Caremark.com - HIPAA Regulations and PHI Form

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**Description:** Caremark.com contains Protected Health Information (PHI). This document provides information regarding Health Insurance Portability and Accountability Act (HIPAA) Regulations and downloading the PHI form.

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| Guidelines |

**Note:**  Screen capture might not match actual scenario for this process. Some clients may not enlist in specific web features. This work instruction/job aid is intended as a guide only.

Only an authorized person can be assisted with protected information on Caremark.com, including the Caremark mobile site and the Caremark App. An authorized person is considered someone listed in high priority comments as:

* Having a **Power of Attorney**.
* A person listed on an **Authorization Release** form.

If there is no **Power of Attorney** or **Authorization Release** form on file, the member must give verbal authorization on each call to grant authorization to another person.

The verbal permission is only valid for the duration of the current phone call:

* If there are no high priority comments and no verbal permission, then the person is **not** considered an authorized person. A person calling about their own specific account information is always considered an authorized person.

**Web Support HIPAA requirements**:

Care is required to verify four (4) authenticators before assisting with Caremark.com.

* Member’s First and Last Name
* Date of Birth
* Zip Code (or Plan Sponsor if Zip Code can’t be verified)
* **And one of the following:** Medication Name, Prescription (Rx) Number, Member ID, or for **Medicare only** you may obtain MBI (Medicare Beneficiary Identifier) or Health Insurance Claim Number (HICN).

**Requirements:** Each authenticator must be verifiable on the member’s account to qualify as an authenticator.

 **Do not** assist a third-party caller with Caremark.com without a **Power of Attorney** or **Authorization Release** on fileor **Verbal Permission** from the member.

* + If the member is not available, Care can offer to place the third-party caller on hold and make an outbound call to the member to obtain verbal permission.
  + Legal documentation **must** be on file to complete any Caremark.com requests on behalf of a deceased beneficiary. Refer to [MED D – Deceased Beneficiary (044879)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1c7a95aa-d870-4b4a-9045-5c96dfe6aece).

** DO NOT provide a username that contains all numbers.** If a member’susername contains all numbers, the client is a [SSO (Single Sign On) (010772)](file:///C:\Users\Ur17ihl\Desktop\1\TSRC-PROD-010772) Auto Registration client. SSO/Auto Registration clients cannot register or sign in on Caremark.com directly. The member should access Caremark.com via SSO from the client’s site:

* Healthnet (can be carrier specific)
* HMSA (can be carrier specific)
* CareFirst
* Blue Shield of CA (BSC)
* BCBSMA

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| Permission to Release Information |

When a person is calling regarding information for anyone on the account age 18 or over, Customer Care representatives must authenticate the member for whom the account belongs. Refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce).

For some clients, an online account may be established for members who are minors (age 17 or younger). If the client has established a younger registration age for their members, the age will likely be listed in the Client Information Form (CIF). The authentication method used for these minors is the same as it is for any member 18 years of age or older. Refer to [Underage Registration Client List (017878)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eb792f51-1f41-45dd-b0fc-e0de7ed06845).

**Note:**  Refer to [HIPAA Authentication Grid (028920)](file:///C:\Users\Ur17ihl\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Temp\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\LCGGQPJ8\CMS-2-028920) for Member/beneficiary calling for web support.

Access the member’s account in PeopleSafe and review the Priority Comments for either a **Power of Attorney** or **Authorization Release** form on file.

Use reference table below:

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| **If…** | **Then…** |
| **Power of Attorney** or **Authorization Release** form is on file. | 1. Authenticate the caller. Refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce). 2. Proceed with call. |
| No **Power of Attorney** or **Authorization Release** form is on file. | 1. Authenticate the member for the account. 2. Refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce). 3. If person calling is someone other than the member about their own specific account information, ask to speak with the member to get verbal authorization to assist the caller.   **Note:**  If unable to speak to the member whose account the caller is wishing to access, offer to call the member to authenticate them and obtain a verbal authorization. If unable to reach the member, provide the hours of operation and ask the caller to call back when the member is available. |
| Member wishes to provide authorization to allow someone else to access their account. | Authenticate the caller. Refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce).  If a caller is not properly authenticated, it is a HIPAA violation.  Advise the caller that the member will need to print and complete a **One-Time Release** form located on Caremark.com. This form is valid for 90 days.  The member can also print and complete an **Ongoing Release** form. This authorization will automatically expire one year after the date entered on the form **or** if no date is specified, one year following the termination of participation in a pharmacy benefit plan or drug discount card, as applicable, administered by CVS/caremark.  **Note:** An **Authorization Release** form can also be mailed to the member by submitting a Resolution Manager Task under the Fulfillment category in PeopleSafe. |

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| Downloading the Protected Health Information Form |

Instruct the member with these steps to access the **Protected Health Information (PHI)** form:

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| **Step** | **Action** |
| **1** | Access [www.caremark.com](http://www.caremark.com) and sign on. |
| **2** | Hover over the **Plan & Benefits** tab and click **Print Plan Forms**. |
| **3** | **Member:**  The Personal Health Information forms are located in the list of forms under **Other Forms**.   * Select a **one-time** (1-time) or **ongoing** PHI release form. Forms are available in English and Spanish. * **Note:** If the form is not printing correctly, members can download the latest version of Adobe® Reader® available at [www.adobe.com](http://www.adobe.com) or click on Get Adobe Acrobat Reader. Downloads can take up to 30 seconds to several minutes depending on your connection speed. |
| **4** | **Member:**   * Form can be edited/completed by selecting Add text, saved, and printed (Options might vary based on browser being used.)   **or**   * Printed/Saved for the member to complete later.      * Address to mail the form is located at the bottom of form:   + Return Form To:   CVS/Caremark  Attn: Research Department  P.O. Box 6590  Lee’s Summit, MO 64064 |

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| Related Documents |

**Parent SOP:** [CALL 0045 Customer Care Web Support Email Response and Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0045)

[CALL 0011 Authenticating Caller](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms](file:///C:\Users\Ur17ihl\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\ur17ihl\AppData\Local\Temp\CMS-2-017428)

**Index:** [Caremark.com - Work Instruction/Job Aid Index](file:///C:\Users\Ur17ihl\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\windows\INetCache\Downloads\CMS-PRD1-105672)

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