CareSource | NETWORK Notification

Notice Date: August 7, 2026
To: Indiana Medicaid Providers
From: CareSource
Subject: Medical Records Request and Release of Protected Health Information (PHI)

Summary

Throughout general Health Plan business actions, CareSource occasionally requests medical records for our members related to specific events or date(s) of service. These requests are for audit, inspection, and quality performance review audits.

Frequently Asked Questions:

How do providers give access to records for audits and chart reviews by CareSource?

Upon request, providers shall make available to CareSource or our designated representative member medical records at **no charge**, as specified in the Participating Provider Agreement or contract with CareSource.

Within requests, CareSource and our designated representative(s) outline multiple methods for submitting medical records. Methods may include:

- Direct EHR Access,
- Secure Fax,
- Secure E-mail, or
- Portal Upload.

Who may request medical records?

CareSource and its designated representatives (also referred to as CareSource Business Associates). CareSource Business Associates and CareSource have a signed Business Associate Agreement in accordance with the applicable Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

Am I required to comply with requests for medical records from CareSource and CareSource Business Associates?

Yes. Requirements for compliance with requests for medical records by CareSource and CareSource's Business Associates are outlined in your Participating Provider Agreement or contract with

CareSource.

Upon execution of a contract with CareSource, providers agree to comply with requests for medical records. Specific language regarding access to records, audits, and chart reviews by CareSource are detailed in CareSource's provider manuals and the Participating Provider Agreement with CareSource. Additionally, we ask that all medical records are submitted within 21 days of the request.

What is a Covered Entity?

CareSource is a Covered Entity, as defined and regulated under HIPAA of 1996. As a covered entity, CareSource and CareSource Business Associates may request and receive members' PHI without permission or authorization from the member or a member's legal representative. Covered entities are defined in HIPAA rules as:

- Health plans (also Business Associates through a signed agreement with the health plan or other covered entity),
- Health care clearinghouses, and
- Health care providers.

Please review CareSource's Notice of Privacy Practices webpage for more information on Covered Entities and permissible uses and disclosures of PHI which do **not** require member authorization for release of PHI.

Is a member release of information required to release medical records to CareSource or CareSource's Business Associates?

Pursuant to 45 CFR 164.506(c)(4), a member release is not required to release information to Covered Entities or Business Associates of Covered Entities when related to:

- Treatment,
- Payments, and
- Health care operations (includes disclosure of PHI for accreditation, certification, and auditing activities such as HEDIS, Risk Assessment or chart reviews).

Please review the U.S. Department of Health and Human Services Uses and Disclosures for Treatment, Payment, and Health Care Operations webpage for more information.

Questions?

Questions regarding **medical records release** can be directed to your area's designated Health Partner Engagement Specialist.

For questions about CareSource's **privacy practices related to PHI**, please contact CareSource in writing or by phone using our contact information below:

Mail: CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Email: HIPAAPrivacyOfficer@caresource.com

Phone: **1-844-607-2829, ext. 12023 (TTY: 1-800-743-3333 or 711)**