

January | 24

Online HIPAA Module User Manual

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Online HIPAA Module

Accessing the HIPAA Module

The Online HIPAA Module is available through the Industry Access Portal. To enter the portal, click the Industry Access link as indicated in the screenshot below.



To gain access to the module, a user must first create a User ID with Industry Access, and then submit a request for module access. After module access is granted, users can log into Industry Access to reach the HIPAA module.

For complete instructions on this process, please reference the Industry Access Help Manual.

The screenshot displays the 'Industry Access Portal' for the Louisiana Department of Insurance (LDI). The header includes the LDI logo and the text 'Louisiana Department of Insurance'. Below the header, there is a navigation bar with a 'Login' tab and a 'Help Manual' button, which is highlighted with a red arrow. The main content area is divided into two columns. The left column features a 'Login' section with a message: 'Our login process has changed, click [Learn More](#) to see detailed instructions on the new login process.' Below this message is a form with an 'Email:' label, an input field, and a 'Continue' button. The right column is titled 'New to Industry Access?' and contains the text 'Please click here to sign up.' with a 'Register' button. Below the 'Register' button are two links: '[What is Industry Access?](#)' and '[Watch webinars on using the Industry Access Portal](#)'.

Creating a New Assessment

The HIPAA Assessment Filing screen will list all previously entered HIPAA assessment filings, if applicable. To begin creating a new assessment filing, click the “Create New Assessment” link. The HIPAA Assessment Worksheet will open.

HIPAA Assessment Filing

[Create New Assessment](#)

Status	Assessment Year	Date Submitted	Total Deductions	Net Premiums
No records to display.				

Exit

Contact Information Verification

If available, contact information for the HIPAA assessment filer will automatically populate into the Contact Information Verification fields below. Users are required to verify if the information is complete and current. If the contact information is correct, please select the “The above information is correct” option.

If no information is available, users are required to fill out the Contact Information Verification section. Required fields are indicated with red asterisks (*).

HIPAA Assessment Worksheet - Calendar Year 2011

Contact Information Verification

* required field

Company Name:
First Name: * Middle Name: Last Name: *
Title:
Address: *
City: * State: * Postal Code: *
Telephone #: * Email: *

The above information is correct.
 The above information is incorrect and requires updating (checking this option will allow you to edit the contact information).

To enter contact information for an assessment, type the data into the required fields: First Name, Last Name, Address, City, State, Postal Code, Telephone #, and Email. Then click the “Update” button.

HIPAA Assessment Worksheet - Calendar Year 2011

Contact Information Verification

* required field

Company Name:


First Name: * **Middle Name:** **Last Name:** *

Title:

Address: *

City: * **State:** * **Postal Code:** *

Telephone #: * **Email:** *



The above information is correct.

The above information is incorrect and requires updating (checking this option will allow you to edit the contact information).

If the Contact Information is saved successfully, a pop-up window will appear. Click “OK” to continue.

The “Update” button will no longer be visible and the option that indicates that contact information is correct will be selected.

HIPAA Assessment Worksheet - Calendar Year 2011

Contact Information Verification

* required field

Company Name: This is a Test Company Two

First Name: * **Middle Name:** **Last Name:** *

Title:

Address: *

City: * **State:** * **Postal Code:** *

Telephone #: * **Email:** *

The above information is correct.
 The above information is incorrect and requires updating (checking this option will allow you to edit the contact information).

NOTE: To bring back the “Update” button for further editing, click the option to indicate that the information requires updating. The user must click the “Update” button to commit any changes to the database.

Enter Assessment Data

To complete the assessment, data must be entered into Charts A, B, D, and F, and the HIPAA Annual Statement must be attached in the Attachments section.

Chart A: Accident and Health Lines of Business

In Chart A, enter the direct premium amounts for Accident and Health Lines of Business. The subtotal field will calculate the sum of these fields automatically.

A. Premiums reported for Direct Business in Louisiana during 2011, subject to assessment pursuant to LSA-R.S. 22:1071(D)(2)(a)	
Accident and Health Lines of Business	Direct Premiums
1 Large Employer Group – Comprehensive Major Med & Basic-Med/Surgical Exp	1,200.00
2 Large Emp Group Assn Members – Comp Major Med & Basic-Med/Surg Exp	200.00
3 Small Employer Group – Comprehensive Major Med & Basic-Med/Surgical Exp	3,000.00
4 Small Emp Group Assn Members - Comp Major Med & Basic-Med/Surg Exp	450,000.00
5 Large Employer Group - Health Maintenance Organization	0.00
6 Small Employer Group – Health Maintenance Organization	600.00
7 Blanket – Comprehensive Major Medical & Basic-Med/Surgical Expense	78,000.00
8 Individual – Comprehensive Major Medical & Basic-Med/Surgical Expense	0.00
9 Individual Assn – Comprehensive Major Medical & Basic-Med/Surgical Exp	0.00
10 Individual – Health Maintenance Organization	90,000.00
SUBTOTAL - PREMIUMS SUBJECT TO ASSESSMENT (Add lines 1 through 10 above)	623,000.00

Chart B: Exempted Lines of Accident and Health Business

In Chart B, enter the amount of direct premiums for Exempted Lines of Accident & Health Business. The subtotal field will calculate the sum of these fields automatically.

NOTE: If a premium amount is entered for the “Other” field, users must enter a description in the blank field.

B. Premiums reported for separate lines of Business in Louisiana during 2011, <u>exempt from HIPAA Assessment</u> pursuant to LSA-R.S. 22:1071.1(3)	
Exempted Lines of Accident & Health Business	Direct Premiums
11 Accident Only	1,000.00
12 Accidental Death & Dismemberment	200.00
13 Credit Accident & Health	0.00
14 Critical Illness	34,000.00
15 Dental	0.00
16 Disability	40,000.00
17 Hospital Fixed Indemnity	5,000.00
18 Long Term Care	0.00
19 Medicare Supplement / Medicare Select	0.00
20 Cancer / Specified or Dread Disease	67,000.00
21 Excess / Stop Loss	700.00
22 Employer Mental Health & Substance Abuse Plans	800.00
23 Other (PLEASE DESCRIBE): <input type="text" value="Test!"/>	90,000.00
SUBTOTAL - PREMIUMS EXEMPT FROM ASSESSMENT (Add lines 11 through 23 above)	238,700.00

Chart C: all Accident and Health Lines of Business

Chart C will automatically calculate the total amount for direct premiums, adding together the amounts from Charts A and B.

C. Total Premiums reported for ALL Direct Accident & Health Business in Louisiana during 2011	
Combined premiums reported below from charts A & B above should reflect the total of all accident and health premiums reported on the appropriate Louisiana state page of your Annual Statement for the year ended December 31, 2010 (Life Companies - page 24.LA, Fire & Casualty Companies - page 19.LA, and HMOs - page 29).	
All Accident and Health Lines of Business	Direct Premiums
TOTAL - DIRECT PREMIUMS (Add lines 1 through 23 above)	861,700.00

Chart D: Allowable Deductions

If there are any deductions, enter the premium amounts in to the Chart D fields. The subtotal field will calculate the sum of these fields automatically.

NOTE: If a premium amount is entered for the “Other” field, users must cite the statute, court decision, or other legal basis for the deduction in the blank field.

D. Allowable Deductions from HIPAA Assessment	
Premiums deducted for any invalid reason will be assessed and the insurance company may be penalized pursuant to LSA-R.S. 22:1071(C).	
Reason for Deduction	Premium Amount
1 Premiums reported on the 2011 Annual Statement for Louisiana Business and paid for group health policies covering employees of the insurer. (Danna v Commissioner of Insurance 228 So. 2d 708)	1,000.00
2 Premiums paid for Federal Employees Health Benefits Program. (5 U.S.C. § 8909)	0.00
3 Other (Cite statute, court decision or other legal basis allowing the deduction or exemption): Test Statute!	2,300.00
TOTAL Premium Deduction	3,300.00

Chart E: HIPAA Assessment Calculation

Chart E will automatically calculate total net premiums subject to assessment, subtracting the amounts of Chart D from Chart A.

E. HIPAA Assessment Calculation in accordance with LSA-R.S. 22:1071.D.(2)(a)	
1 Subtotal - Premiums <u>Subject</u> to Assessment from Chart A, page one	623,000.00
2 Total - Premium Deductions from Chart D, page two above	3,300.00
3 TOTAL NET PREMIUMS SUBJECT TO ASSESSMENT	619,700.00

Annual Statement Page

To add an attachment, first click the “Browse” button of the Attachment control.

Annual Statement Page
Please attach a PDF copy of your Annual Statement.



Locate the file on your device and select it.

The file name will load into the Attachment field. Only one file may be attached to the assessment filing. The file must be in PDF format.

Annual Statement Page
Please attach a PDF copy of your Annual Statement.

C:\Documents and Settings

Chart F: Verification of Lines of Business

Chart F allows users to enter each line of business for which premiums were reported in Charts A and B.

To enter a line of business, select the Line Number from the dropdown box, enter the Policy Form Number, and select a Status from the dropdown box. Then click the “Add” button to enter the line into the grid.


F. Verification of Lines of Business Reported in Charts A and B.

Identify each line of business for which premiums were reported in Charts A and B, lines 1 through 23, and list the primary policy form numbers for each insurance product. Use the form below to enter each policy form number along with its line of business and its status.

If this information has not changed, you may use the list provided for tax year 2011.
If you would like to load the previous years list check this box:

Line Number: Policy Form Number(s): Status:

Line Number	Policy Form Number	Status
No records to display.		



Continue this process until all lines of business have been entered. To remove a line of business from the grid, click the red “minus” icon.


F. Verification of Lines of Business Reported in Charts A and B.

Identify each line of business for which premiums were reported in Charts A and B, lines 1 through 23, and list the primary policy form numbers for each insurance product. Use the form below to enter each policy form number along with its line of business and its status.

If this information has not changed, you may use the list provided for tax year 2011.
If you would like to load the previous years list check this box:

Line Number: Policy Form Number(s): Status:

Line Number	Policy Form Number	Status
1	123	Actively Marketed
2	234	Closed Book




Save Assessment

It is possible to save current progress on an assessment without submitting it to the Louisiana Department of Insurance. Saving an assessment allows users to return to it later for further editing. It will remain in “Pending” mode until submitted.

Click the “Save” button to save the assessment data.

Annual Statement Page

Please attach a PDF copy of your Annual Statement.

Selected File: Annual Statement Test.pdf 



AN INVOICE FOR THE PROPER AMOUNT DUE WILL BE SENT TO YOU SEPERATELY.


F. Verification of Lines of Business Reported in Charts A and B.

Identify each line of business for which premiums were reported in Charts A and B, lines 1 through 23, and list the primary policy form numbers for each insurance product. Use the form below to enter each policy form number along with it's line of business and it's status.

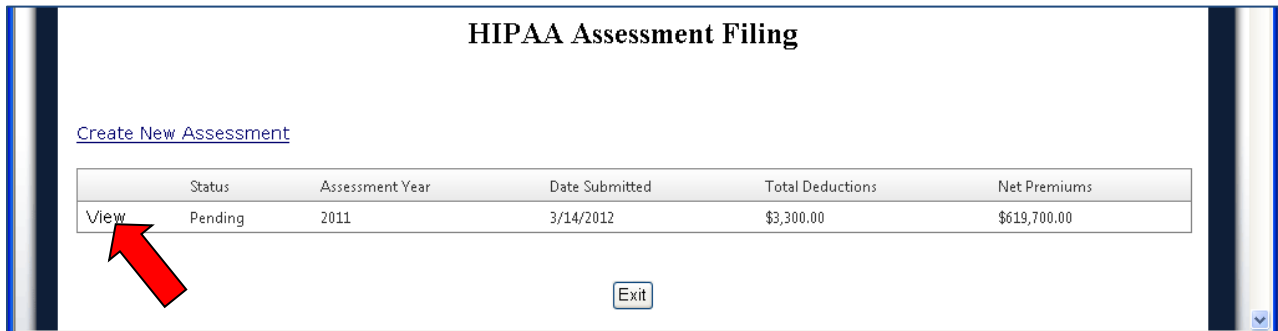
If this information has not changed, you may use the list provided for tax year 2011.
 If you would like to load the previous years list check this box:

Line Number: Policy Form Number(s): Status:

Line Number	Policy Form Number	Status	
1	123	Actively Marketed	
2	234	Closed Book	



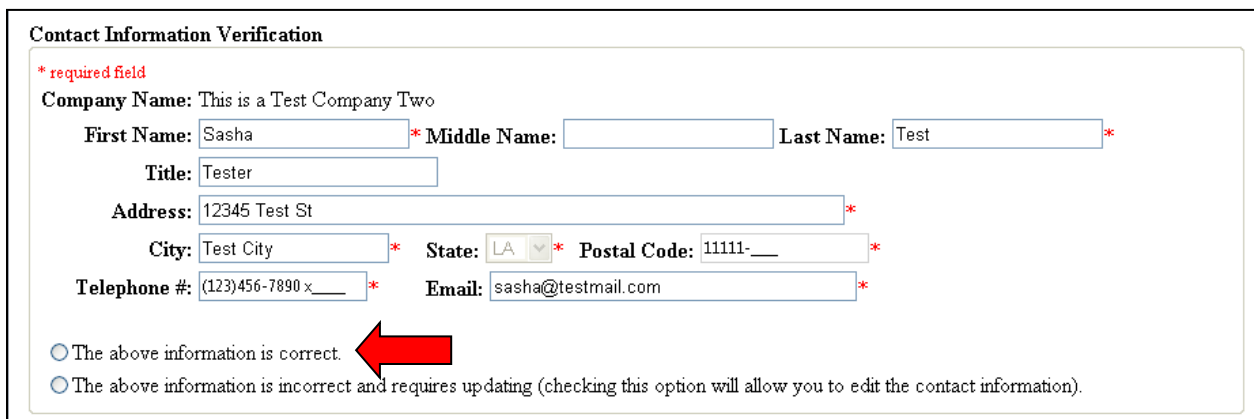
The user will be redirected to the HIPAA Assessment Filing screen. The saved assessment will now appear in the assessment grid. To access the assessment for further editing, click the “View” link.



	Status	Assessment Year	Date Submitted	Total Deductions	Net Premiums
View	Pending	2011	3/14/2012	\$3,300.00	\$619,700.00

[Exit](#)

NOTE: When returning to an assessment, users are required to verify their contact information before the assessment can be submitted.



Contact Information Verification

* required field

Company Name: This is a Test Company Two


First Name: * Middle Name: Last Name: *

Title:

Address: *

City: * State: * Postal Code: *

Telephone #: * Email: *

The above information is correct. 


The above information is incorrect and requires updating (checking this option will allow you to edit the contact information).

Submit Assessment

Once all assessment data has been entered, the contact information is verified, and the annual statement page is attached, the assessment is ready to be submitted. Click the “Submit Assessment” button to send the assessment to the Department for review.

Annual Statement Page

Please attach a PDF copy of your Annual Statement.

Selected File: Import Test.xlsx 



AN INVOICE FOR THE PROPER AMOUNT DUE WILL BE SENT TO YOU SEPERATELY.


F. Verification of Lines of Business Reported in Charts A and B.

Identify each line of business for which premiums were reported in Charts A and B, lines 1 through 23, and list the primary policy form numbers for each insurance product. Use the form below to enter each policy form number along with it's line of business and it's status.

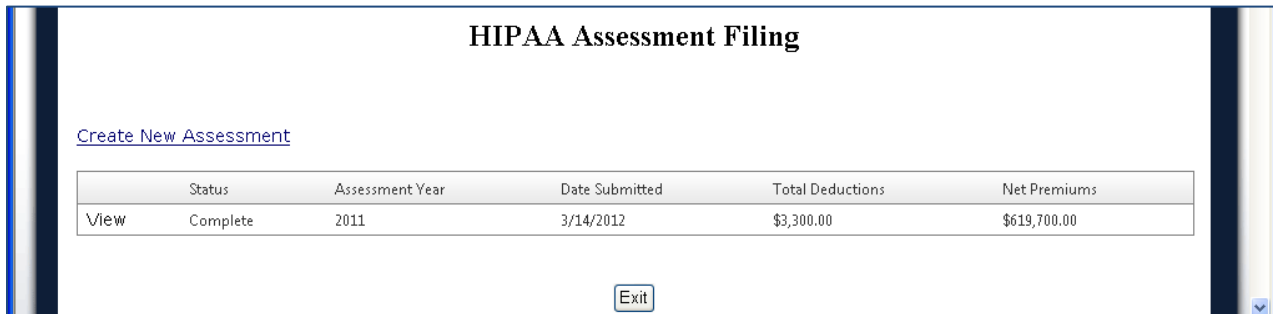
If this information has not changed, you may use the list provided for tax year 2011.
If you would like to load the previous years list check this box:

Line Number: Policy Form Number(s): Status:

Line Number	Policy Form Number	Status	
1	123	Actively Marketed	
2	234	Closed Book	



The Assessment Filing will now be set to “Complete” status and submitted. The user will be redirected to the HIPAA Assessment Filing screen. Assessments with a “Complete” status can no longer be edited.

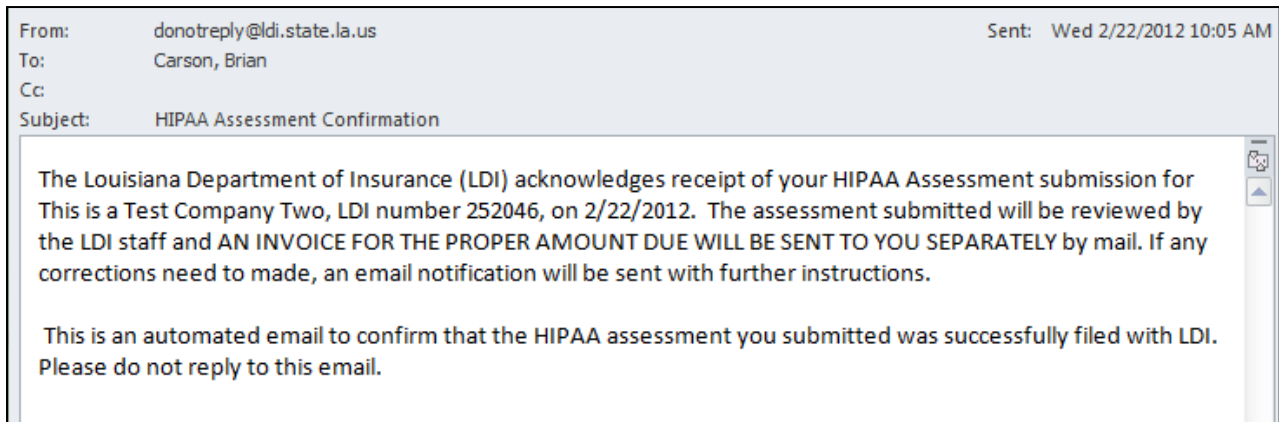


HIPAA Assessment Filing

[Create New Assessment](#)

	Status	Assessment Year	Date Submitted	Total Deductions	Net Premiums
View	Complete	2011	3/14/2012	\$3,300.00	\$619,700.00

The system will generate an email to the user, confirming that the HIPAA assessment filing was received by the Louisiana Department of Insurance.



From: donotreply@ldi.state.la.us **Sent:** Wed 2/22/2012 10:05 AM
To: Carson, Brian
Cc:
Subject: HIPAA Assessment Confirmation

The Louisiana Department of Insurance (LDI) acknowledges receipt of your HIPAA Assessment submission for This is a Test Company Two, LDI number 252046, on 2/22/2012. The assessment submitted will be reviewed by the LDI staff and AN INVOICE FOR THE PROPER AMOUNT DUE WILL BE SENT TO YOU SEPARATELY by mail. If any corrections need to made, an email notification will be sent with further instructions.

This is an automated email to confirm that the HIPAA assessment you submitted was successfully filed with LDI. Please do not reply to this email.