



NOTICE OF AMENDMENT

New York State Health Insurance Program to the General Information Book for the NYSHIP Dental Plan
entitled "Preferred Dental Plan Certificate of Insurance"

for

Enrollees in the Preferred Dental Plan through New York State and Participating Employers
and their enrolled dependents and for COBRA enrollees with their benefits

Effective April 14, 2003

The Use and Disclosure of Protected Health Information

The New York State Health Insurance Program (NYSHIP) provides dental insurance benefits through the NYSHIP Dental Plan. The NYSHIP Dental Plan ("the Plan") is a "group health plan" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NYSHIP Dental Plan's Plan Sponsor is the Health Insurance Council ("Plan Sponsor"). On behalf of New York State and other employers that enroll their employees in the NYSHIP Dental Plan for dental insurance benefits, the Health Insurance Council carries out its Plan Sponsor responsibilities through select staff of the New York State Department of Civil Service, the New York State Division of the Budget, and the Governor's Office of Employee Relations. Wherever the Health Insurance Council is referred to in this document, the term is meant to include those select staff of those agencies.

Under the federal privacy regulations enacted pursuant to HIPAA, health plans such as the NYSHIP Dental Plan are required to protect the confidentiality of your Protected Health Information. Protected Health Information (PHI) is individually identifiable health information related to your physical or mental health or condition, health care services provided to you, or payments made for your care, which is created or received by a health plan, a health care clearinghouse, or a health care provider that electronically transmits such information.

The NYSHIP Dental Plan and the Health Insurance Council will not use or disclose PHI except for treatment, payment, health care operations, as permitted or required by other state or federal law, or to business associates to help administer the NYSHIP Dental Plan. These permissible uses and disclosures shall be for the following purposes:

- Determination of eligibility, coverage, and cost sharing amounts such as the cost of a benefit, plan maximums, co-payments, subrogation of claims, and establishing participants' contributions;
- To collect premiums or determine or fulfill the Plan's responsibility for premium payments to insurers;
- Billing, collection activities and related health care data processing; disclosure to consumer reporting agencies related to the collection of premiums or reimbursement;
- Quality assessment and improvement activities;
- Population-based activities relating to improving NYSHIP Dental Plan services or reducing plan costs;
- Claims management and related health care data processing, including auditing payments, investigating and resolving payment disputes, and responding to participant inquiries about payments;
- Premium rating and other activities related to the creation, renewal or replacement of a contract of dental insurance or dental benefits;
- To conduct or arrange for legal services, banking services, benefits consulting services, auditing services, medical review, and the investigation of fraud and abuse cases;
- Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the NYSHIP Dental Plan, including the development or improvement of payment methods or coverage policies;
- Business management and general administrative activities of the NYSHIP Dental Plan, including but not limited to: management activities related to ensuring HIPAA compliance; customer service; the disclosure of enrollment information to local plan sponsors; disclosure of summary health information to local plan sponsors for the purpose of obtaining premium bids for the provision of health insurance coverage under the local plan and/or for modifying, amending, or terminating the local plan; data analysis for participants and local plan sponsors; the resolution of internal grievances; auditing contractual performance standards; and
- To comply with other legal requirements as described in the NYSHIP Notice of Privacy Practices.

Further, the Health Insurance Council will take reasonable steps to ensure that any use or disclosure is the minimum necessary to accomplish the task.

The NYSHIP Dental Plan and the Health Insurance Council are separate and independent legal entities which exchange information to coordinate your NYSHIP Dental Plan coverage. In order to receive PHI from the NYSHIP Dental Plan and

the insurance issuer that insures the NYSHIP Dental Plan, the Health Insurance Council agrees to, and has certified to the NYSHIP Dental Plan that it will:

- Not use or further disclose PHI other than as permitted or required by the NYSHIP Dental Plan's Plan Documents or as required by law;
- Ensure that any subcontractors or agents to whom it provides PHI received from the NYSHIP Dental Plan or from the insurance issuer that insures the NYSHIP Dental Plan agree to the same restrictions and conditions that apply to the Health Insurance Council with respect to such information;
- Not use or disclose PHI for employment-related actions and decisions;
- Not use or disclose PHI in connection with any other benefit or employee benefit plan unless authorized by an individual;
- Notify the NYSHIP Dental Plan and the insurance issuer that insures the NYSHIP Dental Plan of any improper use or disclosure of PHI of which it becomes aware;
- Make PHI available to an individual based on HIPAA's access requirements;
- Make PHI available for amendment and incorporate any changes to PHI based on HIPAA's amendment requirements;
- Make available the information required to provide an individual with an accounting of disclosures of PHI;
- Make its internal practices, books and records relating to the use and disclosure of PHI received from the NYSHIP Dental Plan and the insurance issuer that insures the NYSHIP Dental Plan available to the Secretary of the U.S. Department of Health and Human Services to determine the NYSHIP Dental Plan's compliance with HIPAA;
- Ensure adequate separation between the NYSHIP Dental Plan and the Health Insurance Council as required by HIPAA; and
- If feasible, return or destroy all PHI received from the NYSHIP Dental Plan and the insurance issuer that insures the NYSHIP Dental Plan that the Health Insurance Council still maintains in any form and retain no copies of such PHI when no longer needed for the specified disclosure purpose. If return or destruction is not feasible, the Health Insurance Council will limit uses and disclosures to those purposes that make the return or destruction infeasible.

Only the following classes of employees under the control of the Health Insurance Council may be given access to PHI:

New York State Department of Civil Service

Staff of the Employee Benefits Division, Information Resource Management Division,
Counsel's Office, Internal Audit, the Public Information Office, and the Executive Office

New York State Governor's Office of Employee Relations

Staff of the Employee Benefit Management Unit

New York State Division of the Budget

None

These employees may only have access to, and use and disclose, PHI for purposes of the plan administrative functions described in this Plan Document that the Health Insurance Council performs for the NYSHIP Dental Plan.

If you believe your rights under HIPAA have been violated, you have the right to file a complaint with the NYSHIP Dental Plan or with the Secretary of the U.S. Department of Health and Human Services. The Health Insurance Council has provided a mechanism for resolving issues of noncompliance by employees who have access to PHI.

To get information about how to file a complaint with the NYSHIP Dental Plan, call the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands), or visit our website at www.cs.state.ny.us.

The Health Insurance Council also will take steps to mitigate any known harmful effect of a use or disclosure of PHI in violation of HIPAA requirements, and will take reasonable steps to correct such errors and lessen their impact. This will include determining where or how the information was disclosed, how it may be used to cause harm, and what steps can be taken to lessen those effects.

All other terms, provisions and conditions shown in your Dental Plan Certificate will continue to apply.

Dental Disclosure Amendment 4/03

Keep this Amendment with your Preferred Dental Plan Certificate of Insurance.

State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239
www.cs.state.ny.us

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