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Welcome to the e-edition of *As Reform Takes Form* — a bi-monthly, online news series to help you understand the changes resulting from health care reform and how it may affect your plan and your plan members. We are committed to providing you with the most current information as the law is implemented to help you make informed decisions. We hope you find this news series a useful reference and welcome your feedback.

New rule may warrant updates to plan sponsor's Notice of Privacy Practices

The Department of Health and Human Services Office of Civil Rights published the Final Rule that modifies the privacy and security rules issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Final Rule made changes to the content requirements for HIPAA Privacy Notices. It also implemented amendments under the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Genetic Information Nondiscrimination Act of 2008 (GINA).

Some of the major changes to the Notice of Privacy Practices include:

- limiting the use and disclosure of protected health information (PHI) for marketing purposes;
- prohibiting the sale of PHI without the member's prior authorization;
- giving members the right to receive electronic copies of their PHI in certain situations;
- breach notification requirements.

Plan sponsors of self-funded group health plans may want to review their HIPAA Privacy Notices and update as needed to comply with the new rule.

Samples of model notices can be found at the [Health and Human Services website](#). For additional clarification and details, please refer to the [HIPAA Final Rule](#).

Reminder: Updated requirements for the Summary of Benefits and Coverage

Since many plan sponsors are currently renewing their plans for 2014, we wanted to send you a reminder about the updates to the Summary of Benefits and Coverage (SBC). The SBC updates require two new sections that must state whether or not the plan meets Minimum Essential Coverage and Minimum Value requirements for plan **years beginning on or after January 1, 2014**. For model language and details, please view the [ACA Implementation Alert on new SBC Requirements](#).

Independence Administrators can also provide an analysis to help you determine if your plan(s) meets the Minimum Value standard.

For more information

To learn more about how Independence Administrators can support you in complying with the requirements of the Affordable Care Act, or to request an analysis, **please contact your Independence Administrators account representative.**

Independence Administrators — helping you prepare as reform takes form.

Independence Administrators does not provide legal or tax advice; please consult with your own legal counsel regarding your responsibilities under HIPAA. The final determination of whether the Plan Sponsor meets the requirements of the Affordable Care Act must be made by the Plan Sponsor in consultation with the employer's own legal counsel or tax advisor.

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