



# COMBINED MEDICAID 1300

## HIPAA – Creditable Coverage & Release of Information

	CMA 1300
<b>Supersedes:</b>	FMA & MA 1301-1 & 1302-1 (01/01/04)
<b>References:</b>	HIPAA Federal Register April 8, 1997; ARM 37.82.101
<b>Overview:</b>	<p>The Health Insurance Portability and Accountability Act (HIPAA) of 1996 has two main purposes. The first purpose is to provide certificates of creditable coverage to individuals who lose health coverage, allowing them to obtain other health coverage without serving a preexisting condition waiting period.</p> <p>The second purpose is to ensure Medicaid clients' Protected Health Information (PHI) is not released without a valid HIPAA-compliant release form.</p>
<b>CREDITABLE COVERAGE</b>	<p>Because Medicaid is health coverage, individuals who lose Medicaid eligibility can obtain new health insurance coverage without serving a preexisting condition waiting period.</p> <p>Medicaid agencies must issue certificates of creditable coverage for all individuals upon request of the individual or new insurance carrier.</p>
<b>RELEASE OF PHI</b>	<p>A Medicaid client's Protected Health Information (PHI) is only released when a completed and signed HPS-402 (Authorization for the Use and Disclosure of Health Information) is received.</p> <p><u>Other 'authorization to release' forms cannot be used to release PHI.</u></p> <p><b>OPA staff cannot release PHI that originated from another entity (e.g., psychiatric evaluations, doctors records, etc.), even with a signed HPS-402. The client must request that information from the information source (i.e., doctor, psychiatrist, etc.).</b></p> <p>Refer to the HIPAA process guide for additional information.</p>
<b>EFFECTIVE DATE:</b>	July 1, 2016