



<b>Policy Title: Confidentiality of Utilization Management/Case Management Information</b>		<b>POLICY #: 70.2.63</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 1/02	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date: 3/21</b>

**PURPOSE**

To provide for Blue Shield of California Promise Health Plan (Blue Shield Promise) strict confidentiality of all Utilization Management/Case Management activities, which identifies member's protected health information (PHI) or provider information, in accordance with all state and federal regulations, including Title 22, Title 17, Sections 56.10-56 of the California Civil Code, Title 45, Sections 164.502 and 164.514 of the Code of Federal Regulations and Section 1157 of the California Evidence Code.

**POLICY**

All Utilization Management/Case Management activities that have the potential to identify member or provider information shall remain confidential. All member information including but not limited to: names, addresses, dates, telephone numbers, fax numbers, e-mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, license numbers, serial numbers, URLs, internet address, biometric identifiers and photographs is considered PHI. Release of medical record information will be done in accordance with Section 56.10 of the California Civil Code. All activity that may be considered peer review shall remain confidential in accordance with Section 1157 of the California Evidence Code. All confidential Utilization Management/Case Management information, including but not limited to, minutes, reports, letters, correspondence, and reviews, is housed in a secured area in the Utilization Management Department. All persons involved with review activities will adhere to the confidentiality guidelines applicable to the Medical Services Committee and other quality management committees.

**PROCEDURE**

1. All member identified information is kept confidential by all employees, consultants and caregivers, except to the extent needed to accomplish appropriate coordination and continuity of care among medical, nursing, ancillary and other team members who may need to exchange information for provision of care.
2. Member's identified information may only be shared in accordance with the provisions of Section 56.10 of the California Civil Code as outlined in Confidentiality and Release of Patient Information policy 1.2.11.
3. De-identified member and provider issues are discussed within the confidentiality protection of the Medical Services Committee and other peer review bodies. Committee

members and staff shall sign and adhere to a Confidentiality Statement as it relates to the Committee's functions.

4. All members of the Medical Services Committee, the Case Management Committee, and the ER Task Force will sign a Confidentiality Statement, which shall remain in effect for a one-year period and will be maintained in the appropriate department.
5. Any employee, consultant or representative in any way involved in the Utilization Management/Case Management process will sign a Confidentiality Statement upon employment or contract inception.
6. All committee members and employees will declare that they have no financial interest in the Blue Shield Promise Health Plan Committee, that they will disclose to the relevant committee any conflicts of interest in a matter by the committee. They will immediately bring to the attention of the CMO if any shareholder, director or executive of the Plan has exerted or attempted to exert undue influence on the person to induce the person to make a decision relating to the quality of, access to, or utilization of health care services. They are aware that any medical decisions made in this committee are separated from any financial decision making.

#### **Outpatient Psychotherapy Treatment:**

No provider of health care, health care service plan, or contractor may release medical information to persons or entities authorized by law to receive that information, if requested information specifically relates to the patient's participation in outpatient treatment with a psychotherapist, unless the person or entity requesting that information submits to the patient and to the provider of health care, health care service plan, or contractor a written request, signed by the persons requesting the information or an authorized agent of the entity requesting the information, the includes all of the following:

1. The specific information relating to patient's participation in outpatient treatment with a psychotherapist being request and its specific intended use or uses.
2. The length of time during which the information will be kept before being destroyed. A person or entity may extend the timeframe, provided that the person or entity notifies the provider, plan or contractor of the extension. Any notification of an extension shall include the specific reason for the extension, the intended uses of the information during the extended time, and the expected date of the destruction of the information.
3. A statement that the information will not be used for any purpose other than its intended use.
4. A statement that the person or entity requesting the information will destroy the information and all copies in the person's or entity's possession or control, will cause it to be destroyed, or specified in paragraph two above has expired.
5. The person or entity requesting the information shall submit a copy of the written request required by this section to the patient within 30 days of receipt of the information requested, unless the patient has signed a waiver in the form of a letter signed and submitted by the patient to the provider of health care or health care service plan waiving notification.

#### **Effective Monitoring:**

The effectiveness of this policy will be monitored through signed Confidentiality Statements and de-identified information in minutes.

#### **Protected Health Information (PHI)**

The use of PHI by Blue Shield Promise Health Plan and its delegated entities includes the following provisions in compliance with NCOA UM 15.B Standards:

1. A list of the allowed uses of PHI

2. A description for safeguarding the protected information from inappropriate use or further disclosure
3. Provide individuals with access to their PHI
4. A description of how to provide individuals with access to their PHI
5. The delegate will inform Blue Shield of California Promise Health Plan if inappropriate uses of the information occur.
6. Blue Shield Promise Health Plan will ensure that PHI is returned, destroyed, or protected if the delegation agreement ends.

## REFERENCES