

MICHIGAN STATE
UNIVERSITY

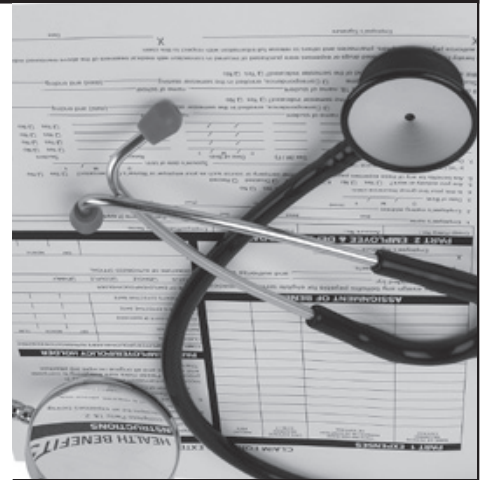
MSU Human Resources
1407 S. Harrison Rd.
Nisbet Building, Suite 250
E. Lansing, MI 48823

Important Notices About Your Health Care Rights

MSU Human Resources is pleased to provide you with this resource to help you learn about or re-familiarize yourself with various regulations intended to safeguard your health care rights. Included in this publication you will find health care notices regarding:

- A notice of privacy practices. This describes how medical information about you can be used and disclosed and how you can access this information.
- Information about Medicaid and the Children's Health Insurance Program.
- Michelle's Law, which protects the access to health plans of college students who develop serious medical conditions.
- Information about the Women's Health and Cancer Rights Act of 1998.

Notices Regarding Your Health Care Rights



2011

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility. A list of phone numbers is below. You can find a copy of this notice that also includes live "clickable" links to the websites of each of the below state agencies online at hr.msu.edu.

ALABAMA	1-800-362-1504	NEW HAMPSHIRE	603-271-4238
ALASKA	Outside of Anchorage: 1-888-318-8890 Anchorage: 907-269-6529	NEW JERSEY	Medicaid Phone: 1-800-356-1561 CHIP Phone: 1-800-701-0710
ARIZONA	1-877-764-5437	NEW MEXICO	Medicaid Phone: 1-888-997-2583 CHIP Phone: 1-888-997-2583
ARKANSAS	1-888-474-8275	NEW YORK	1-800-541-2831
CALIFORNIA	1-866-298-8443	NORTH CAROLINA	919-855-4100
COLORADO	Medicaid Phone: 1-800-866-3513 CHIP Phone: 303-866-3243	NORTH DAKOTA	1-800-755-2604
FLORIDA	1-877-357-3268	OKLAHOMA	1-888-365-3742
GEORGIA	1-800-869-1150	OREGON	Medicaid Phone: 1-877-314-5678 CHIP Phone: 1-877-314-5678
IDAHO	Medicaid Phone: 1-800-926-2588 CHIP Phone: 1-800-926-2588	PENNSYLVANIA	1-800-644-7730
INDIANA	1-800-889-9948	RHODE ISLAND	401-462-5300
IOWA	1-888-346-9562	SOUTH CAROLINA	1-888-549-0820
KANSAS	1-800-792-4884	TEXAS	1-800-440-0493
KENTUCKY	1-800-635-2570	UTAH	1-866-435-7414
LOUISIANA	1-888-342-6207	VERMONT	1-800-250-8427
MAINE	1-800-321-5557	VIRGINIA	Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-866-873-2647
MASSACHUSETTS	1-800-462-1120	WASHINGTON	1-800-562-3022 ext. 15473
MINNESOTA	800-657-3739	WEST VIRGINIA	304-342-1604
MISSOURI	573-751-2005	WISCONSIN	1-800-362-3002
MONTANA	1-800-694-3084	WYOMING	307-777-7531
NEBRASKA	1-877-255-3092		
NEVADA	Medicaid Phone: 1-800-992-0900 CHIP Phone: 1-877-543-7669		

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration, www.dol.gov/ebsa, 1-866-444-EBSA (3272) OR U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, www.cms.hhs.gov, 1-877-267-2323, Ext. 61565.

Online Extra: These additional pages contain clickable links to the Web sites that are available for the following states related to Medicaid and the Children's Health Insurance Program:

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>

ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants/default.aspx>

ARKANSAS – CHIP

Website: <http://www.arkidsfirst.com/>

CALIFORNIA – Medicaid

Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

COLORADO – Medicaid and CHIP

Medicaid Website: <http://www.colorado.gov/>

CHIP Website: [http:// www.CHPplus.org](http://www.CHPplus.org)

FLORIDA – Medicaid

Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>

Click on Programs, then Medicaid

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov/

CHIP Website: www.medicaid.idaho.gov/

INDIANA – Medicaid

Website: <http://www.in.gov/fssa/2408.htm>

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/

KANSAS – Medicaid

Website: <https://www.khpa.ks.gov>

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

LOUISIANA – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/oms/>

MASSACHUSETTS – Medicaid and CHIP

Medicaid & CHIP Website: <http://www.mass.gov/MassHealth>

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>

Click on Health Care, then Medical Assistance

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>

NEBRASKA – Medicaid

Website: <http://www.dhhs.ne.gov/med/medindex.htm>

NEVADA – Medicaid and CHIP

Medicaid Website: <http://dwss.nv.gov/>

CHIP Website: <http://www.nevadacheckup.nv.org/>

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/ombp/index.htm

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

CHIP Website: <http://www.njfamilycare.org/index.html>

NEW MEXICO – Medicaid and CHIP

Medicaid Website: <http://www.hsd.state.nm.us/mad/index.html>

CHIP Website: <http://www.hsd.state.nm.us/mad/index.html>

Click on Insure New Mexico

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/

NORTH CAROLINA – Medicaid

Website: <http://www.nc.gov>

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

OKLAHOMA – Medicaid

Website: <http://www.insureoklahoma.org>

OREGON – Medicaid and CHIP

Medicaid & CHIP Website: <http://www.oregonhealthykids.gov>

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/forchildren/healthcaremedicalassistance/index.htm>

RHODE ISLAND – Medicaid

Website: www.dhs.ri.gov

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

TEXAS – Medicaid

Website: <https://www.gethiptexas.com/>

UTAH – Medicaid

Website: <http://health.utah.gov/medicaid/>

VERMONT– Medicaid

Website: <http://ovha.vermont.gov/>

VIRGINIA – Medicaid and CHIP

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>

CHIP Website: <http://www.famis.org/>

WASHINGTON – Medicaid

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>

WEST VIRGINIA – Medicaid

Website: <http://www.wvdhhr.org/>

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>

WYOMING – Medicaid

Website: <http://www.health.wyo.gov/healthcarefin/index.html>

Michigan State University Human Resources Health Plans

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.

Our Legal Duty

We (Michigan State University and the administrator(s) or insurer(s) of your health benefit plan(s)) are required by applicable federal and state laws to maintain the privacy of your protected health information. This notice describes the protected health information MSU collects, how that information is used, and when and to whom it may be disclosed.

Protected health information is current, past or future information created or received by MSU as part of maintaining the health benefit plans. It relates to the physical or mental condition of a person covered by a health benefit plan, the provision of health care to that person, or payment for the provision of health care to that person. Protected health information generally does not include information that is publicly available or information available in a summarized or group manner. For example, we collect protected health information from you such as name, address, telephone number, social security number, date of birth and related information as part of the enrollment process. The organizations that administer the health benefit plans for MSU – commercial health benefit plans, pharmacy benefits managers, and others – may also collect and exchange additional information such as medical diagnosis and treatment information, but MSU's Human Resources Benefits Office generally does not request copies of such information without your authorization. Protected health information does not include individually identifiable health information contained in education records covered by the Family Educational Rights and Privacy Act, records described in 20 U.S.C. 1232g(a)(4)(B)(iv) and employment records held by MSU.

We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our 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 significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Michigan State University Health Plans

This notice applies to the privacy practices of the group health plans and health insurers or HMOs contracted with or maintained by MSU.

Our Uses and Disclosures of Your Protected Health Information

We use and disclose protected health information about you as follows:

Treatment: We may disclose your protected health information to a health care provider who asks us for it to assist in your treatment. If you are an unemancipated minor, we may disclose your protected health information to your parent, guardian, or other person acting in loco parentis as permitted or required by law.

Payment: We may use and disclose your protected health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to disclose whether or not an individual is participating in the group health plan, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations: We may use and disclose your protected health information to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to credential providers, to engage in care coordination or case management, or to manage our business. Summary or aggregate information about the enrollees in your group health plan is also used 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 and make other decisions related to providing health benefits to the MSU community. The summary or aggregate information may summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan.

We may also contact you or have the administrator of your health benefit plan contact you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

You and Your Authorization: We must disclose your protected health information to you, as described below in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Your Family and Friends: We may disclose to a family member, a friend, or other persons you indicate are involved in your care or payment for your care, your protected health information that is directly relevant to their involvement. We may use or disclose your name, location and general condition or death to notify, or help with notification, of a family member, your personal representative, or other persons involved in your care about your situation. If you are present, we will give you the opportunity to object before we disclose your protected health information to these persons. If you are incapacitated or in an emergency, we may disclose your protected health information to these persons if we determine that the disclosure is in your best interest.

Underwriting: We may receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your protected health information will only be as described in this notice.

Although occurring less frequently than the instances above, the law allows MSU to do the following:

Marketing: We may use your protected health information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Disaster Relief: We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.

Death, Organ Donation: We may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Research: We may use or disclose your protected health information for research purposes, in accordance with certain safeguards.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.

Law Enforcement: Under circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials. We may disclose limited protected health information to a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the protected health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Your Rights

Access: You have the right to review or obtain copies of your protected health information in our possession, with limited exceptions. MSU generally maintains only your eligibility information. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$15.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our business associates, disclosed your protected health information for purposes other than for treatment, payment, health care operations, and limited other activities. You are entitled to such an accounting for the 6 years prior to your request, though not earlier than April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our

fee structure.

Minimizing Disclosures: You have the right to have any disclosures of protected health information or any requests for health information from any health clearinghouse, health care provider, or other health plan, be made using reasonable efforts to limit the use, disclosure, or request. This right is inapplicable, however, as applied to disclosures to a health provider for your treatment, to you, disclosures or requests made pursuant to your authorization, disclosures made, as required, to the Secretary of Health and Human Services, or to disclosures which are required by law.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on your behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits issued to the subscriber for healthcare that you received for which you did not request confidential communications or about the subscriber or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence.

Amendment: You have the right to request that we amend your protected health information. 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 a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in paper form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Contact Person: Director of Benefits
Contact Office: Michigan State University
Address: 1407 South Harrison Road, Suite 140 Nisbet Building
East Lansing, MI 48823-5287
Telephone: 517-353-4434
Fax: 517-353-1869

Michelle's Law

Michelle's Law requires health plans to allow college students to continue their health plan coverage if they are diagnosed with a medical condition so serious that they cannot continue to attend school full-time. Michelle's law became effective with our plan year beginning on July 1, 2010. Employers must offer a dependent child continued health plan benefits for one year after the first day of a medically necessary leave of absence or the date coverage would otherwise have ended under the terms of the plan. This extended leave applies only if the dependent child will lose coverage under the health plan because he or she cannot continue a full-time schedule at a post-secondary educational institution. As of July 1, 2011, plan changes due to Health Care Reform remove the eligibility criteria for qualifying dependents up to the end of the calendar year they turn the age of 26.

The law defines a dependent child as a child who:

1. Qualifies as a dependent child under the group health plan rules and;
2. Was enrolled in a post-secondary educational institution immediately before the first day of the medically necessary leave of absence.



Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998 (effective October 21, 1998), MSU Health Plans provide the following coverage:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast for symmetrical appearance; and
- Prosthesis and treatment of physical complications in all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

If you have any additional questions, please contact your health plan administrator.



Contact Information for MSU Health and Dental Plans

Please keep the below contact information for MSU Health Plans in a safe place so you can call on our plans at any time with questions:

- Blue Care Network: 1-800-662-6667
- Blue Cross Blue Shield Community Blue: 1-800-322-4447
- Blue Cross Blue Shield Traditional Plan (Retirees with Medicare Only): 1-800-322-4447
- Blue Cross Blue Shield Transition Plan (Retirees with Mixed Medicare and Non-Medicare): 1-800-322-4447
- Delta Dental: 1-800-524-0149
- Aetna Dental Maintenance Organization (DMO): 1-877-238-6200

As always, please feel free to contact MSU Human Resources Benefits for assistance at: benefitsinfo@hr.msu.edu, 517-353-4434 or 1-800-353-4434.