

# Protected Health Information Report Request Form for Self-Insured Group Health Plans (under 500 employees)



## Instructions

**Group Health Plan representative:** Please complete this form and return it to your Anthem Blue Cross and Blue Shield (Anthem) Sales representative.

If additional reports are required, please submit an attachment detailing what report is needed, who it should be sent to, why it is needed and the frequency.

**Note:** Unless otherwise defined in this Request Form, the capitalized terms set forth below have the meanings ascribed to them under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation and/or HIPAA Security Regulation (45 C.F.R. Parts 160-164) or the HITECH Act.

## Section 1: Group Health Plan information

Group Health Plan's full name – Provide full legal name (e.g., use official corporate name such as "XYZ Company, Inc.):

Ormat Technologies, Inc.

Group Health Plan's health plan no.:

L09013

Approved Benefit Office representative (Group Health Plan representative name):

Nidia Rivera

Group Health Plan's address (street and P.O. Box, if applicable):

6884 Sierra Center Parkway

City:

Reno

County:

State:

NV

ZIP code:

89511

## Section 2: Third-party information

If the Group Health Plan wants a business associate or other third party to receive a copy of the Report, fill in the following information.

Name of third party:

Brown & Brown Insurance

Reason for disclosure of report:

Brokerage

Third party's street address:

8337 W. Sunset Road Suite 150

City:

Las Vegas

State:

NV

ZIP code:

89113

Email address:

stephanie.mundt@bbrown.com

Relationship of third party:

Brokerage

**Note that if Anthem's proprietary information is included in any report shared with a Group Health Plan's vendor or other third party, a Confidentiality Agreement will be required.**

## Section 3: Frequency of report

Frequency of report:

Monthly

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

### Section 4: Information being requested

Could this request be fulfilled using Summary Health Information or Deidentified Information?  Yes  No

Standard report(s) or extracts requested:

Nonstandard report(s) or extracts requested (specifically list the data elements requested):

### Section 5: Reason being requested

Reason being requested:

### Section 6: Required signatures

Upon receipt of this Request Form, Anthem will review the request. By signing below, the Group Health Plan Group agrees: 1) that the Group and its agents will comply with applicable HIPAA Privacy Regulations, including the minimum necessary requirements; and 2) that the Group, and its agents will keep any Anthem proprietary information confidential and will not further use or disclose this information without advance written notice to Anthem.

By signing below (with your typed electronic signature), Group Health Plan agrees that Anthem will be able to provide the minimum amount of PHI necessary for a permitted business purpose.

For example:

- Group Health Plan can contact Anthem's customer service representatives to help a member resolve a claim issue.
- Group Health Plan can request reports or bills that contain PHI.
- Group Health Plan can request access to available e-Group Health Plan internet applications that contain PHI.
- Group Health Plan can use or access PHI contained on an Interactive Voice Response Unit.

**Note:** Group Health Plan may also receive Summary Health Information as well as enrollment and disenrollment information.

As a HIPAA Covered Entity permitted to receive PHI, the Self-Insured Group Health Plan must comply with all of the HIPAA privacy and security requirements, including the following:

- Designate a privacy official.
- Designate a contact person or office that is responsible for receiving complaints and who is able to provide further information about matters covered by the Group Health Plan's privacy notice.
- Train all members of its workforce on confidentiality policies and procedures.
- Document that the training has been provided.
- Adopt appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.
- Provide a process for individuals to make complaints concerning the Group Health Plan's confidentiality policies and procedures or its compliance with such policies and procedures.
- Document all complaints received, and their disposition, if any.
- Adopt and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the Group Health Plan.
- Document the sanctions that are applied, if any.
- Mitigate, to the extent practicable, any harmful effect that is known to the Group Health Plan of a use or disclosure of PHI in violation of its policies and procedures.
- Implement policies and procedures with respect to PHI that are designed to comply with the standards, implementation specifications or other requirements of the HIPAA Privacy Regulations.

By making this request to Anthem to disclose PHI to your employees or agents of Group Health Plan, Business Associate, Vendor or other Third Party, you agree to indemnify and hold Anthem harmless from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees, arising out of or in connection with any non-permitted use or disclosure of PHI provided at your request to any employees or agents of Group Health Plan, the Group Health Plan's Business Associate, Vendor, or other Third Party. **I agree**

(All terms are defined in federal law.)

Name:

Title (approved Benefit Office representative):

Signature:

Date: