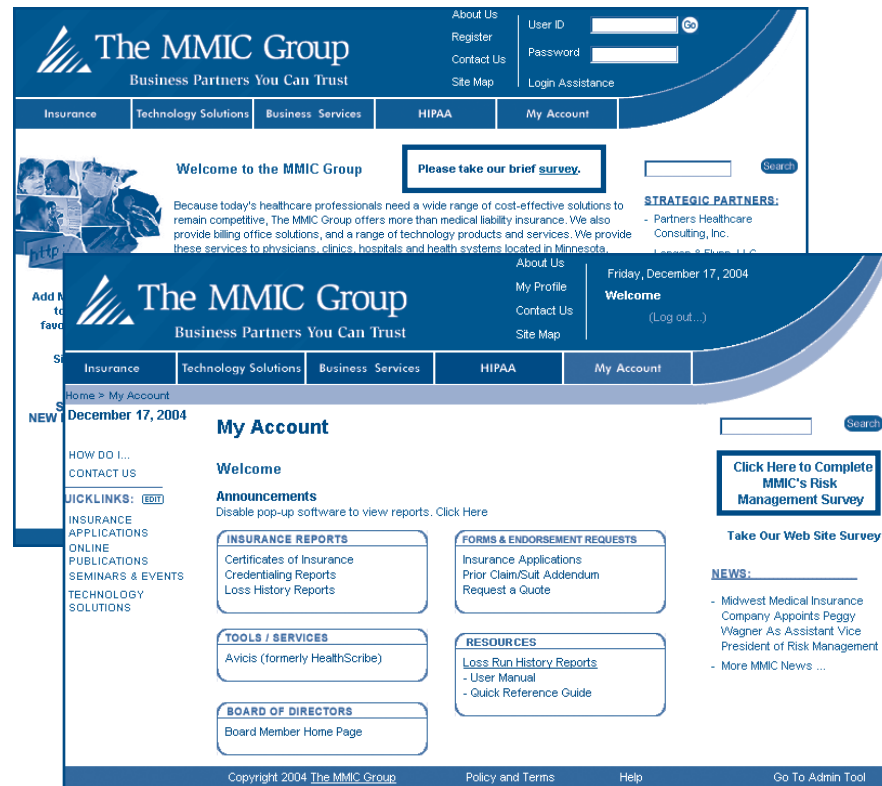


## MMIC Group Web Site Surveys

The next time you visit the MMIC Group Web site, [www.mmicgroup.com](http://www.mmicgroup.com), please take a moment to take our surveys. The general Web site survey appears on the home page and asks questions about ease of use and usefulness of information. The risk management survey will help the department enhance its policyholder services.



To receive the *Review* by e-mail, contact the editor at [rosalind.miller@mmihc.com](mailto:rosalind.miller@mmihc.com) or 1-800-328-5532. You may also download this publication from our Web site at [www.mmicgroup.com](http://www.mmicgroup.com).

## MMIC Helps Emergency Medicine Physicians get Coverage

This summer MMIC modified its underwriting guidelines to accommodate emergency room physicians who were facing an insurance availability problem.

To better understand their concerns, MMIC, the Minnesota Medical Association and the Minnesota Chapter of the American College of Emergency Physicians held a series of meeting with the ER doctors.

At the time of the meetings, MMIC's Underwriting ER physician guideline allowed for coverage of new ER accounts only if the physician or group was practicing in an MMIC insured hospital. This allows for better coordination with MMIC's Risk Management Department to help mitigate risk exposures.

Using the information received in the meetings, the Underwriting and Risk Management departments revised the guidelines and developed a supplemental emergency room questionnaire. Emergency room groups that have a formal risk management program and a low turnover of physicians may qualify even if the hospital is not insured with MMIC.

The changes allowed MMIC to offer coverage to some of the ER physicians who said they couldn't obtain coverage. Currently, MMIC insures nearly 200 ER physicians in its six-state territory.



## Certificates of Insurance and Credentialing Reports Now Online

MMIC continues to enhance its online service to policyholders. Certificates of Insurance (COI) and Credentialing Reports were recently added to the MMIC Group Web site. This information is updated daily and can be downloaded at the convenience of the policyholder.

Policyholders have to register on the MMIC Group Web site, [www.mmicgroup.com](http://www.mmicgroup.com), to gain access to these materials. If you are already a registered member of the site, log on to the site and go to the "My Account" section. Click on the COI or Credentialing Report link, fill out the form and click submit. After a verification process, you will receive notice that you now have access to the document.

If you are not a member of the site, you will need to register first before signing up for access to the materials. To become a member click on the Register link at the top of the Group site home page, fill out the form and click submit. You will receive an e-mail containing your registration status. Then follow the above instructions to access the materials.

If you have registration questions, please contact Michelle Novak or Rosalind Miller at 952-838-6700 or 800-328-5532.

### INSIDE

- MMIC Base Rates Continue to be Some of the Lowest Countrywide..... 2**
- HIPAA Security Rule Reminder..... 2**
- HIPAA Security Rule Matrix..... 3**

## MMIC Base Rates Continue to be Some of the Lowest Countrywide

The following chart compares MMIC basic rates for internal medicine, general surgery and obstetric/gynecology with a sampling of states from across the country. Rates are continuing to rise in the Upper Midwest, however, they still remain some of the lowest in the country.

The rates are from the dominant professional liability carrier in that state and are \$1 million/\$3 million limit, mature claims-made.

MMIC 2004 Base Rates

State	Internal Medicine	General Surgeon	OB/GYN
Iowa	\$6,400	\$23,171	\$47,174
Minnesota	4,283	12,848	19,630
Nebraska*	2,319	9,879	15,121
North Dakota	6,086	18,258	27,894
South Dakota	3,848	11,545	17,638
Wisconsin	5,973	21,504	32,255

\*\$200,000/\$600,000

Other States 2004 base rates

State	Internal Medicine	General Surgeon	OB/GYN
Florida	\$35,544–\$69,310	\$142,175–\$277,175	\$142,175–\$277,175
Michigan	13,445–37,346	51,908–144,188	59,376–164,934
Illinois	19,740–38,420	51,876–102,700	74,300–147,540
Texas	12,832–23,174	34,554–62,656	43,223–81,247
Colorado	12,711	43,529	39,973

## HIPAA Security Rule Reminder

MMIC reminds physicians and clinic administrators that the April 20, 2005 deadline for implementation of the HIPAA Security Rule is fast approaching. The rule sets high standards for administrative, physical, and technical safeguards of electronic protected health information (EPHI). Practices that have not yet begun compliance efforts would be well advised not to postpone their work any longer.

A recent Roundtable meeting with HHS representatives and other interested parties underscored the importance of a critical aspect of implementation that is often overlooked or short-changed in the hurry to meet the deadline: That is, the development, implementation, and documentation of the policies and procedures that make up a

practice's compliance plan. The message from HHS was clear: Security Rule compliance is not merely a technology challenge; rather, there are business systems and processes that must be in place in order to meet the standards.

With the deadline approaching, MMIC Technology Solutions, Inc. can help you identify the best approach for your practice. For more information about the Security Rule and tools for implementation, please consult the MMIC Group Web site ([www.MMICGroup.com](http://www.MMICGroup.com)) or contact Dave Kenady at MMIC Technology Solutions, 763-201-0329.

For a more detailed look at the Rule, read the article in the May/June 2003 issue of *Review* at [www.mmicgroup.com](http://www.mmicgroup.com).

### To comply with the HIPAA Security Rule, covered entities must

- Ensure the confidentiality, integrity and availability of EPHI.
- Protect against reasonably anticipated threats to the security or integrity of EPHI.
- Protect against reasonably anticipated, unpermitted uses or disclosures of EPHI.
- Ensure compliance with the Security Rule by their workforces.

## HIPAA Security Rule Matrix

Standards Implementation Specifications (R) = Required (A) = Addressable

Standards	Implementation Specifications (R) = Required (A) = Addressable
<b>Administrative Safeguards</b>	
Security Management Process	Risk Analysis (R) Risk Management (R) Sanction Policy (R) Information System Activity Review (R)
Assigned Security Responsibility	(R)
Workforce Security	Authorization and/or Supervision (A) Workforce Clearance Procedure Termination Procedures (A)
Information Access Management	Isolating Healthcare Clearinghouse Function (R) Access Authorization (A) Access Establishment and Modification (A)
Security Awareness and Training	Security Reminders (A) Protection from Malicious Software (A) Log-in Monitoring (A) Password Management (A)
Security Incident Procedures Contingency Plan	Response and Reporting (R) Data Backup Plan (R) Disaster Recovery Plan (R) Emergency Mode Operation (R) Testing and Revision Procedure (A) Applications and Data Criticality Analysis (A)
Evaluation	(R)
Business Associate Contracts and Other Arrangement	Written Contract or Other Arrangement (R)
<b>Physical Safeguards</b>	
Facility Access Controls	Contingency Operations (A) Facility Security Plan (A) Access Control and Validation Procedures (A) Maintenance Records (A)
Workstation Use	(R)
Workstation Security	(R)
Device and Media Controls	Disposal (R) Media Re-use (R) Accountability (A) Data Backup and Storage (A)
<b>Technical Safeguards</b>	
Access Control	Unique User Identification (R) Emergency Access Procedure (R) Automatic Logoff (A) Encryption and Decryption (A)
Audit Controls	(R)
Integrity	Mechanism to Authenticate Electronic Protected Health Information (A)
Person or Entity Authentication	(R)
Transmission Security	Integrity Controls (A) Encryption (A)