

**Example**

**PHI Access Levels and Definitions**

**Level 1:**

*Position's primary responsibilities do not include use and disclosure of and requests for, "Protected Health Information (PHI)." However, administrative support functions crucial to the success of the business may require, but are not limited to, exposure to PHI for the purpose of organization, storage, transportation and confidential destruction.*

**Level 2:**

*Position is involved in "Treatment," "Payment," and or "Health Care Operations" (Commonly referred to as "TPO").*

*Position is involved in "Treatment" as defined: Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to the patient; or the referral of a patient for health care from one provider to another.*

**And or**

*Position is involved in the "Payment" process as defined: Payment refers to: 1. The activities undertaken by: (i) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (ii) A covered health care provider or health plan to obtain or provide reimbursement for the provision of health care; and 2. The activities in section (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to: (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; (ii) Risk adjusting amounts due based in enrollee health status and demographic characteristics; (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing; (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care or justification of charges; (v) Utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services; and (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to reimbursement: (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment history; (E) Account number and (F) Name and address of health care provider and/or health plan.*

**And or**

*Position is involved in "Health Care Operations" as defined: Refers to any of the following activities of the covered entity to the extent that the activities are related to the covered functions, and any of the following activities of an organized health care*

*arrangement in which the covered entity participates: 1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; 2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing or credentialing activities; 3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits and ceding, securing or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of 164.514(g) are met, if applicable. 4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; 5. Business planning and development, such as conducting cost-management and planning-related analysis related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and 6. Business management and general administrative activities of the entity, including, but not limited to: (i) Management activities relating to implementation of and compliance with the requirements of this subchapter; (ii) Customer service, including the provision of data analyses for policy holders, plan sponsor, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (iii) Resolution of internal grievances; (iv) Due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity, or following completion of the sale or transfer, will become a covered entity; and (v) Consistent with the applicable requirements of 164.514, creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required as described in 164.514(e)(2).*