

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act ("HIPAA"), Public Law 104-191, became law in 1996. HIPAA was intended to simplify processing and distribution of medical information – which includes claims and enrollment information, as well as improve the portability of health insurance by removing penalties for changing jobs. Additionally, it provides patients access to their own medical information and ensures the protection of stored, processed and/or transmitted patient data.

Administrative Simplification

This component of HIPAA became effective in 2002. It governs the following:

- Standards for the electronic exchange of administrative and financial health care transactions
- Security provisions related to the confidentiality, integrity, and availability of individual health information
- Privacy protection of personal health information
- Standard Code Sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes
- Standard Identifiers to include the use of unique identification numbers for health care providers (NPI, National Provider Identifier) and employers (EIN, Employer Identification Number) for use in healthcare transactions

Entities that use, store, or transmit individually identifiable healthcare data are subject to HIPAA regulations (including physician practices, healthcare facilities, other healthcare providers, health plans, and healthcare clearinghouses). UCHealth Plan Administrators manages our business to these requirements and follows all provisions of HIPAA.