



Inter-Office Communication

The
Ohio
Turnpike
Commission

MEMORANDUM/April 4, 2008

To: All Ohio Turnpike Commission Employees
From: Robin Carlin, Director of Human Resources
Subject: Notice of HIPAA Privacy Practices

The United States Department of Health and Human Services has issued a Privacy Rule intended to protect group health plan participants' individually identifiable health information. Individually identifiable health information either:

- ❖ Identifies, or reasonably may be used to identify, the individual who is the subject of the information; and
- ❖ Includes information regarding an individual's physical or mental condition, health care and/or payment for health care.

The Ohio Turnpike Commission, Medical Mutual of Ohio, and MetLife are required by law to maintain the privacy of your protected health information. Please review the attached Notice of Privacy Practices to learn how medical information about you may be used and disclosed and how you can get access to this information once the new regulations are implemented.

Ohio Turnpike Commission employees will be required to complete a written authorization in the event they would like Human Resources to assist with obtaining information about a claim for benefits or if they would like Human Resources to assist them with understanding why a claim is being denied and, where appropriate, assisting the employee in getting the claim paid. ***Human Resources is the only designated contact with Medical Mutual and MetLife regarding claims and cannot assist with obtaining medical claims information unless a written authorization is received from the employee.*** Supervisors and support staff are ***not authorized*** to assist employees in any manner with processing and/or inquiries regarding health insurance claims. Also attached is information about Medical Mutual's "My Health Plan" web site, that provides instant access to your health plan information, including claims status, explanation of benefits (EOB) forms and more.

To exercise any of the rights described in the Privacy Notice, for more information, or to file a complaint with the Plan, please contact:

Maggie Baldy, HIPAA Privacy Coordinator
The Ohio Turnpike Commission
682 Prospect Street
Berea, Ohio 44017-2799
Phone: 440-234-2081, extension 1112
Fax: 440-243-5739

Attachments

Ohio Turnpike Commission

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

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.

Introduction. The United States Department of Health and Human Services has issued a Privacy Rule intended to protect group health plan participants' individually identifiable health information (referred to in this Notice as "protected health information").¹ This Notice of Privacy Practices describes how The Ohio Turnpike Commission Group Health Plan (referred to in this Notice as the "Plan") may use and disclose your protected health information. This Notice also sets out the Plan's legal obligations concerning your protected health information and describes your rights to access and control your protected health information. This Notice applies to all service delivery sites of The Ohio Turnpike Commission Group Health Plan. This Notice does not reflect your doctor's or other health care provider's privacy practices.

Questions and Additional Information. If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the Plan using the Contact Information provided at the end of this Notice.

THE PLAN'S RESPONSIBILITIES

The Plan is required by law to maintain the privacy of your protected health information. It is obligated to provide you with a copy of this Notice setting forth the Plan's legal duties and its privacy practices with respect to your protected health information. The Plan must abide by the terms of this Notice currently in effect.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This section describes how the Plan is permitted or required to use or disclose your protected health information. The descriptions includes illustrative examples. The descriptions and examples are not exhaustive - they do not specify each type of use or disclosure which can be made for each category.

Treatment, Payment and Health Care Operations. The Plan has the right to use and disclose your protected health information for all activities that are included within the definitions of "payment" and "health care operations" under the Privacy Rule. These definitions are briefly explained below.

¹ This Notice has been drafted in accordance with the Health Insurance Portability and Accountability Act's Privacy Rule, contained in the Code of Federal Regulations at 45 C.F.R. Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the Privacy Rule.

Treatment. The Plan will use or disclose protected health information to facilitate medical treatment by health care providers. For example, the Plan might disclose protected health information: (i) about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions; and (ii) in the event of an incapacitating injury, the Plan may advise an emergency room physician about your medical history to the extent necessary for treatment.

Payment. The Plan will use or disclose your protected health information to fulfill its responsibilities for providing health coverage and paying benefits under the Plan. For example, the Plan may use or disclose your protected health information: (i) to a provider in response to a request for information regarding your eligibility for benefits under the Plan; (ii) to determine if a treatment that you received was medically necessary or covered under the Plan; (iii) to a third party service provider to perform utilization review; (iv) for adjudication or subrogation of health claims; and (v) to another health plan to coordinate benefit payments

Health Care Operations. The Plan will use or disclose your protected health information to support the Plan's core functions of providing health coverage and paying benefits under the Plan. These functions include, but are not limited to: (i) responding to inquiries from participants; (ii) case management; (iii) quality assessment and improvement; (iv) health care provider performance reviews; (v) audits; (vi) actuarial studies; and (vii) fraud and abuse detection and compliance programs; (viii) legal services; (ix) cost management; and (x) arranging for medical review.

Business Associates. The Plan contracts with third party service providers (known as "business associates" under the Privacy Rule) to perform various functions on its behalf. Typically, these functions come within the definitions of "payment" and "health care operations" discussed above. For example, the Plan may input information about health care treatment into an electronic claims processing system maintained by the Plan's business associate so that a claim may be processed and paid. To perform these functions or to provide these services, business associates will receive, create, maintain, use or disclose protected health information, but only after the business associate agrees in writing to appropriately safeguard your protected health information.

Other Covered Entities. As described above under "Treatment," the Plan may use or disclose your protected health information to assist health care providers in connection with their treatment activities. Under certain circumstances, the Plan may also use or disclose your protected health information to assist health care providers, health plans and health care clearinghouses in their own payment activities or health care operations. For example, the Plan may disclose your protected health information to another health plan conducting health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing.

Disclosures to The Ohio Turnpike Commission. The Plan (or its health insurance issuers or HMOs) may disclose your protected health information to The Ohio Turnpike Commission (referred to in this Notice as the "Commission"). Disclosure will be made to permit the Commission to perform plan administrative functions with respect to the Plan. Prior to

disclosure, the Commission will certify to the Plan that it will safeguard your protected health information against inappropriate uses and disclosures.

Summary health information which summarizes the claims history, claims expenses, or type of claims experienced by the Plan's participants and beneficiaries may be disclosed to the Commission. This information may be used by the Commission for obtaining premium bids from health plans and insurers for providing health insurance coverage under the Plan or modifying, amending or terminating its group health plans. Also, if the Commission agrees in writing that it will protect information against inappropriate uses and disclosures, the Plan may also disclose to the Commission a limited data set that includes your protected health information but that omits your name, Social Security number and certain other identifiers. This type of information may also be disclosed to other third parties (such as brokers) for limited health care operations or research purposes.

Others Involved in Your Health Care. The Plan may disclose your protected health information to a friend or family member that is involved in your care or payment for your health care, unless you object or request a restriction (in accordance with the process described below under the heading "Right to Request Restrictions"). The Plan also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these types of disclosures then, using professional judgment, the Plan may make the disclosure if it determines that the disclosure is in your best interest.

Required by Law. The Plan may use or disclose your protected health information to the extent required by federal, state or local law. For example, the Plan will disclose protected health information in accordance with laws requiring reporting of certain types of wounds or physical injuries.

Lawsuits and Administrative Proceedings. The Plan may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal. The Plan may also disclose your protected health information in response to a subpoena, discovery request or other lawful process if efforts have been made to notify you or a protective order is obtained.

Workers' Compensation. The Plan may disclose your protected health information to comply with workers' compensation laws and other similar laws or programs that provide benefits for work-related injuries or illnesses.

Public Health Activities. The Plan may use or disclose your protected health information for public health activities that are permitted or required by law. For example, the Plan may use or disclose information for the purpose of: (i) preventing or controlling disease, injury, or disability; (ii) reporting births and deaths; (iii) reporting child abuse or neglect; (iv) reporting reactions to medications or problems with products; (v) notifying people of recalls of products they may be using; and (vi) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. The Plan also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities. The Plan may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, investigations, inspections, licensure or disciplinary actions or civil, administrative or criminal proceedings or actions. Health oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, government regulatory programs and government agencies that ensure compliance with civil rights laws.

Abuse or Neglect. The Plan may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if the Plan believes you have been a victim of abuse, neglect, or domestic violence, it may disclose your protected health information to a governmental entity authorized to receive such information.

Law Enforcement. Under certain conditions, the Plan also may disclose your protected health information to law enforcement officials for law enforcement purposes. For example, these law enforcement-related disclosures include: (i) responding to a court order, subpoena, warrant, summons or similar process; (ii) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; (iii) about the victim of a crime; (iv) about a death believed to be the result of criminal conduct; (v) about criminal conduct at a hospital; and (vi) in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the perpetrator of the crime.

Coroners, Medical Examiners, and Funeral Directors. The Plan may disclose protected health information to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. The Plan also may disclose protected health information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. The Plan may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation, as necessary to facilitate donation and transplantation.

Research. The Plan may disclose your protected health information to researchers when: (i) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information; or (ii) the research involves a limited data set which includes no individual identifiers (such as name, address, social security number, etc.).

To Avert a Serious Threat to Health or Safety. The Plan may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Disclosure could only be made to someone able to help prevent the threat. The Plan may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military. Under certain conditions, the Plan may disclose your protected health information if you are a current or former member of the armed forces, for activities deemed necessary by

appropriate military command authorities. If you are a member of a foreign military service, the Plan may disclose your information to the appropriate foreign military authority.

National Security and Protective Services. The Plan may disclose your protected health information to authorized federal officials for conducting national security, intelligence and counterintelligence activities, and for the protection of the President, foreign heads of state, or to other authorized persons for similar purposes.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your protected health information to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety and the health and safety of others; or (iii) the safety and security of the correctional institution.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the Privacy Rule.

Disclosures to You. The Plan is required to disclose to you or your personal representative most of your protected health information when you request access to this information.

Disclosures to Your Personal Representatives. The Plan will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Plan may require written documentation that supports and establishes the basis for the personal representation (such as a power of attorney relating to health care decisions, proof of guardianship, etc.). The Plan may elect not to treat the person as your personal representative if: (i) it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) the Plan determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide the Plan with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that the Plan has already used or disclosed in reliance on the authorization.

CONTACTING YOU

The Plan (or its health insurance issuers, HMOs, or third-party administrators) may contact you about claims, payments, treatment alternatives or other health-related benefits or services that may be of interest you.

YOUR RIGHTS

The following is a description of your rights with respect to your protected health information.

Right to Request Restrictions. You have the right to request a restriction on the Plan's uses and disclosures of protected health information about you for treatment, payment or health care operations. You also have the right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your health care or for notification purposes. For example, you could ask that the Plan not use or disclose information about a surgery you had.

Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must specifically identify the protected health information you wish to restrict, indicate whether you want to restrict the Plan's use, disclosure, or both, and indicate how you want the restrictions to apply (for example, disclosures to your spouse). The Plan is not required to agree to any restriction that you request. The Plan will inform you if it agrees to a restriction. If the Plan agrees to a restriction, it can stop complying with the restriction after notifying you.

Right to Request Confidential Communications. If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the Plan communicate with you in an alternative manner or at an alternative location. For example, you may ask that the Plan send explanation of benefits (EOB) forms about your benefit claims to a specified address.

Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. Your request must clearly state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. The Plan will accommodate all reasonable requests for confidential communications. The Plan will inform you if a request will be accommodated.

Right to Request Access. You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) indicate the form of access requested (on-site inspection, copies, etc.); and (iii) if submitted by a personal representative, include proof of personal representative status. If you request copies, the Plan will charge a fee for the actual cost of copying, and, if applicable, mailing, incurred in responding to your request.

Note that under the Privacy Rule, you may not inspect or copy the following records: (i) psychotherapy notes; (ii) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (iii) protected health information that is subject to law that prohibits access to protected health information. Depending upon the circumstances, you may have a right to request a review of a denial of access.

Right to Request an Amendment. You have the right to request an amendment of your protected health information held by the Plan if you believe that information is incorrect or

incomplete. Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) provide the reason or reasons for the proposed amendment; and (iii) if submitted by a personal representative, include proof of personal representative status.

In certain cases, the Plan may deny your request for an amendment. For example, the Plan may deny your request if it determines that the information you want to amend is accurate and complete or was not created by the Plan. If the Plan denies your request, you have the right to file a written statement of disagreement. Your statement of disagreement will be appended to or linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right to Request an Accounting. You have the right to request an accounting of certain disclosures the Plan has made of your protected health information. Your request must be submitted in writing using the Contact Information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) indicate the period of time you wish the accounting to cover; and (iii) if submitted by a personal representative, include proof of personal representative status.

You can request an accounting of disclosures made up to six years prior to the date of your request, except that the Plan cannot account for disclosures made prior to April 14, 2003. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Plan's costs for additional requests within that twelve-month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain a paper copy, please log onto The Commission's website or contact the Plan using the Contact Information at the end of this Notice.

COMPLAINTS

If you believe the Plan has violated your privacy rights, you may complain to the Plan or to the Secretary of the United States Department of Health and Human Services. You may file a written complaint with the Plan using the Contact Information at the end of this Notice. The Plan will not penalize or retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

The Plan reserves the right to change the provisions of this Notice and make the new provisions effective for all protected health information that it maintains (including protected health information created or received prior to the effective date of the change). If the Plan makes a material change to this Notice, it will provide a revised Notice to you at the address that the Plan has on record for the participant enrolled in the Plan or, if you have agreed to receive revised Notices electronically, at the e-mail address you provided to the Plan.

EFFECTIVE DATE

This Notice of Privacy Practices became effective on April 14, 2003.

CONTACT INFORMATION

To exercise any of the rights described in this Notice, for more information, or to file a complaint with the Plan, please contact:

Maggie Baldy, HIPAA Privacy Coordinator
The Ohio Turnpike Commission
682 Prospect Street
Berea, Ohio 44017-2799
Phone: 440-234-2081, extension 1112
Fax: 440-243-5739

my health plan

My Health Plan, the member-services section of Medical Mutual's Web site, provides instant access to your health plan information, including claims status, explanation of benefits (EOB) forms and so much more.

Following is useful information on registering and navigating *My Health Plan*, accessible directly from the home page of our Web site, MedMutual.com.

LOGGING ON AND CHOOSING A PASSWORD

Only the actual Medical Mutual policyholder is permitted to register. Information from your identification card is required, so please have your ID handy before you start. Once you enter ID card information, you will be asked to choose a password that is required every time you log on to *My Health Plan*. You will also enter a "clue" that may remind you of your password if necessary.

MY HEALTH PLAN OPTIONS

The following screen outlines the options you have using *My Health Plan*. To access any options, either click on the underlined explanation or choose one of the tabs at the top of the page.



MEDICAL
MUTUAL™

COMPUTER SYSTEM REQUIREMENTS

Minimum Hardware Requirements:

- Pentium-class computer (133MHz)
- 64 MB of RAM
- Video display resolution of at least 800x600
- 56k modem or other method of Internet connectivity

Minimum Software Requirements:

- Microsoft Windows 95 or better
- Microsoft Internet Explorer 5 with Service Pack 1
- 128 bit encryption

Detailed configuration guidelines with instructions on finding out your system's capacities are available at the *My Health Plan* site.