



HIPAA Helpers

This packet contains materials that can help you more effectively request health-related information that is needed by DHS.

It can also help you respond to concerns about privacy that are raised by people who receive those requests.

The packet contains:

- A form to mail or fax when requesting general health information (DHS 2085).
- A form to mail or fax when requesting health-*insurance* information (DHS 2086).
- A follow-up fax that briefly explains why the requested information can be shared without client consent (DHS 2087). This can be sent if the person receiving the request has doubts about complying.
- A second follow-up fax with more detailed explanations of the “treatment, payment and operations” exemptions under HIPAA (DHS 2088). This can be sent if, after seeing the first fax, the person still does not think they can release the information.
- A guide to handling telephone calls about HIPAA disclosures, with guidelines on making and receiving calls that request health information (DHS 2089).

These forms are available for downloading and printing by going to the Forms page of the DHS web site. Copies are also available through the regular forms-ordering system.

If you have further questions or need more assistance, contact the DHS Privacy Office at 503-945-5780.



Request for health information

Date:

To:

Regarding: Name _____ SSN _____

Greetings,

Oregon’s Medicaid Program, administered by the state Department of Human Services (DHS), requires certain health information to determine eligibility and payments for medical benefits.

We recognize that this information is covered by HIPAA privacy laws. However, the information falls under provisions of the law that allow entities covered by HIPAA to exchange information for the purposes of treatment, payment or operation of health-care. (These are known as the “TPO” provisions).

Please provide the information described below as soon as possible. If you have further questions or need more information about the TPO exemptions under HIPAA, you can contact me at _____.

Thank you for your help.

Name: _____ Title: _____

DHS Unit: _____ Fax # _____

Information requested _____



Request for health-insurance information

DHS 2086

Date:

To:

Regarding: Name _____ SSN _____

Greetings,

Oregon’s Medicaid Program, administered by the state Department of Human Services (DHS), requires certain health information to determine eligibility and payments for medical benefits.

We recognize that this information is covered by HIPAA privacy laws. However, the information falls under provisions of the law that allow entities covered by HIPAA to exchange information for the purposes of treatment, payment or operation of health-care. (These are known as the “TPO” provisions).

Please answer the questions in the checked subject areas below as quickly as possible. If you have further questions or need more information about the TPO exemptions under HIPAA, you can contact me at _____.

Does the person listed above carry medical insurance? Yes ___ No___

If yes, who is the medical insurance carrier and what is their phone number? _____

Are dependents covered? Yes ___ No___ If yes, who? _____

What is the group number? _____



Request for health-insurance information *(continued)*

When did this coverage begin? _____

Is this coverage current? Yes ___ No___

Were there any breaks in coverage? Yes ___ No___

Does the person have prescription coverage? Yes ___ No___

If yes, what is the group number? _____

Name and phone number of the carrier: _____

Is there dental coverage? Yes ___ No___

If yes, what is the group number _____

Name and phone number of the carrier: _____

Is there vision coverage? Yes ___ No___

If yes, what is the group number _____

Name and phone number of the carrier _____

Does this coverage include hardware? Yes ___ No___

Thank you for your help on this matter.

Name:

Title:

DHS unit:

Fax #

FAX

To: _____

From: _____

Office: _____

DHS Unit: _____

Dept: _____

Phone #: _____

Fax #: _____

Fax #: _____

Phone #: _____

Tax ID #: _____

Date: _____



More about our request for “protected health information”

Keeping client records confidential has always been a priority for the Department of Human Services (DHS). Now that HIPAA privacy rules are in effect, the department is following those requirements as it exchanges medical information about clients.

Because DHS is involved in providing and paying for medical care for many of its clients, it often must request information from providers, insurance companies or other health-care entities. Much of that information falls under the HIPAA definition of being necessary for “treatment, payment or operations of health care business” (known as TPO). Under the law, this information can be released without authorization from the client.

DHS is aware that there are other, more stringent laws regarding certain types of records related to mental health, addiction, HIV and genetics. Our handling of this type of information conforms to the provisions of those stricter laws. We will not request or give out these kinds of records unless it is authorized by the client and is allowed by the specific state or federal laws.

The information we are requesting at this time falls within the scope of the TPO exemptions of HIPAA. We hope that you will respond to our request as soon as possible. If you would like more specific information about the TPO exemption, please contact me at the number above or the DHS Privacy Office at (503) 945-5780.

To: _____ From: _____
Office: _____ DHS Unit: _____
Dept: _____ Phone# _____
Fax #: _____ Fax # _____
Phone #: _____ Tax ID# _____

Date _____

This fax has three pages.



“TPO” exemptions to HIPAA privacy requirements

Greetings,

The Oregon Department of Human Services (DHS) is providing this additional information to clarify the legalities around its recent request for medical information. We hope that this letter will explain our position that the information we requested can legally be released without the permission of the client.

The HIPAA law was not intended to be a barrier to conducting business. The law allows health organizations to exchange health information that is necessary for functions defined in the law as “treatment, payment and health-care operations” (TPO). These terms are defined later in this document.

The law states that releasing information related to treatment, payment and operations of health-care does not require the consent of the client. The law also does not require that DHS enter into a business associate agreement with a health care entity to obtain this information.

DHS is aware that there are other, more stringent laws regarding certain types of records related to mental health, addiction, HIV and genetics. Our request for information conforms to the provisions of those stricter laws.

The remainder of this document summarizes the portions of the HIPAA law that deal with TPO disclosures. We hope this information addresses your concerns about releasing records to DHS. If you have further questions, you can contact the DHS Privacy Office at (503) 945-5780.

Definitions of treatment, payment and health-care operations

This is a brief summary of the provisions of 45CFR 164.501 that pertain to the DHS request for information about its client. The complete text of the regulations is available www.hhs.gov/ocr/hipaa

Treatment: The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with the third party; consulting between health care providers relating to a patient or the referral of a patient for health care from one health care provider to another.

Payment: Any activities related to an individual to whom health care or payment for health care is provided, in order to:

- ▶ Obtain premiums or to determine or fulfill a health plan's responsibility for coverage and provision of benefits under the health plan;
- ▶ Obtain or provide reimbursement for providing health care.

Some of the specific functions covered by the payment exemption include:

- ▶ Determinations of eligibility or coverage (including coordination of benefits or the determination of cost-sharing amounts), and adjudication of health-benefit or health care claims;
- ▶ Risk-adjusting the amounts due, based on enrollee health status and demographic characteristics;
- ▶ Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health-care data processing;
- ▶ Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

- ▶ Utilization-review activities, including pre-certification and pre-authorization of services, and concurrent and retrospective review of services;
- ▶ Disclosure to consumer reporting agencies of any of the following information relating to collection of premiums or reimbursement: name and address; date of birth; payment history; account number; and name and address of the health care provider or health plan.

Health Care Operations: Any of the following activities of a covered entity, to the extent that the activities are related to covered functions:

- ▶ Conducting quality assessment and improvement activities, including income evaluation and development of clinical guidelines.
- ▶ Population-based activities related to improving health or reducing health care costs, protocol development, case management and care coordination; contact with health care providers and patients to give information about treatment alternatives; and related functions that do not include treatment.
- ▶ Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
- ▶ Business management and general administrative activities, including but not limited to the following:
 - ▷ Management activities relating to implementation of and compliance with the requirements of HIPAA;
 - ▷ Customer service, including the providing of data analysis;
 - ▷ Resolution of internal grievances, including the resolution of disputes from patients or enrollees regarding the quality of care and eligibility for services.
 - ▷ Creating de-identified data or a limited data set.

How To Handle Telephone Calls Regarding HIPAA Disclosures

Before you begin:

- Review, learn and rehearse the HIPAA rules (www.hhs.gov/ocr/hipaa) and the DHS Privacy Policy under which you work (www.dhr.state.or.us/policy/admin/infosecuritylist.htm)
- Be able to refer people to those rules. Keep copies of the rules handy and use them.

IF YOU GET A CALL requesting information about a client:

- ***Confirm the identity of the caller.*** Follow the steps below until you are satisfied you know who you're talking with.
 1. Find out the identity of the caller by asking for information such as name, business name, provider number, location and phone number.
 2. Get identifying information about the client in question from the caller. This can include the client's policy number, prime number, case number, date of birth, or date of service.
 3. If you're still unsure, you can ask that a faxed request be sent to you on their official letterhead.
 4. You can also ask for the caller's phone number and call it back, paying attention to the greeting. If they do not have a central switchboard that answers calls, check the business' phone number in the phone book or on the Internet.

- ***When you're satisfied with the identity of the requester, you should release only the minimum information necessary.***
 1. Ask why the information is needed.
 2. Provide the information requested, if it is in line with the need outlined by the requester. Do not offer additional information.
 3. Do not provide information that appears to have nothing to do with the identified need.
 - ***Document the contact and the information you gave out,*** if required by your unit's procedures.
-

IF YOU CALL to request information about a client:

- ***How to identify yourself:***

1. Clearly give your name, the agency you work for and the purpose of your call. Specify that your request is related to "treatment, payment and health-care operations (TPO)" as defined under HIPAA exemptions, and therefore does not require a specific authorization by the client.
2. Be ready to provide your tax ID number, the address (both physical and mailing) for your unit or program area, and the phone and fax numbers.

- ***How to confirm your identity:***

1. If your office has a central phone number with an in-person or recorded greeting, give the person your phone number and encourage them to call you back.
2. Offer to fax them a request on your letterhead.
3. Demonstrate that you have knowledge about the client, such as their birthdate, zip code, or the date of medical service. Rather than asking for

that information, ask them to confirm what you have.

• ***If they are reluctant to cooperate, you can:***

- Explain that DHS is involved in providing for the medical care of the client and is therefore legally allowed to have the requested information.
- Offer to fax or mail the department's one-page explanation of HIPAA information requests. (Form 2087, included in the HIPAA Helpers packet.)
- Refer to HIPAA provisions that allow DHS to obtain information necessary for "treatment, payment, and operations of health care providers" without a specific release of information, included in 45CFR164.501. A summary of the provisions is included in the DHS 2088 form (part of the HIPAA Helpers packet.) You can offer to fax a copy of the form to them.
- Ask if the information you need is available on-line. If it is, find out the web address and try to obtain it that way.
- Ask to talk to their HIPAA Privacy Officer.

• ***If the person is still hesitant:***

- Direct them to the DHS Privacy Office at 503-945-5780 or fax, 503-947-5396.