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Health Insurance Portability and Accountability Act of 1996

In an effort to create and enforce strict guidelines on how all health care providers communicate, the Health Insurance Portability and Accountability Act of 1996 was created. Although the legislation is necessary because of increasing use of electronic communication and the need to safeguard patients' privacy, the costs of implementing the Health Insurance Portability and Accountability Act of 1996 have been astronomical. There are many questions that people have about the Health Insurance Portability and Accountability Act of 1996. What is it, how did we get it, what effects has it had on different health care entities, and lastly, how have we been affected by the Health Insurance Portability and Accountability Act of 1996 at this point?

There has been a great deal of confusion as to what the Health Insurance Portability and Accountability Act of 1996 really is. In the health care industry, it has a different connotation than in the private sector. If one is employed in a health care related business, the Health Insurance Portability and Accountability Act of 1996 makes for more paper work, more federal regulation, and, at times, difficulty to treat a patient because one cannot get any information from a third party. In the private sector the Health Insurance Portability and Accountability Act of 1996 creates rules and regulations that limit how health related conditions can be discussed. It also creates safeguards for health and life insurance (HPAA Primer).

The official government description of the Health Insurance Portability and Accountability Act of 1996, which was signed into law on August 21, 1996, is to help combat waste, fraud, abuse, improve portability of health insurance coverage, and simplify administration of health care (PH-C Alert). The Health Insurance Portability and Accountability Act of 1996 also calls for the standardization of electronic patient health information, and administrative and financial data. Unique health identification codes for individuals, employers, health plans, and health care providers are to be used. Security standards protect the confidentiality and integrity of "individually identifiable health information," past, present, or future (HPAA Primer). The Health Insurance Portability and Accountability Act of 1996 also increased the deductible of health insurance for the self-employed, making medical savings accounts available to small employers, simplifying health claims, and billing forms. It clarifies the treatment of long-term care insurance and provides significant new tools to combat health care fraud and abuse. The Health Insurance Portability and Accountability Act of 1996 goes on to limit preexisting conditions exclusions, and guarantees the availability and renewability of health insurance. It also prohibits health plans from discriminating against people based on health status (implementation).

For the general public, The Health Insurance Portability and Accountability Act of 1996 helps with insurance coverage and limits what is considered preexisting conditions. It has established many guidelines that must be followed. Some of these guidelines include having at least eighteen months of continuous creditable coverage, and not being eligible for coverage under a group health plan including spouse, Medicare or Medicaid (HPAA).

When discussing the Health Insurance Portability and Accountability Act of 1996, there are very specific terms that are used. Once one knows what the Health Insurance Portability and Accountability Act of 1996 is, it helps to understand several related terms. "Electronic Health Transactions" refers to information that is transmitted in any electronic form. This includes health claims, health plans, eligibility, enrollment and disenrollment, payments for care and health plan premiums, claims, injury reports, coordination of benefits, and related transactions (HPAA Primer). "Electronic Data Interchange" is personal information that is transferred via computer. "Protected Health Information" is information about one's health that is not exchangeable between health care parties because of its content (HPAA).

Who had time to come up with such a difficult and complex legislation? This is a question that has been raised by many. For many, it would appear that our senators had nothing to do. But, to take the time to learn and understand the Health Insurance Portability and Accountability Act of 1996 may change one's mind. Many people would be very surprised to learn that the Health Insurance Portability and Accountability Act of 1996 movement dates back to 1975.

In 1975, a group of health care providers and payers was formed known as "National Uniform Billing Committee". This group worked together to standardize hospital claim forms. The group worked until 1982 to reach consensus on what was to be known as the UB-82 claim, the industry's first standard claim form. By 1988, sixty percent of all hospitals

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