



FAQs

Medically Frail Process

Q: What is Medically Frail?

A: A member who is Medically Frail is:

- Disabling mental disorder;
- A chronic substance abuse disorder;
- Serious and complex medical conditions;
- Physical, intellectual, or developmental disability that significantly impair the individuals' ability to perform one or more activities of daily living; or
- A disability determination based on Social Security Administration criteria.
- HIP members who are determined to be medically frail are eligible for enhanced benefits for dental, vision, chiropractic and Medicaid Rehabilitation Option (MRO) Services

Q: How is a member assessed for Medically Frail status?

A: Member is assessed in the following ways:

- A member's clinical history is reviewed for specific conditions
- Documentation of physical conditions and/or BH conditions may permit the member to qualify for the medically frail designation

Q: How can I refer a member for Medically Frail assessment?

A: Complete a fax referral form and fax or attach referral form to a SECURE email to the appropriate Managed Care Entity (MCE).

- Subject line: Medically Frail referral
- Include: Member Name, RID, and member phone #
- Reason for referral
- Attach any clinical information including medications and providers

Anthem:

- Fax to 855-325-5441
- To speak to a team member, call **844-276-3509**
- Secure email: TransitionUnit@anthem.com

CareSource:

- Fax to 937-487-0130
- To speak to a team member, call **1-844-607-2829**
- Secure email: MedicallyFrail@CareSource.com

MDwise:

- Fax to 844-407-6455 and local is **317-715-4215** Attn. Medically Frail
- Voicemail number is **844-293-6307** and local is **317-822-7577**.
- Secure email: MedFrailFax@MDwise.org



MHS:

- Fax to 866-694-3653 at: Medically Frail
- To speak to a team member, call 877-647-4848 and ask for the Medically Frail Team
- Secure email: medically_Frail@mhsindiana.com

Q: What laws govern the disclosure of our patients' health information to a managed care entity?

A: There are many federal and state laws that govern the use and disclosure of a patient's health related information. These include the Health Insurance Portability and Accountability Act of 1986 (HIPAA) and the privacy regulations implemented under HIPAA, which restrict the use and disclosure of an individual's protected health information; the Federal Confidentiality of Substance Use Disorder Patient Records regulations, which protect the confidentiality of substance use disorder treatment records; and Indiana Code sections 16-39-2-6 and 16-39-5-3, which identify the individuals and entities to which a health care provider can disclose mental and physical health information without the patient's consent.

Q: Can we share a patient's health information with a managed care entity under these laws?

A: In general, yes, with limitations. Even without the patient's prior consent or authorization, a provider can use or disclose a patient's health information for treatment, payment and other limited purposes. This means that you can disclose, for example, a patient's information in order to obtain prior authorization for items or services, arrange for treatment by another provider or to obtain payment for services provided. We will not ask for, nor should you disclose to us, a patient's health information for other purposes unless a written authorization has first been obtained from the patient. Please keep in mind that there are different requirements that apply to the disclosure of substance use disorder treatment records (discussed below).

Q: What type of and how much health information can we disclose to a managed care entity about our patients?

A: You can disclose any health information about the patient that we need to have in order to obtain prior authorization for services or for whatever other legitimate reason for which we have requested information or for which you have chosen to disclose such information to us. We will only ask for, and you should only disclose, the minimum amount of health information about a patient that is needed for the purpose at hand.

Q: Community Mental Health Centers (CMHC) have a program (or individual providers) that treat patients with SUDs. Do the Federal Confidentiality of Substance Use Disorder Patient Records regulations apply to these programs or providers?

A: Yes, more than likely they do. These regulations place prohibitions on the use or disclosure of substance use disorder (SUD) treatment patient records that are much more restrictive than HIPAA but that apply to a narrower group of records and providers. In general, the Federal Confidentiality of Substance Use Disorder Patient Records regulations prohibit, with very narrow exceptions, the use or disclosure of information without the patient's written authorization that would identify a patient as having or having had a SUD. These restrictions apply to any individual or entity (other than a general medical facility) or an identified unit within a general medical facility that holds itself out as providing, and provides, SUD diagnosis, treatment or referrals



for treatment; and to medical or other personnel within a general medical facility (such as a CMHC) whose primary function is to provide SUD diagnosis, treatment or referral for treatment, if the individual or entity receives nearly any type of federal monies or is registered or certified by a federal agency (such as a registration with the DEA that permits the use of controlled substances in the treatment of SUDs).

Q: Can we disclose information about individuals being treated for an SUD in a treatment program or by an individual provider to a managed care entity?

A: You can only disclose to us information that identifies the individual as receiving treatment, or having received treatment, for a SUD with the written authorization of the patient. This includes information that is not directly related to the SUD treatment. For example, if a practitioner who primarily treats patients for SUDs needs to provide us with information about a patient's physical disorder, that practitioner must first obtain the patient's authorization to disclose this information. This is because the practitioner is identified as an individual whose primary function is to treat patients with SUDs. We are prohibited under the same regulations from further disclosing any such information provided to us.

Q: If we disclose SUD information, is there anything we need to say about the information?

A: Yes. Each disclosure made with the patient's written consent must be accompanied by the following written statement: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a SUD either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a SUD, except as provided at §§ 2.12(c)(5) and 2.65.

Q: The requirements of the Federal Confidentiality of Substance Use Disorder Patient Records regulations are somewhat confusing. Can you provide us with any additional information on what records and to which providers these regulations apply?

A: The Substance Abuse and Mental Health Services Administration (SAMSHA) has information about these regulations and how they apply to providers on its website located at <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>. Especially helpful is a Fact Sheet entitled Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me? This can be found at <https://www.samhsa.gov/sites/default/files/does-part2-apply.pdf>.