

**The Health Plan's
Affirmative Statement
Regarding Incentives**

The Health Plan bases its decision making for coverage of health care services on medical appropriateness utilizing nationally recognized criteria. Incentives are not offered to providers or Health Plan employees involved in the review process for issuing non-authorization. Also, no incentives are given that foster inappropriate under-utilization by provider, nor does The Health Plan condone under-utilization, nor inappropriate restrictions of health care services.

HMO PATIENT BILL OF RIGHTS

1. You have the right to a description of your rights and responsibilities, plan benefits, benefit limitations, premiums, and individual cost-sharing requirements.
2. You have the right to a description of the HMO's grievance and hearing procedures and the right to pursue grievance and hearing procedures without reprisal from the Health Maintenance Organization (HMO).
3. You have the right to a description of the method in which you can obtain a list of the plan's provider network, including the names and credentials of all participating providers, and the method by which you may choose provides within the plan.
4. You have the right to choose an available participating Primary Care Physician (PCP), and with proper referrals, the right to a participating specialist.
5. You have the right to privacy and confidentiality with regard to your personal information.
6. You have the right to full disclosure from your health care provider of any information relating to your medical condition or treatment plan and the ability to examine and offer corrections to your own medical records.
7. You have the right to be informed of plan policies and any changes for which you will be responsible.
8. You have the right to a description of the procedures for obtaining out-of-area services.
9. You have the right to a description of the method by which you can obtain access to a summary of the plan's accreditation report.
10. You have the right to have medical advice or options communicated to you without any limitations or restrictions being placed upon the provider or PCP by the HMO.
11. You have the right to have all coverage denials reviewed by appropriate medical professionals consistent with the HMO's review procedure.
12. You have the right to have coverage denials involving medical necessity or experimental treatment reviewed, after exhaustion of the HMO's internal grievance procedure, by appropriate medical professionals who are knowledgeable about the recommended or requested health care services, as part of an external review.
13. You have the right to emergency services without prior authorization if a prudent lay person acting reasonably would have believed that an emergency medical condition existed, and the right to a description of procedures to obtain emergency services.
14. A woman has the right to direct access, annually, to her OB/GYN for the purpose of a well woman examination without a referral from her PCP, and no woman shall be required to obtain a referral from her PCP as a condition to coverage of prenatal or obstetrical care.
15. A woman whose plan provides coverage for surgical services in an inpatient or outpatient setting has the right to reconstruction of the breast following mastectomy and reconstructive or cosmetic surgery required as a result of an injury caused by the act of a person convicted of a crime involving family violence.
16. A woman whose plan provides coverage for laboratory or x-ray service has a right to the following when performed for cancer screening or diagnostic purposes: (1) a baseline mammogram for

women age thirty-five to thirty-nine, inclusive; (2) a mammogram for women age forty to forty-nine, inclusive, at least every two years; (3) a mammogram every year for women age fifty and over; (4) a pap smear at least annually for women age eighteen and over.

17. A nonsymptomatic person over fifty years of age and a symptomatic person under fifty years of age have the right to colorectal cancer examinations and laboratory tests for colorectal cancer.
18. You have the right to rehabilitation services.
19. You have the right to child immunization services, which shall not be subject to payment of any deductible, per-visit charge and/or copayment.
20. A diabetic whose health benefits policy includes eye care benefits, has the right to direct access to an optometrist or ophthalmologist of their choice from the panel without referral from their PCP for an annual diabetic retinal examination. When the diabetic retinal examination reveals the beginning stages of an abnormal condition, access to future examinations shall be subject to prior authorization from a primary care physician.



St. Clairsville Office
52160 National Road East
St. Clairsville, OH 43950-9365
PH: 1.800.624.6961
Hearing Impaired: 1.800.622.3925
FAX: 740.695.5297
www.healthplan.org

HomeTown Office
100 Lillian Gish Boulevard
P.O. Box 4816
Massillon, OH 44648-4816
PH: 1.877.236.2289
Hearing Impaired: 1.877.236.2291
FAX: 330.837.6869
www.healthplan.org



THIS PRIVACY NOTICE IS FOR YOUR INFORMATION. NO RESPONSE IS REQUIRED.

Dear Health Plan Subscriber:

The Gramm-Leach Bliley Act was passed by congress which deals in part with identifiable information regarding a persons financial and health information.

In addition, the West Virginia Privacy of Consumer Financial and Health Information regulation, recently issued by the West Virginia Insurance Commission, has brought a number of changes to the insurance industry. One result of that regulation is that companies like The Health Plan are required to tell their members how it treats information it maintains about them.

The Health Plan wants you to know that we take very seriously the protection of your personal information. The Privacy Notice enclosed describes how we handle your nonpublic personal health and financial information.

We encourage you to review the Privacy Notice. There is no required response from you regarding the Privacy Notice. However, if you have questions or comments about our privacy policy and information practices you can write us at Member Relations, The Health Plan of the Upper Ohio Valley, Inc., 52160 National Rd. East, St. Clairsville, OH 43950-9365 or The Health Plan, 100 Lillian Gish Blvd., P.O. Box 4816, Massillon OH 44648.

Our members and their privacy are extremely important to us.

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The Health Plan of the Upper Ohio Valley, Inc.

Privacy Notice to our Subscribers and Potential Subscribers:

This notice informs you that we do *not* disclose to nonaffiliated third parties, your personal financial or health information, (hereafter referred to as “information”) which we collect and maintain as described below, except as permitted by law, even after your membership with us may end. We do disclose or reserve the right to disclose your information we collect to our affiliates.

How we protect information:

The Health Plan treats information in a confidential manner. Except as explained below, we restrict access to your information to Health Plan employees who are required to protect the confidentiality of information and to comply with our established policies. Employees may access information only when there is an appropriate reason to do so. We maintain physical, electronic and procedural safeguards that comply with legal requirements to guard your information.

Information we collect and maintain:

We collect information about you from the following sources; information we receive from you on applications or other forms; information we obtain from your transactions with us, or our affiliates, and information we obtain from your transactions with entities not affiliated with us, such as other insurers, physical or hospitals.

Information we disclose on current and former members:

We may disclose or reserve the right to disclose any of the information we collect and maintain about you to our affiliates. Our affiliates include THP Insurance, Inc. and HP Agency, Inc.

We may also disclose certain information to companies that provide services for us. We may disclose the categories of your information described above to the following categories of nonaffiliated third parties with which we contract to perform functions or services:

- Magellan Behavioral Health
- Merck-Medco
- Vision Service Plan
- Upper Ohio Valley IPA
- Healthcare Recoveries Inc.
- Preferred Integrated Provider Access Corporation

No Other Disclosures to Nonaffiliated Third Parties:

We otherwise do not disclose information about our members or former members to nonaffiliated third parties except as permitted by law.

Further Information:

For additional information, please write us at Member Relations, The Health Plan of the Upper Ohio Valley, Inc., 52160 National Rd. East, St. Clairsville, OH 43950-9365 or The Health Plan, 100 Lillian Gish Blvd., P.O. Box 4816, Massillon OH 44648.



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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.

We are required to provide this Notice to you by the Health Insurance Portability & Accountability Act ("HIPAA").

PLEASE REVIEW IT CAREFULLY.

At The Health Plan, we are committed to safeguarding the privacy of your protected health information. "Protected health information" includes your individually identifiable information which relates to your past, present, or future health treatment or payment for health care services.

This Notice describes our privacy practices, which includes how we may use, disclose, collect, handle, and protect our members' protected health information. This Notice became effective April 1, 2003. This Notice also describes your rights with respect to the Protected Health Information and how you can exercise those rights.

We are required by law to:

- Maintain the privacy of your Protected Health Information;
- Provide you this notice of our legal duties and privacy practices with respect to your Protected Health Information; and
- Follow the terms of this notice.

We reserve the right to revise our privacy practices and the terms of this Notice. We reserve the right to make the revised changed Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a material change in our privacy practices, we will change this Notice and notify all affected members in writing, in advance of the change.

You may request a copy of our Notice by contracting us using the information listed at the end of this Notice.

The Health Plan will collect, use, and disclose your protected medical information to administer your health benefits plan. This shall include making payments for service and other operations necessary to administer your benefits. 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 and explains when and to whom we may disclose it. Our privacy practices apply to all of our past, present, and future customers.

HOW THE HEALTH PLAN MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Much of the information maintained in The Health Plan record system consists of private medical information of plan members. This information has been entrusted to us by the membership of the plan and the provider community. It is highly sensitive and requires thoughtful and attentive management by those who have access to it. **ALL** Health Plan staff is committed to protecting each member's right to privacy and safeguarding the medical information contained in the plan's record systems.

In performing daily functions, Health Plan employees shall seek to balance the need to access information to perform daily functions and ensure members appropriate and timely access to care with the need to protect the member's right to privacy.

- **For Payment:** We may use and disclose protected health information to pay for benefits under your health benefits coverage. For example: We may use your protected health information to pay claims from doctors, hospitals, pharmacies, and other services rendered to you that are covered by your health plan; to determine eligibility for benefits; to coordinate benefits with other insurance carriers, with respect to a particular claim; to obtain premiums; to examine medical necessity; to issue explanations of benefits to the person who subscribes to the health plan; or to assist you with your inquiries or disputes.
- **For Health Care Operations:** We may also use and disclose protected health information for all activities of our healthcare operations. For example: Conducting quality assessment and improvement activities; case management and care coordination; conducting or arranging for medical review; legal and auditing services, including fraud and abuse detection and compliance programs; customer service; resolution of internal grievances; rating and underwriting; and to credential healthcare providers.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION TO OTHER ENTITIES:

We may use and disclose protected health information to:

- **Other Covered Entities:** (health plans, healthcare clearinghouses, and health care providers) For example: We may disclose your protected health information to a healthcare provider when needed by the provider to render treatment to you; and we may disclose protected health information to another covered entity to conduct healthcare operations in the areas of quality assurance and improvement activities, an accreditation, licensing, or credentialing.
- **Business Associates:** Is a person or entity that performs certain types of functions on our behalf, or provides services (such as utilization management, subrogation, or pharmacy benefit management). Business associates that receive, create, maintain, use or disclose protected health information can do so only after we require the business associate to agree, in writing, to the contract terms designed to appropriately safeguard your protected health information.

USES AND DISCLOSURES TO PLAN SPONSORS:

The plan sponsor is the party or entity that ultimately pays for all the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

We may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example: a plan sponsor may contact us regarding a member's question, concern, issues regarding a claim, benefit, service, coverage, etc. We

may also disclose summary health information about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRED BY LAW:

We disclose protected health information when required by federal, state or local law including:

- **Public Health Activities:** For example: we may use or disclose your protected health information for the purpose of preventing or controlling disease such as reporting disease outbreaks. Additionally, we may provide protected health information to a governmental agency or regulator with health care oversight responsibilities.
- **Law Enforcement or Legal Proceedings:** We may disclose your protected health information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons, or similar process if it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.
- **Inmates:**
If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for:
 1. the institution to provide health care to you,
 2. your health and safety and the health and safety of others, or
 3. the safety and security of the correctional institution.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donations:** We may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person; determining a cause of death; or for the coroner or medical examiner to perform other duties authorized by law. We may disclose, as authorized by law, information to funeral directors so they may carry out their duties. Additionally, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research:** We may disclose protected health information for research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability).
- **Abuse or Neglect:** We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence.
- **Workers' Compensation:** We may disclose protected health information to comply with Worker's Compensation laws and regulations related to Workers' Compensation.
- **To Prevent a Serious Threat to Health or Safety:** Your protected health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
- **Government Functions:** Your protected health information may be disclosed for the use of specialized government functions, such as protection of public officials or reporting to various branches of the armed services.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

Other uses and disclosures of your protected health information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. You may revoke that authorization, in writing, at anytime and this revocation will be effective for future uses and disclosures of protected health information. However, you should understand that we will not be able to take back any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION WE MAINTAIN ABOUT YOU:

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

➤ **Right to Access:**

You have the right to inspect or get copies of the protected health information we maintain about you. However, you may not inspect or copy psychotherapy notes or information collected by us in connection with, or in reasonable anticipation of, any claim or legal proceedings. You must make a request in writing to obtain access to your protected health information.

To inspect and/or copy your protected health information, you may obtain a form to request access by using the contact information listed at the end of this Notice. The first request within a 12 month period will be free. If you request access to your protected health information more than once in a 12 month period, we may charge you a reasonable cost based fee for responding to these additional requests. We will notify you upon receipt of your request of the cost involved and you may choose to withdraw or modify your request at any time, before any costs are incurred.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed healthcare professional, designated by The Health Plan, will review your request and the denial. We will comply with the outcome of that review.

➤ **Right to a List of Disclosures:**

You have the right to request a list of certain disclosures of your protected health information that are for reasons other than treatment, payment, or healthcare operations. Please note that most disclosures of protected health information will be for purposes of payment of healthcare operations.

The List of Disclosures will include the date(s) of the disclosures, to whom we made the disclosure, a brief description of the information disclosed and the purpose of the disclosure. To request this list, you must submit your request in writing. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than 6 years and may not include dates before April 1, 2003. Your request should indicate in what form you want the list (for example: on paper or electronically). The first list you request within a 12 month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

You may request a list of disclosures by contacting us by using the information listed at the end of this Notice.

➤ **Right to Request Confidential Communications:**

You have the right to request that we communicate with you in confidence about your protected health information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example: you can ask that we only contact you at work or via your work e-mail. You must make your request in writing and you must state the information could endanger you if it is not communicated in confidence by the alternative means or to an alternate location you want. You must specify how or where you wish to be contacted. We will accommodate your requests if it is reasonable and continues to permit us to collect premiums and pay claims under your health plan.

You may request confidential communications by contacting us using the information listed at the end of this Notice.

➤ **Right to Request Restriction:**

You have the right to request restriction on the protected health information we use or disclose about you for treatment, payment or healthcare operations, or that we disclose to someone who may be involved in your care or payment for your care like a family member or friend. We will consider your request, **but we are not required to agree to these additional restrictions**. If we do agree to it, we will comply with your request unless the information is needed to provide emergency treatment to you, is legally required, or which is necessary to administer our business.

You may request a restriction by contacting us using the information listed at the end of this Notice.

➤ **Right to Amend Your Protected Health Information:**

If you believe that your protected health information is incorrect or incomplete, you have the right to request that we amend your protected health information while it is kept by or for us. Your request must be in writing and it must explain why the information should be amended.

We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended.

You may request to amend your protected health information by contacting us using the information provided at the end of this Notice.

➤ **Right to File a Complaint:**

If you believe that your privacy rights have been violated, you may file a complaint with us using the contact information listed at the end of this Notice. All complaints must be submitted in writing. You must also submit a written complaint to the U.S. Department of Health & Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health & Human Services.

You will not be penalized in any way should you choose to file a complaint with us and/or the U.S. Department of health & Human Services.

ADDITIONAL INFORMATION:

If you want additional information about our privacy policies or practices, or have questions or concerns, please contact us using the information listed at the end of this Notice.

CONTACT INFORMATION:

<u>Customer Service Dept.:</u>	Local	Toll-Free
	(740) 695-7902	888-847-7902
	(330) 837-6880	800 426-9013