



TO: All CMAP Providers

RE: Business Associate Agreement Between the Department of Social Services, Vendors and All CMAP Providers

The purpose of this bulletin is to clarify to all Connecticut Medical Assistance Program (CMAP) providers that, because LogistiCare is a business associate of the Department of Social Services (DSS), providers may, without getting specific consent from HUSKY Health clients, disclose Protected Health Information (PHI) to LogistiCare so that LogistiCare may properly arrange transportation for HUSKY Health clients, to and from their medical appointments.

Federal Medicaid law requires DSS to provide Non-Emergency Medical Transportation (NEMT) to and from Medicaid-covered services for those HUSKY Health clients who meet the requirements for such services. LogistiCare is the DSS contractor which, on behalf of DSS, arranges for the NEMT. LogistiCare, therefore, needs information about HUSKY Health members from providers in order to: verify medical appointments; determine the urgency of medical appointments; assess whether the individual is entitled to NEMT; and determine the most appropriate mode of transportation for the individual. In other words, LogistiCare is contacting you, the provider, on behalf of DSS.

DSS is a health plan and a covered entity, as defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations. LogistiCare is DSS' business associate – it receives and transmits PHI on behalf of DSS for the purpose of payment, i.e., so that DSS may “determine or fulfill its responsibility for coverage and provision of benefits” and also determine eligibility and medical necessity for the type of NEMT the client is requesting. *See* 45 CFR § 164.501.

A provider, as you know, is also a covered entity. As such, a provider may disclose protected health information to another covered entity “for the payment activities of the entity that receives the information”. *See* 45 CFR § 164.506(c) (3). You may, therefore, disclose PHI to LogistiCare, which is a business associate of DSS, without first obtaining the HUSKY Health client's consent.

In addition, a provider may also disclose PHI for its own treatment or payment, without first obtaining the client's consent. *See* 45 CFR § 164.506(c)(1). Certainly, the disclosure of certain PHI to LogistiCare is part of the management of health care by the provider with a third party (treatment) and is a disclosure to obtain reimbursement for the provision of health care (payment). If LogistiCare cannot verify that the HUSKY Health client has an appointment, or that the client has a particular disability and needs a certain mode of transportation (ambulance, livery, wheelchair van), it cannot appropriately arrange the transportation for the client.

Posting Instructions:

Provider bulletins can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. If you have any questions, please contact Donna Balaski DMD, at (860) 424-5342, NEMT Program Services.