

Department of Public Health
and Human Services

Section:
General Information

HEALTHY MONTANA KIDS (HMK)

Subject:
Confidentiality & Privacy

Supersedes: **New to HMK Manual**

General Rule -- The Department of Public Health and Human Services (DPHHS) may share applicant information for purposes directly connected with the administration of the Healthy Montana Kids (HMK) plan with other state or federal programs, XEROX (formerly known as Affiliated Computer Services or ACS), Blue Cross and Blue Shield of Montana (BCBSMT), and parties of interest (i.e., medical providers). Requests for information about current or past applicants from others must be submitted in writing. Information may be released if the applicant, spouse or other person authorized by the household provides a written authorization to release the information. When there is a confidentiality breach, a referral will be made to the DPHHS Office of Legal Affairs and the applicant.

Information can be shared with HMK's system contractors to the extent necessary to resolve computer problems and develop system enhancements.

Information can be released in the following instances:

1. authorization has been granted;

NOTE: Form HPS-402, Authorization For the Use and Disclosure of Health Information, is available on the HMK website.

2. an applicant or enrollee calls to request a release; or
3. an emergent situation exists.

NOTE: Information that does not belong to DPHHS or was obtained under a promise to keep it confidential cannot be released (e.g., Social Security Numbers, information obtained through the Department of Labor, etc.).

**WRITTEN
RELEASE**

Information may be released if the applicant, spouse, HMK-enrolled child, or other person authorized by the applicant provides a written authorization to release information that includes:

1. the date the authorization expires;

2. the name of the person or agency to whom the information will be released;
3. information to be released:
 - a. designated records or specific information (e.g., contents of full file, application, notices, correspondence, etc.);
 - b. information dated within a certain time frame; or
 - c. a general release.
4. a dated signature of the authorizing individual; and
5. a password.

VERBAL RELEASE

An applicant or HMK-enrollee can provide a verbal release of information by identifying him or herself to the HMK office. HMK personnel will request identifying information unique to the applicant or enrollee.

EMERGENT RELEASE

When information is necessary to provide emergency medical or another critical need, HMK will contact the applicant and the applicant can contact the person or entity who is inquiring.

RELEASE TO MEDICAL PROVIDERS

HMK has a contractual relationship with only three medical provider groups – dentists, Walman Optical (eyeglass provider), and mental health providers. Only dates of a child's HMK enrollment and amount of remaining benefits available to the child can be supplied to these providers.

NOTE: HMK contracts with BCBSMT for a medical provider network (e.g., hospitals, physicians, allied health providers, etc). When these health care professionals inquire about a child's HMK enrollment or claim status, refer them to Blue Cross and Blue Shield of Montana (BCBSMT) at 1-800-447-7828.

HIPAA

As a condition of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), individuals can obtain health insurance coverage with a new health insurance carrier without serving a pre-existing condition waiting period. This applies only if the individual had other health coverage immediately prior to changing carriers. Because HMK is health

coverage, individuals who lose eligibility can obtain new health insurance coverage without serving a pre-existing condition waiting period.

When a child is disenrolled from HMK, BCBSMT will mail a letter of creditable coverage to the family. This letter will serve as proof of creditable health coverage when the family changes health carriers.

**PROTECTED
HEALTH INFOR-
MATION (PHI)**

HMK staff will comply with HIPAA requirements. Protected health information (PHI) will only be released to individuals/entities when a signed authorization has been received.

NOTE: PHI that did not originate with HMK (i.e., copies of doctor's records, psychiatric evaluations, etc.) cannot be released by HMK staff. The applicant will have to obtain a copy from the originator of the information (e.g., doctor, etc).

Refer to the Department's on-line HIPAA Manual at <http://ours.hhs.mt.gov/hipaa/>.

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