

# Hsm230 law profile paper



Law Profile Paper By Tabatha Torralballe November 14, 2010 resume writing service geelong In this paper, I will be discussing a current or proposed law that impacts the delivery of human services. This current law is known as the Health Insurance Portability and Accountability Act of 1996 or better known as the HIPPA law.

I will also be discussing what reliable resources are available to learn about the implications of this law, what is the purpose or rationale of the law, how will the law affect day-to-day operations within human service organizations, what are the arguments for or against the law and what are the potential ramifications to clients and the organization if the law is not followed. There is a vast amount of reliable resources available to learn about the implications of the Health Insurance Portability and Accountability Act of 1996 or the HIPPA law. One, in particular, is going through the human resources department of where one works. The human resources department can provide all the information needed to determine if there is a violation or if someone is in violation of the privacy of certain information. HIPAA touches on the privacy issue in many ways such as the routine doctor's office visits, the pharmacy prescription refills, the messages left on voice mail systems to a patient from their physician, and reminder cards received in the mail. This is a list of how the HIPPA law affects the day-to-day situations: Limiting exclusions for preexisting medical conditions (known as preexisting conditions), providing credit against maximum preexisting condition, exclusion periods for prior health coverage and a process for providing certificates showing periods of prior coverage to a new group health plan or health insurance issuer, providing new rights that allow

individuals to enroll for health coverage when they lose other health coverage, get married or add a new dependent, prohibiting discrimination in enrollment and in premiums charged to employees and their dependents based on health status-related factors, guaranteeing availability of health insurance coverage for small employers and renewability of health insurance coverage for both small and large employers, and preserving the states' role in regulating health insurance, including the states' authority to provide greater protections than those available under federal law. The law defines a preexisting condition as one for which medical advice, diagnosis, care, or treatment was recommended or received during the 6-month period prior to an individual's enrollment date (which is the earlier of the first day of health coverage or the first day of any waiting period for coverage). Group health plans and issuers may not exclude an individual's preexisting medical condition from coverage for more than 12 months (18 months for late enrollees) after an individual's enrollment date.

Under HIPAA, a new employer's plan must give individuals credit for the length of time they had prior continuous health coverage, without a break in coverage of 63 days or more, thereby reducing or eliminating the 12-month exclusion period (18 months for late enrollees). Certificates of creditable coverage must be provided automatically and free of charge by the plan or issuer when an individual loses coverage under the plan, he/she becomes entitled to elect COBRA continuation coverage or exhausts COBRA continuation coverage. A certificate must also be provided free of charge upon request while you have health coverage or anytime within 24 months after your coverage ends. Certificates of creditable coverage should contain

information about the length of time you or your dependents had coverage, as well as the length of any waiting period for coverage that applied to you or your dependents. For plan years beginning on or after July 1, 2005, certificates of creditable coverage should also include an educational statement that describes individuals HIPAA portability rights. A new model certificate is available on EBSAs Web site.

If a certificate is not received, or the information on the certificate is wrong, you should contact your prior plan or issuer. You have a right to show prior creditable coverage with other evidence ??” like pay stubs, explanation of benefits, letters from a doctor ??” if you cannot get a certificate . (Privacy rights clearinghouse, 2007). The potential legal ramifications to the clients and the organizations if the laws are not followed are the economic discrimination of the mentally ill, by forcing them to pay more for their medical services. When using Medicaid, the federal government specifically excludes the payments for the patients in the state psychiatric hospitals and the other institutions, to accomplish the goals to foster the deinstitutionalization and to shift the costs of the healthcare back to the states which were viewed by the federal government as responsible for their care. The states can then proceed to transfer the massive amounts of patients from the state hospitals to the nursing homes and to the communities where the Medicaid reimbursement was available. Persons who need the treatment in a hospital can count on the Medicaid benefits to pay for certain diseases of the heart, the liver, the blood, and all the other bodily organs.

The Federal government's exclusions prohibit Medicaid from covering any type of treatment in the state or the private psychiatric hospitals. For the mental patient who is severely ill, the private insurances are essentially meaningless because of their illnesses. Most of the individuals that are mentally ill with brain disease are unemployed and the private insurances are a luxury that is beyond their price range. The federal government continues to discriminate against those with severe mental illnesses by denying them the coverage with Medicaid when they are required to have hospitalization in a psychiatric hospital. (Lawyers collective, 2009). In conclusion, the law I have discussed is the Health Insurance Portability and Accountability Act of 1996 or better known as HIPPA law.

I have also discussed what the reliable resources are that are available to learn about the implications of this law, what the purpose or the rationale of this law, how the law affects the day-to-day operations within the health and the human service organizations, what the arguments for or against the law are, and what the potential legal ramifications to clients and the organization are if the law is not followed. It is my opinion that HIPPA is an important and relevant insurance act which is to the best interest and benefits of the client as well as the organization, practice, business, or individual which is following the terms of the HIPPA Act. References(2007).? Privacy rights clearinghouse.? Retrieved from [http://www. privacyrights. org/](http://www.privacyrights.org/)(2009).? Lawyers collective.? Retrieved from [http://www. lawyerscollective. org/](http://www.lawyerscollective.org/)