Network Notification

Notice Date: April 3, 2019
To: Georgia Medicaid Providers
From: CareSource
Subject: CareSource/Health Partner Coordination & HIPAA

Care Coordination is an approach to health care in which all of a patient's needs are coordinated with the assistance of a primary point of contact. Strong care coordination improves partnerships between the patients/members (patients), providers, and the Care Management Organizations (CMOs) in supporting member treatment and care.

Each CMO has care coordinators and/or case managers who can assist. Here are some ways health plans help with care coordination:

- Meeting the patient's needs in a high-quality and high-value way
- Improve health care delivery
- Assist with resources
- Address gaps in care

Certain provisions of the Code of Federal Regulations (CFR) allow providers to legally share patients' information with CMOs for care coordination purposes (**https://www.law.cornell.edu/cfr/text/42/438.208**). Each CMO must implement procedures to deliver care to and coordinate services for their members.

How this affects the provider:

- Provider Contract Requirements – Contracts between CMOs and providers require providers to follow federal and state requirements and cooperate with the health plans' quality care delivery guidelines.
- HIPAA required identity validation questions – If the identification of the caller is in question, provider can ask HIPAA approved validation questions such as date of birth, address, or Medicaid ID number.
- Communication among treating providers – Physical health and behavioral health coordination including the requirement for behavioral health providers to send status reports to primary care providers and primary care providers to send status reports to the member's behavioral health providers. The CMO contract with the Department of Community Health (DCH) requires CMOs to notify providers of this requirement.

45 CFR 164.506-A covered entity may, under certain circumstances, use or disclose protected health information without the written authorization of the individual.

How this affects the Provider:

- In general, a provider may share a patient's protected health information with a CMO for purposes of care coordination and obtaining appropriate health or community-related services without a patient's consent.

- A CMO may share a member's protected health information without the member's consent in cases of transition from one CMO to another CMO for the purpose of coordinating member treatment or care.
- Examples of the transition of care process is during Medicaid open enrollment period when a Medicaid recipient chooses a different CMO during an active course of treatment.

Both the patient and the provider benefit when providers share a patient's information with the CMO for care coordination purposes. Effective partnership between the provider and the CMO will decrease potential gaps in a Patient's care and promote better health outcomes for the patient.

Should the patient, provider, or organization have any questions about information contained within this letter or would like to request additional information, please contact CareSource.