



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 144956

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DATE: 4/2/2025

**SUBJECT: CONSIDERATION OF AN AMENDMENT TO ATTACHMENT NO. 2 OF
THE CLAIM ADMINISTRATOR BUSINESS ASSOCIATE AGREEMENT
BETWEEN TARRANT COUNTY AND BLUE CROSS BLUE SHIELD OF
TEXAS**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider an Amendment to Attachment No. 2 of the Claim Administrator Business Associate Agreement between Tarrant County and Blue Cross Blue Shield of Texas.

BACKGROUND

On December 3, 2024, the Commissioners Court, through Court Order #144373, approved a Claim Administrator Business Associate Agreement with BCBS of Texas to outline the mutual understanding regarding compliance with the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations (45 C.F.R. Parts 160-164). This includes the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009, as well as any subsequent amendments issued by the Secretary. Collectively, these regulations are referred to as "HIPAA."

Amendment to Attachment No. 2 of the agreement with BCBS of Texas is necessary to include the stop-loss carriers, ReliaStar (Voya) and Avant, as selected by the Public Employee Benefits Cooperative (PEBC) Board of Governance.

FISCAL IMPACT

There is no fiscal impact associated with this action.

SUBMITTED BY	Human Resources	PREPARED BY:	Glorimar Lugo Ortiz
		APPROVED BY:	Roxie Held

CLAIM ADMINISTRATOR
BUSINESS ASSOCIATE AGREEMENT

ATTACHMENT 2: Additional Information Form for Self-Funded Accounts

This replaces and amends any existing Additional Information Form. If any information changes, the GHP is responsible for providing an updated form to the Claim Administrator.
(Please print or type & complete the form in its entirety)

Employer or Plan Sponsor: Tarrant County (Public Employee Benefits Cooperative of North Texas)	
BCBSTX Account number: 392638	
BCBSTX group number(s): 392651, 392652, 392653	
Claim Administrator's Privacy Officer: Jill Wolowitz Address: HCSC Privacy Office; 300 E. Randolph St., Chicago, IL 60601-5099	
Primary Privacy Contact	Additional Privacy Contact (required)
Name: Dolores Lewis Title: Executive Director Phone #: 817.695.9141 Fax #: Mailing Address: Centerpoint II, 4th Fir., 616 Six Flags Drive City, State, Zip: Arlington, TX 76011 e-Mail Address: dlewis@pebcinfo.com	Name: Alycia Harp Title: Assistant Director Phone #: Fax #: Mailing Address: Centerpoint II, 4th Fir., 616 Six Flags Drive City, State, Zip: Arlington, TX 76011 e-Mail Address: aharp@pebcinfo.com
Additional Privacy Contact (Optional)	Additional Privacy Contact (Optional)
Name: Roxie Y. Held Title: Director, Human Resources I Tarrant County Phone #: 817-884-1510 Fax #: Mailing Address: 100 East Weatherford Street Suite 301 City, State, Zip: Fort Worth, Texas 76196 e-Mail Address: ryheld@tarrantcountytexas.gov	Name: Glorimar Lugo-Ortiz Title: Benefits Manager I Tarrant County Phone #: 817-212-7035 Fax #: Mailing Address: 100 East Weatherford Street Suite 301 City, State, Zip: Fort Worth, Texas 76196 e-Mail Address: gortiz@tarrantcountytexas.gov
Signature: (Form should only be signed by an authorized employee of the account)	
Name of individual signing this form: Tim O'Hare Title of individual signing this form: County Judge, Tarrant County Name (print): Tim O'Hare Signature: _____ Date: _____	
Limitations	

CLAIM ADMINISTRATOR
BUSINESS ASSOCIATE AGREEMENT

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 BCBSTX group number(s): **392651, 392652, 392653**

As required by this Agreement, GHP will identify limitations in the following documents that may affect Claim Administrator’s use or disclosure of PHI. List the limitation or indicate “none.”

a) Notice of Privacy Practices (NoPP) None
 b) GHP Plan Document None
 c) Other: None

Individual Rights Requests

As required by this Agreement, GHP shall identify the entity responsible for responding to these individual rights requests. Choose Employer/GHP or Claim Administrator (not Both).

a) Access: Employer/GHP Claim Administrator
 b) Disclosure Accounting: Employer/GHP Claim Administrator
 c) Amendment: Employer/GHP Claim Administrator
 d) Complaint: Employer/GHP Claim Administrator

Employer/GHP authorizes Claim Administrator to release PHI for Plan Administrator Purposes to the following employees of the GHP. (Use a different line for each employee and list: Job Title; Name (optional); and any limitations/restrictions on their access to PHI).

- Executive Director, No Restrictions
- Assistant Director, No Restrictions
- Tarrant County, HR Director, No Restrictions
- Tarrant County, Benefits Manager, No Restrictions
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Employer/GHP provides Claim Administrator or a Business Associate of the Claim Administrator with the authority to release PHI to Business Associates of the Employer/GHP. The Employer/GHP agrees to hold the Claim Administrator or the Business Associate of the Claim Administrator harmless for the release of PHI as long as the release is done in compliance with the security requirements outlined in the agreement between Claim Administrator and the Employer/GHP or the agreement between Claim Administrator and its Business Associate. (Use a different line for each Business Associate of the Employer/GHP along with a contact name).

- Holmes Murphy - No Restrictions
- Public Employee Benefits Cooperative of North Texas {P.E.B.C.}, AEP Vendor
- Health Equity, Cobra Administration, HSA and FSA, eligibility only
- United Healthcare, Claims Transition Files
- Optum, Clinical Transition Files
- Catapult
- ReliaStar (Voya)

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Avant	