

Policy #4

CurrentCare Enrollment Policy

Purpose

The CurrentCare Enrollment Policy describes consumers' choice to participate in the statewide HIE and allows consumers to terminate participation at will.

Scope

This policy applies to all departments and positions at all levels, including full-time, part-time, and temporary positions. This policy also applies to all CurrentCare users and enrollees.

Policy Statement

Background

The intent of the CurrentCare Enrollment Policy is to articulate the underlying principles and guidance by which the state designated Regional health Information Organization, the Rhode Island Quality Institute (RIQI), must obtain authorization from patients before allowing access to their health information. Once participation is confirmed, providers must be authorized by the patient prior to viewing the patient's health information through CurrentCare.

Policy

1. Consumer (patient) enrollment in CurrentCare is voluntary and may be terminated at will. All consumers who want to build a longitudinal record of health information in CurrentCare – to be made available to their providers now or in the future – may enroll in CurrentCare.
2. To enroll, a consumer must complete a CurrentCare Enrollment and Authorization Form. This form provides identifying information and a valid signature. RIQI will not activate or revoke a patient enrollment profile until a valid authorized signature (original or electronic) is in the possession of RIQI. RIQI will make consumer-oriented educational materials available to explain the context and details of CurrentCare Enrollment and Authorization. During the enrollment process, information will be gathered from participating consumers as necessary to activate and maintain enrollment and authorization, achieve accurate record matching in CurrentCare, and perform patient notification.



3. By enrolling in CurrentCare, consumers at a minimum authorize healthcare providers that may care for them in emergencies or other unscheduled visits to access their health information through CurrentCare on a temporary basis.

These temporary authorizations require the user to attest to the reason for viewing the CurrentCare record. These temporary authorizations will receive a higher level of audit and review, and the reason given for requesting temporary access will be part of the audit that is available to consumers upon request. Enrollees will be notified by letter when temporary authorization was requested and by which provider.

4. Consumers may also give healthcare provider organizations “authorization to view” according to several options. These viewing rights, which can be documented upon enrollment, may be changed at any point thereafter. These options include:

- a. Authorization of all healthcare providers who are treating the patient or are involved in the coordination of their healthcare and are current or future participants in the CurrentCare.

- b. Authorization of named healthcare provider organizations:

- i. Patients will grant authorization at the healthcare provider organization level which includes provider offices, health centers, hospitals and their authorized users as designated by each organization. For practice settings with multiple locations such as large multi-specialty group practices, the authorization applies to the entity across all locations. This approach does not permit authorization at the health system/IDN level or the individual provider level unless that individual comprises an organization.

- ii. Duration of named authorizations will be ongoing until actively revoked by the patient or their authorized representative.

- iii. Revocation of authorizations by any means will terminate authorization at the same healthcare provider organization level that authorization was originally granted.

5. Various enrollment channels will be offered to the extent that there is either a current method of patient authentication in place or one that can be put in place. The CurrentCare Enrollment and Authorization Form must be collected by a trusted source (provider, enrollment specialist, other intermediary, or through online enrollment) who has a letter of agreement in place with RIQI and processes



in place to verify that the information on the form is of the actual person who authorized participation in CurrentCare.

6. Each enrolled patient will be uniquely identified in CurrentCare. Use of this ID will be limited to purposes that support accuracy in system interactions related to that patient.
7. RIQI is responsible for timely enrollment, authorizations and all changes and/or terminations and revocations as declared by the patient. Once the Enrollment Form is signed, the enrollee's information should be entered into the CurrentCare system in a timely manner – either via manual data entry or uploading from another system. Forms must also be delivered to RIQI (in hard-copy or electronically) so that it has a record of the valid authorization that preceded enrollment in CurrentCare.

Compliance

Any violation of this policy will subject the employee to disciplinary action, up to and including discharge. Any RIQI employee having knowledge of any violation of the policy shall promptly report such violation to Human Resources or the HIPAA Privacy Officer.

| Version | Effective Date | Statement of Change |
|---------|--------------------------|--|
| 01 | April 24, 2008 | Original document |
| 02 | November 29, 2012 | Format change; Change to policy language |
| 03 | February 25, 2014 | Changes to temporary authorization language; Changes to Purpose section |
| 04 | See signature date below | Per Audit & Compliance/Policy & Legal Committee Review: Changes to language in Background section and removal of the last sentence in the Background section; Minor changes to Policy Statement language |

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| Ver 4. _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Manager/Director Date </div> |
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