

Member Support Services and Benefits

Humana – CareSource provides a wide variety of support and educational services and benefits to our members to facilitate their use and understanding of our services, to promote preventive health care and to encourage appropriate use of available services. We are always happy to work in partnership with you to meet the health care needs of our members.

Medicaid New Member Identification Cards and Kits

Each new member household receives a new member kit, a welcome letter and an ID card for each person in the family who has joined Humana – CareSource. New member kits are mailed separately from the ID card and new member welcome letter.

Medicaid new member kit contains:

- Information on how to obtain a copy of the Humana – CareSource provider directory
- A member handbook which explains plan services and benefits and how to access them
- A health assessment survey
- Humana – CareSource 's Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act (HIPAA)
- Other preventive health education materials and information

Member Services

Humana – CareSource provides assistance to members who have questions or concerns about services or benefits. Members can contact our member services department by calling 1-855-852-7005 (TTY for the hearing impaired: 1-800-648-6056). Representatives are available by telephone Monday through Friday, 7 a.m. to 7 p.m. Eastern time, except on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day. If the holiday falls on a Saturday, the company will be closed on the Friday before. If the holiday falls on a Sunday, we will be closed the Monday after.

24-Hour Nurse Advice Line: 1-866-206-9599

Members can call our nurse advice line 24 hours a day, seven days a week, except on the specified holidays given above. Members have unlimited access to talk with a caring and experienced staff of registered nurses about symptoms or health questions.

Nurses assess members' symptoms using the Schmitt-Thompson Clinical Content to determine the urgency of the complaint and direct members to the most appropriate place for treatment. Schmitt-Thompson is the "gold standard" in telephone triage, offering evidence-based triage protocols and decision support. Nurses educate members about the benefits of preventive care and make referrals to our care management programs. The nurses promote the relationship with the primary care provider (PCP) by explaining the importance of the PCP role in coordinating the member's care.

Key features of this service include qualified nurses who:

- Assess member symptoms
- Advise of the appropriate level of care

- Answer health-related questions and concerns
- Provide information about other services
- Encourage the PCP-member relationship

Members access our 24-hour nurse advice line anytime night or day. The phone number is on the member's ID card.

Care Management/Outreach

Humana – CareSource provides integrated care management services through medical and behavioral health nurses, social workers and outreach specialists who provide one-on-one personal interaction with members. We also have pharmacists on staff to assist with medication reconciliation and to function as a part of the interdisciplinary care team.

Care management can provide a broad spectrum of educational and follow-up services for your patients. It can be especially effective for reducing admission and re-admission risks, managing anticipatory transitions, encouraging noncompliant members, reinforcing medical instructions and assessing social needs, as well as educating pregnant women and first-time mothers on the importance of prenatal care, childbirth, postpartum and infant care. We also offer individualized education and support for many diseases.

“Direct Access” for case management referrals and assistance with member needs is available 24 hours a day, seven days a week. Call for Direct Access: 1-866-206-9599. Please feel free to refer members who might need individual attention to help them manage special health care challenges.

Care Management Services

Humana – CareSource's care management program is a fully integrated health management program that strives for member understanding of and satisfaction with their medical care. We promote a holistic approach through the integration of physical and behavioral health to assist the member across a continuum of care. More importantly, it's designed to support and enhance the care and treatment you provide to your patient. We stress the importance of establishing the medical home, early and ongoing identification of barriers, and keeping appointments. We assist in arranging transportation to the provider's office if necessary. This one-on-one personal interaction between the patient and with other health care professionals provides a comprehensive safety net to support your patient through initial and ongoing assessment activities, coordination of care, education to promote increased independence and healthy lifestyle decisions. In addition, we help connect your patient with additional community resources.

Humana – CareSource encourages you to take an active role in your patient's care management program and we invite and encourage you to direct and participate in the development of a comprehensive care plan individualized to the needs of your patient. We believe communication and coordination are integral to ensure the best care for our members.

We offer individualized education and support for many conditions and needs, including:

- Diabetes
- Asthma
- Congestive heart failure
- Coronary artery disease
- Chronic obstructive pulmonary disease (COPD)

- Hypertension
- Members with special health care needs

Care Management for High-Risk Members

Humana – CareSource provides a comprehensive integrated care management model for our highest-risk members. Utilizing nurses and social workers, this multi-disciplinary approach integrates Case Management Society of America (CMSA) standards of practice to help members overcome health care access barriers. It also strengthens our provider and community resource partnerships through collaboration. The multidisciplinary care management teams are led by RNs who perform a comprehensive assessment of the member's clinical status, develop an individualized treatment plan with individualized goals, monitor outcomes and evaluate the outcomes for possible updates to the care plan.

Typical high-risk members may have multiple medical issues, socioeconomic challenges and behavioral health care needs.

Humana – CareSource Disease Management Program

Humana – CareSource Medicaid members with chronic conditions, including asthma and diabetes, are automatically enrolled into Humana – CareSource's disease management program. Members enrolled in the program will receive educational information to help them better manage their asthma or diabetes. Information sent to members includes care options for them to discuss with his or her provider. Members identified as high risk have a nurse assigned to their case to help educate, coordinate and provide resources and tools to help the member optimize their overall health.

How to Refer Members to Disease Management

If you have a Humana – CareSource patient with asthma or diabetes who you believe would benefit from this program and is not already enrolled, please call 1-866-206-0272.

Emergency Department Diversion Program

Humana – CareSource is committed to making sure our members access the most appropriate health care services at the appropriate time for their needs. Members are advised to call 911 or go to the nearest emergency room (ER) if they feel they have an emergency. Humana – CareSource covers all emergency services for our members.

We instruct members to call their PCP or our 24-hour nurse advice line if they are unsure if they need to go to an ER. Humana – CareSource also educates members on the appropriate use of urgent care facilities and which urgent care sites they can access.

Member ER utilization is tracked closely. If there is frequent ER utilization, members are referred to our Care Management for analysis or intervention. It is our goal at Humana – CareSource to reduce inappropriate and/or avoidable ER use among our members through education, identification and removal of barriers, and by linking the members to a regular source of care. Humana – CareSource takes a proactive approach by assisting its members with accessing the most appropriate health care resources before an emergency arises. We

appreciate your cooperation in educating your patients on the appropriate utilization of emergency services.

Perinatal Care Management

Humana – CareSource has a program for perinatal and neonatal care management utilizing a staff of specialized nurses. Nurses are available to help manage high-risk pregnancies and premature births by working in conjunction with providers and members. The expertise offered by the staff includes a focus on patient education and support and involves direct telephone contact with members and providers. We encourage our prenatal care providers to notify our care management department at 1-866-206-0272 when a member with a high-risk pregnancy has been identified.

Babies First Program

Pregnant members and new mothers can earn up to \$150 in gift cards to local stores by receiving recommended prenatal care for themselves and preventive well child-care for their children through age 15 months. Members can obtain Babies First brochures and coupons from Humana – CareSource. Each coupon contains reminders about keeping all scheduled prenatal appointments and other helpful information relevant to a given trimester. Once the activities on the coupon have been completed, members mail the coupons to Humana – CareSource for verification in order to receive gift cards. If you provide prenatal or preventive services, Humana – CareSource members may ask you to validate coupons by completing information on the back of the coupon and providing a signature

Eyeglass Frames

Members of our health plan can choose from a large selection of eyeglass frames, in addition to those approved by Medicaid, at no cost to them. These frames must be ordered through one of Humana – CareSource's contracted optical labs. Please refer to www.caresource.com/ky for additional information about vision services.

Interpreter Services — Nonhospital Providers

Humana – CareSource offers sign and language interpreters for members who are hearing impaired, do not speak English or have limited English-speaking ability. We also provide select printed materials in other languages or formats, such as large print and we are available to explain the materials as needed. These services are available at no cost to the member or health care provider. As a provider, you are required to identify the need for interpreter services for your Humana – CareSource patients and offer appropriate assistance. To arrange services, please contact provider services at 1-855-852-7005 (TTY: 1-800-648-6056 or 711). Please inform us of any members in need of interpreter services, as well as members that receive interpreter services through another resource.

Interpreter Services — Hospital Providers

Humana – CareSource requires hospitals, at their own expense, to offer sign and language interpreters for members who are hearing impaired, do not speak English or have limited English-speaking ability. We can provide select printed materials in other languages or formats, such as large print, and we are available to explain the materials as needed. Hospital providers are required to identify the need for interpreter services for Humana – CareSource patients and

offer appropriate assistance. If you do not have access to interpreter services, contact provider services at 1-855-852-7005 (TTY: 1-800-648-6056 or 711). Please inform us of members in need of interpreter services, as well as members who receive interpreter services through another resource.

EPSDT Program

Early Periodic Screening Diagnosis and Treatment (EPSDT) is a federally mandated program developed for children through the age of 20 who are Medicaid recipients. All children younger than 21 who are Humana – CareSource members should receive EPSDT exams. The program is designed to provide comprehensive preventive health care services at regular intervals. EPSDT stresses health education to children and their caretakers in the areas of early intervention and treatment of problems discovered during exams, and ongoing health maintenance.

EPSDT Exam Components

The EPSDT exam is a general health assessment composed of the following required screening elements:

- Comprehensive health and development history
- Comprehensive unclothed physical examination
- Developmental assessment and mental health screening
- Vision and eye assessment
- Nutritional assessment
- Dental assessment and referral to a dentist, as indicated. Dental referrals are recommended at 1 to 3 years of age; they are required at 3 years and older
- Assessment of immunization status and administration of required vaccines
- Anemia test using hematocrit or hemoglobin determinations, if indicated
- Health education
- Sick cell test, if indicated
- Complete urinalysis, if indicated
- Test for sexually transmitted diseases, if indicated
- Tuberculin test, if indicated
- Lead screening test at indicated times
- Pelvic examination, if indicated

EPSDT Exam Frequency

The recommended schedule for EPSDT exams is as follows:

- Birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- Annually after age 2 through age 20

PCPs receive a list at the beginning of each month that contains eligible Humana – CareSource members who have chosen or been assigned to them as of that date. The list includes indicators for patients who are due for an EPSDT exam. If there is a “Y” in the Exam Due column, that member is due to receive an EPSDT exam in the following month. You can find this list on our website at www.caresource.com/ky.

EPSDT Form

Please document all required components of the EPSDT exam in the member’s medical record. We encourage you to use the EPSDT form to ensure that you capture all of the needed data. The EPSDT Form can be found on www.caresource.com/ky.

EPSDT Codes

Exams should be coded on claim forms using CPT codes 99381 through 99395, whichever is applicable, as indicated in the following chart. Correct codes are required for proper documentation of services provided and timely and accurate claims payment.

New Patient/Initial Exam

CPT Code	Description
99381	Infant (age under 1 year)
99382	Early childhood (age 1-4 years)
99383	Late childhood (age 5-11 years)
99384	Adolescent (age 12-17 years)
99385	Age 18-20 years

Established Patient/Periodic Exam

CPT Code	Description
99391	Infant (age younger than 1 year)
99392	Early childhood (age 1-4 years)
99393	Late childhood (age 5-11 years)
99394	Adolescent (age 12-17 years)
99395	Age 18-20 years

These codes should be used along with appropriate ICD-9 diagnosis codes (V20.2 or V70.x codes). When updating routine EPSDT status at the time of an acute care visit, use E&M CPT code (99201 – 99204 or 99212 – 99214) along with the appropriate ICD-9 code to indicate the reason for the acute care visit as a secondary diagnosis.

EPSDT Exam Referrals

If the PCP is unable to provide all of the components of the EPSDT exam or if screenings indicate a need for evaluation by a specialist, a referral must be

made to another participating provider within Humana – CareSource’s provider network in accordance with Humana – CareSource’s referral procedures. The member’s medical record must indicate to where the member was referred.

Blood Lead Level Testing

The Kentucky Medicaid program requires that children receive a blood lead level test at 1 and 2 years of age. This is a required part of the EPSDT exam provided at these ages. Filter paper testing is an accepted method for obtaining blood lead levels and is approved by the commonwealth.

The filter paper method offers fast, quantitative results from two drops of blood obtained through a finger stick capillary puncture. Both hemoglobin and lead can be tested using this method and CPT code 36416 for the capillary stick. It is a less invasive method of sample collection that can be performed conveniently in a physician’s office. Supplies and instructions are provided by the labs that process the results. Supplies are provided at no charge and lab results are delivered within 48 hours of receipt. Lead levels that exceed 10 ug/dL with this sampling method are recommended for retesting by a follow-up capillary or venous puncture according to guidelines. For more information, please contact a participating lab. Participating labs and their contact information can be found by using our “Find a Doctor/Provider” tool.

Vaccines for Children Program

The federal Vaccines for Children (VFC) program makes designated vaccines available at no cost to VFC participating health care Providers to administer to children under the age of 19 who are eligible for Medicaid. To become a VFC Provider, contact your Cabinet for Health and Family Services (CHFS) immunization program field staff representative for your location. A contact list of field staff representatives can be found at www.chfs.ky.gov/dph/epi/Health+Care+Professionals.htm. Participating providers who administer vaccines to Humana – CareSource members must enroll in the VFC program through CHFS and must use the VFC vaccines for members. Vaccines are provided to program participants at no cost. Providers will be reimbursed to administer vaccines to members under the age of 19.

Humana – CareSource will not reimburse costs for vaccines obtained outside the VFC when provided to children under age 19.

Please bill Humana – CareSource with the appropriate CPT and ICD-9 vaccination codes for the immunization(s) administered and the appropriate administration code. Humana – CareSource will pay for the administration of the vaccine only. Billing with the vaccine codes along with the administration codes will help ensure that you are reimbursed properly for administration of the correct vaccine.

Immunization Schedule

Immunizations are an important part of preventive care for children and should be administered during EPSDT exams as needed. Humana – CareSource endorses the same recommended childhood immunization schedule that is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The recommended schedule is included in this section of the

manual. This schedule is updated annually and the most current schedule can be found at the website www.aap.org.

Immunization Codes (chart is not new)

Immunization	CPT codes	ICD-9-CM codes
DtaP	90698, 90700, 90701, 90720, 90721, 90723	99.39
Diphtheria and Tetanus	90702	
Diphtheria	90719	V02.4*, 032*, 99.36
Tetanus	90703	037*, 99.38
Pertussis		033*, 99.37
IPV	90698, 90713, 90723	V12.02*, 045*, 99.41
MMR	90707, 90710	99.48
Measles	90705, 90708	055*, 99.45
Mumps	90704	072*, 99.46
Rubella	90706, 90708, 90709	056*, 99.47
HiB	90645, 90646, 90647, 90648, 90698, 90720, 90721, 90748	041.5*, 038.41*, 320.0*, 482.2*
Hepatitis B**	90723, 90740, 90743, 90744, 90746, 90747, 90748	V02.61*, 070.2*, 070.3*
VZV	90710, 90716	052*, 053*
Pneumococcal Conjugate	90669, 90670	

Please bill Humana – CareSource with the following CPT vaccination codes, along with the appropriate ICD-9 vaccination codes, to receive reimbursement for administration of these vaccines.

* Indicates evidence of disease. A member who has evidence of disease during the numerator event time is compliant for the antigen.

** The two-dose hepatitis-B antigen Recombivax is only recommended for children between 11 and 14 years of age.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, state and local government services and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a nondiscriminatory manner. To do so, providers may have to modify their policies and procedures, provide auxiliary aids and services for effective communication, remove barriers from existing facilities, and follow ADA accessibility standards for new construction and alteration projects.

The following are commonly asked questions and answers, with more detailed information available at www.cdihp.org:

Q. Which health care providers are covered under the ADA?

A. Private hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists and health clinics are among the health care providers covered by the Title III of the ADA. Title III applies to all private health care providers regardless of size. It applies to providers of both physical and mental health care. If a professional office is located in a private home, the portion of the home used for public purposes is covered by the ADA. Hospitals and other health care facilities that are operated by state or local governments are covered by Title II of the ADA. Health care providers that offer training sessions, health education or conferences to the public must make these events accessible to individuals with disabilities.

Q. What kinds of modifications to policies or procedures might be required?

A. Modifying standard policies, practices or procedures can be an inexpensive but effective way to provide access to health care services. This may mean taking extra time to explain a procedure to a patient who is blind or ensuring that a patient with a mobility impairment has access to an accessible exam room. The ADA does not require providers to make changes that would fundamentally alter the nature of their service.

Q. How does a health care provider determine which auxiliary aid or service is best for a patient?

A. The health care provider can choose among various alternatives consulting with the person and carefully considering his or her expressed communication needs in order to achieve an effective result.

Q. Can a patient be charged for part or all of the costs of receiving an auxiliary aid or service?

A. No. A health care provider cannot charge a patient for the costs of auxiliary aids and services, either directly or through the patient's insurance carrier.

Q. In what medical situations should a health care provider obtain a sign language interpreter?

A. If a patient or responsible family member usually communicates in sign language, an interpreter should be present in all situations in which the information exchanged is lengthy or complex (for example, discussing a patient's medical history, conducting psychotherapy, communicating before or after major medical procedures, and providing complex instructions regarding medication). If the information to be communicated is simple and straightforward, such as prescribing an X-ray or a blood test, the physician may be able to communicate with the patient by using pen and paper.

Q. When must private medical facilities eliminate from existing facilities architectural and communication barriers that are structural in nature?

A. When the removal of those barriers is readily achievable, meaning easy to accomplish, without much difficulty or expense. Like undue burden, readily achievable is determined on a case-by-case basis in light of the resources available to an individual provider.

Q. How does one remove "communication barriers that are structural in nature?"

A. For instance, the installation of permanent signs, flashing alarm systems, visual doorbells and other notification devices, volume control telephones, assistive listening systems and raised character and Braille elevator controls would characterize structural communication barriers.

Q. What if a patient thinks that a health care provider is not in compliance with the ADA?

A. If a health care provider cannot satisfactorily work out a patient's concerns; various means of dispute resolution including arbitration, mediation or negotiation are available. Patients also have the right to file an independent lawsuit in federal court, and to file a formal complaint with the U.S. Department of Justice.

Excerpted from and based on, "ADA Q and As" by Deborah Leuchovius, ADA Specialist, Parent Advocacy Coalition for Educational Rights (PACER) 8161 Normandale Blvd., Bloomington, MN 5543.

Health Education

Humana – CareSource members receive health information from Humana – CareSource through a variety of communication vehicles including easy-to-read newsletters, brochures, phone calls and personal interaction. Humana – CareSource also sends preventive care reminder messages to members via mail and automated outreach messaging.

Member Rights and Responsibilities

As a Humana – CareSource provider you are required to respect the rights of our members. Humana – CareSource members are informed of their rights and responsibilities via their member handbook. The list of our member's rights and responsibilities is below.

All members are encouraged to take an active and participatory role in their own health and the health of their family. Members have the right:

- a. To receive all services that Humana – CareSource must provide and receive them in a timely manner without communication or physical access barriers.
- b. To choose a provider who gives you care whenever possible and appropriate.
- c. To choose a primary care provider (PCP) and to change your PCP to another PCP in Humana – CareSource's panel. When you make a PCP change, Humana – CareSource will send you written confirmation of your new PCP.
- d. To obtain a second opinion from a qualified provider on Humana – CareSource's panel. If a qualified provider is not able to see you, Humana – CareSource must set up a visit with a provider not on our panel.
- e. To timely referral and access to medically indicated specialty care.
- f. To be given information about your health. This information may also be available to someone you have legally approved to have the information or who you have indicated should be reached in an emergency when it is not in the best interest of your health to give it to you.
- g. To ask questions and receive complete information relating to your medical condition and treatment options in a way that you can understand. This includes information regarding specialty care.
- h. To discuss information on appropriate or medically necessary treatment options for your condition regardless of cost or benefit coverage.
- i. To take part in decisions about your health care unless it is not in your best interest.
- j. To say no to treatment or therapy. If you say no, the doctor or managed care plan (MCP) must talk to you about what could happen and they must put a note in your medical record about it.
- k. To be treated with respect, dignity, privacy, confidentiality and nondiscrimination.
- l. To consent to or refuse treatment or active participation in decision choices.

- m. To be sure others cannot hear or see you when you are receiving medical care.
- n. To be free from forms of restraint or seclusion used as a means of force, coercion, discipline, convenience, ease, retaliation or revenge as specified in federal regulations.
- o. To receive assistance with medical records in accordance with applicable federal and state laws.
- p. To be sure that your medical record information is kept private.
- q. To ask for and receive one free copy of your medical records and be able to ask that the record be changed/corrected, if needed. Additional copies shall be made available to members at cost.
- r. To be able to say yes or no to having any information about you given out, unless Humana – CareSource has to provide it by law.
- s. To be able to get all Humana – CareSource written member information from us:
 - i. at no cost to you;
 - ii. in the prevalent non-English languages of members in the Humana – CareSource service area;
 - iii. in other ways, to help with the special needs of members who may have trouble reading the information.
- t. To be able to get help free of charge from Humana – CareSource and our providers if you do not speak English or need help in understanding information.
- u. To be able to get help with sign language if you are hearing impaired.
- v. To be told if the health care provider is a student and to be able to refuse his/her care.
- w. To be told of any experimental care and to be able to refuse to be part of the care.
- x. To know that Humana – CareSource must follow all federal and state laws, and other laws about privacy that apply.
- y. If you are a female, to be able to go to a woman’s health provider on Humana – CareSource’s panel for covered woman’s health services.
- z. To receive access to the grievance process and have a channel to voice grievances about Humana – CareSource or the care you receive and obtain assistance in filing an appeal, and request a state fair hearing from the Humana – CareSource and/or the Department of Medicaid Services.
- aa. To prepare advance medical directives including living wills or durable powers of attorney for health care.
- bb. To contact the U.S. Department of Health and Human Services Office of Civil Rights and/or the Bureau of Civil Rights at the following address with complaints of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran’s status, ancestry, health status or need for health services:
 - Office of Civil Rights
 - United States Department of Health and Human Services
 - Sam Nunn Atlanta Federal Center
 - 61 Forsyth St. S.W.
 - Suite 16T70
 - Atlanta, GA 30303-8909
 - 1-800-368-1019
 - Fax: 1-404-562-7881
 - TDD: 1-800-537-7697
- cc. To receive information about Humana – CareSource, our services, our practitioners and providers and member rights and responsibilities.
- dd. To make recommendations regarding Humana – CareSource’s member rights and responsibility policy.
- ee. To be free to carry out your rights and know that Humana – CareSource or our providers will not hold this against you.

Humana – CareSource may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran’s status, ancestry, health status or need for health services in the receipt of health services.

Members of Humana – CareSource also are informed of the following responsibilities:

- a. To become informed about member rights.
- b. To abide by Humana – CareSource and the Department’s policies and procedures.
- c. To become informed about service and treatment options.
- d. To actively participate in personal health and care decisions and practice healthy lifestyles.
- e. To understand as much as possible about your health issues and take part in reaching goals that you and your health care provider agree upon.
- f. To report suspected fraud and abuse.
- g. To use only approved providers.
- h. To keep scheduled doctor appointments and be on time. If you have to cancel, call 24 hours in advance.
- i. To follow the advice and instructions for care you have agreed upon with your doctors and other health care providers.
- j. To always carry your ID card and present it when receiving services.
- k. To never let anyone else use your Humana – CareSource ID card.
- l. To notify Humana – CareSource and the Department of Community Based Services of a change in your phone number or address.
- m. To contact your PCP after going to an urgent care center or after receiving medical care outside of Humana – CareSource’s covered counties or service area.
- n. To let Humana – CareSource and the Department of Community Based Services know if you have other health insurance coverage.
- o. To provide the information that Humana – CareSource and your health care providers need in order to provide care for you.

Member Privacy

Members are notified of Humana – CareSource’s privacy practices as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Humana – CareSource’s Notice of Privacy Practices includes a description of how and when member information is used and disclosed within and outside of the Humana – CareSource organization.

The notice also informs members about how they may obtain a statement of disclosures or request their medical claim information. Humana – CareSource takes measures across our organization internally to protect oral, written and electronic personally identifiable health information, specifically, protected health information (PHI), of members. As a provider, please remember to follow the same HIPAA regulations as a covered entity and only make reasonable and appropriate uses and disclosures of protected health information for treatment, payment and health care operations.