



**SUNY HIPAA at UB
COVERED FUNCTION DETERMINATION CRITERIA
September 1, 2011**

The University at Buffalo (UB), as a component of The State University of New York (SUNY) hybrid entity under HIPAA, must designate SUNY HIPAA covered functions at UB per 45 CFR §164.105(a)(2)(iii)(C). This section outlines the criteria for identifying those functions per 45 CFR §160.102 *Applicability*.

All SUNY functions at UB intending to engage in HIPAA covered function activities must identify themselves to the UB Director of HIPAA Compliance for review and approval prior to engaging in such activities.

1) SUNY HEALTH PLAN FUNCTION

- a) **Criteria:** meeting definition of health plan in 45 CFR §160.103.

2) SUNY HEALTH CARE CLEARINGHOUSE FUNCTION

- a) **Criteria:** meeting definition of health care clearinghouse in 45 CFR §160.103.

3) SUNY HEALTH CARE PROVIDER FUNCTION

- a) **Criteria:** meeting requirements of a covered health care provider per 45 CFR §160.103 who transmits any health information in electronic form in connection with a transaction [see ii) below for list of transactions]. For a UB function to qualify as a SUNY Health Care Provider covered function it must:
- i) Be a health care provider (45 CFR §160.103) and utilize employees who are paid by New York State to provide health care within that function¹;
 - ii) Engage in the transmission of health information in electronic form in connection with a transaction covered by 45 CFR §160.103^{2,3}
 - (1) Health care claims or equivalent encounter information.
 - (2) Health care payment and remittance advice.
 - (3) Coordination of benefits.
 - (4) Health care claim status.
 - (5) Enrollment and disenrollment in a health plan.
 - (6) Eligibility for a health plan.
 - (7) Health plan premium payments.
 - (8) Referral certification and authorization.
 - (9) First report of injury.
 - (10) Health claims attachments.
 - (11) Other transactions that the Secretary may prescribe by regulation.
 - a) Medicaid Pharmacy Subrogation

¹ Individuals are often involved in multiple functions at UB and may also have multiple employers. Each combination of function and employer results in a different set of professional obligations for the individual. This criterion is designed to include only functions that provide health care and that utilize individuals employed by the state whose professional obligation to the state involves the provision of health care within that function.

² Currently defined in 45 CFR §160.103 Definitions: *Transactions* and §162 subparts K-S: K) Health Care Claims or Equivalent Encounter Information, L) Eligibility for a Health Plan, M) Referral Certification and Authorization, N) Health Care Claim Status, O) Enrollment and Disenrollment in a Health Plan, P) Health Care Payment and Remittance Advice, Q) Health Plan Premium Payments, R) Coordination of Benefits, S) Medicaid Pharmacy Subrogation Items (9) and (10) in *Transactions* are outlined via the Accredited Standard Committee (ASC), the U.S. national standards body for the development and maintenance of Electronic Data Interchange (EDI) standards. X 12 275 "claims attachments" means submitting claims attachments to the health insurer and per ASC X 12 148, "report of first injury" means first report of injury to the health insurer.

³ In some situations a unit may engage in a variety of health care provider activities, some of which are required to be included in the SUNY Health Care Provider function and some of which may optionally be included in the SUNY Health Care Provider function because of SUNY's hybrid entity status per 45 CFR 164.105(a)(2)(iii)(C). In these situations, the decision to include or not include the activity in the SUNY Health Care Provider function will be made by the UB Director of HIPAA Compliance in consultation with the unit.