HIPAA for Health Insurance Claim

HIPAA Titles that Relate to Health Insurance Claims

- **Title I: Health Insurance Reform – Healthcare Access, Portability, and Renewability**

  This section of HIPAA contains policies regarding pre-existing conditions as well as the transferability (or portability) of health insurance. It outlines policies related to protecting the health insurance coverage that workers and their families have, when workers change employment or lose their jobs. All of these regulations relate to health insurance claims because it directly pertains to how patients are eligible for healthcare access and how they can renew or transfer their coverage.

- **Title II: Administrative Simplification, Preventing Healthcare Abuse and Fraud, and Medical Liability Reform**

  This section of HIPAA relates to health insurance claims because it attempts to simplify the administration and management of health insurance programs to improve effectiveness and efficiency; it actively works to decrease or eliminate healthcare payment fraud and abuse (which helps to keep costs down). It outlines who is liable in cases of fraud or abuse, and it provides guidelines to ensure the confidentiality of patient health records and information. It establishes nationwide standards for the privacy and security of patients’ health information. It also sets up national standards for electronic healthcare transactions. In addition, it began the requirement that all healthcare providers have a national provider identifier (NPI) number, without which health insurance claims cannot be processed. This section also provides increased criminal and civil penalties for healthcare providers who knowingly submit falsified health insurance claims.

- **Title IV: Application and Enforcement of Group Health Plan Requirements**

  This title relates to health insurance claims because it outlines policies regarding continuation of coverage and pre-existing conditions for people covered under group health insurance plans.