listed at the end of this notice.

VHP will not take any action against you for filing a complaint.

This notice is effective April 14, 2003.

Contact Information for Questions or Complaints Regarding Privacy

Mailing Address: Vantage Health Plan, Inc. Privacy Officer 130 DeSiard Street, Suite 300 Monroe, LA 71201 E-mail: Privacy.Officer@vhpla.com	For Questions: Member Services Department 318-361-0900 or Toll Free 888-823-1910
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You may request a paper copy of this notice by contacting VHP at the above location or phone numbers.