



Travis County Commissioners Court Agenda Request

Meeting Date: August 12, 2014

Prepared By/Phone Number: John Rabb HRMD, 854-2742

Elected/Appointed Official/Dept. Head: Leroy Nellis, County Executive

Commissioners Court Sponsor: Judge Samuel T. Biscoe

AGENDA LANGUAGE:

Consider and take appropriate action to approve Client Request to Disclosure Protected Health Information and authorize Benefits Manager to execute any similar additional documentation related to the implementation and coordination among the current vendors and among the vendors selected to administer health care benefits for Travis County employees.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

Please see attached documentation.

STAFF RECOMMENDATIONS:

HRMD Staff and the County Attorney's office have carefully reviewed Client Request to Disclosure Protected Health Information and recommend approval.

ISSUES AND OPPORTUNITIES:

Please see attached documentation.

FISCAL IMPACT AND SOURCE OF FUNDING:

No funding is required for the approval of this item.

REQUIRED AUTHORIZATIONS:

Human Resources Management
Human Resources Management
Human Resources Management
Planning and Budget Office

Shannon Steele, 854-6046
John Rabb, 854-2742
Debbie Maynor, 854-9170
Leroy Nellis, 854-9106



HRMD

Human Resources Management

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Backup Memorandum

DATE: August 12, 2014

TO: Members of the Commissioners Court

VIA: Leroy Nellis, County Executive, Planning and Budget Office

FROM: John Rabb, Benefits Manager 

SUBJECT: Client Request to Disclosure Protected Health Information

Proposed Motion

Consider and take appropriate action to approve Client Request to Disclosure Protected Health Information and authorize Benefits Manager to execute any similar additional documentation related to the implementation and coordination among the current vendors and among the vendors selected to administer health care benefits for Travis County employees.

Summary

The Third Party Administrator for the health insurance plans, UnitedHealthcare (OptumRx), and the new Pharmacy Benefit Manager, EnvisionRxOptions, are working together to provide integrated eligibility and pharmacy claim data. As part of this integration, both entities have requested Travis County, as the Plan Sponsor, authorize the sharing of data via encrypted and secure transmission. This sharing of data is standard when more than one vendor is administering different components of the plan. The sharing of eligibility and claim data will allow both parties to correctly administer the plan and provide integrated medical and pharmacy claim reporting. This reporting is critical in identifying trends and cost drivers of the medical plans.

Staff Recommendation:

HRMD Staff and the County Attorney's office have carefully reviewed the documents and recommend approval and signature of the form.

Budgetary and Fiscal Impact

There is no fiscal impact to Travis County.

CLIENT REQUEST TO DISCLOSURE PROTECTED HEALTH INFORMATION

This request is made pursuant to existing and future Business Associate Agreements between OptumRx, Inc., together with its affiliates ("Business Associate"), and Travis County ("Client"). Client requests that Business Associate disclose Protected Health Information, as defined in 45 C.F.R. §160.103 ("PHI"), to another business associate of Client.

| Business Associates to Receive PHI | Persons at Business Associates to Receive PHI |
|------------------------------------|---|
| EnvisionRX Options | Joe Bedrossian |
| | |
| | |
| | |

Attach list if necessary.

| Nature of Disclosure: The disclosure will contain the following information – be specific |
|---|
| 1. Information related to the pharmacy benefit management services Business Associate provides to Client. |
| 2. |
| 3. |
| 4. |

DURATION

1. Routine disclosure beginning on or after the date this Request for Disclosure is executed and will end on or before August 20, 2014.

Business Associate may rely on this request as permissible under HIPAA Privacy Regulations, and any other then effective laws or regulations relating to the PHI use and disclosure, by virtue of a valid, established business associate relationship between Client and the business associates designated in this request.

Signature of Authorized Representative

Print Name

Print Title and Company

Date