**Memorandum of Understanding between the**

**Care Transformation Collaborative of Rhode Island and**

**Rhode Island Health Insurance Carriers**

**Whereas**, Care Transformation Collaborative of Rhode Island (CTC) is a non-profit corporation organized in Rhode Island for the purpose of implementing the provisions of the Rhode Island statute related to Patient-Centered Medical Homes (42 R. I. Gen. Laws § 14.6-1 et seq.), and for the purpose of implementing the care transformation provisions of the Affordability Standards established by the RI Office of the Health Insurance Commissioner (OHIC) (OHIC Regulation 2, Section 10), and

**Whereas**, certain Rhode Island health insurance carriers are participating with CTC in connection with the Patient-Centered Medical Home initiative and the Affordability Standards. Participating health insurance carriers are Blue Cross Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, Tufts Associated Health Maintenance Organization (for itself and its affiliates), Health Plan, and United Healthcare (Carrier or Carriers), and

**Whereas**, in order to further the goals of care transformation and affordability, CTC has designated certain primary care practices (Practices) to pilot implementation of a CHT (Community Health Team) Pilot Project designed to improve health status and total cost outcomes for high risk, high cost, and high impact patients. Each practice is a Covered Entity as defined in 45 CFR § 160.103. Each Practice in turn has established a CHT or has entered into a contractual relationship with a recognized a CHT, whose members will identify patients in each Practice suitable for the CHT Pilot Project, and whose members will assist with the coordination of care for patients. Each Practice represents and warrants that the Practice and the CHT have entered into and will at all times be parties to a valid business associate agreement that is compliant with 45 CFR part. 164, or, alternatively, that individuals that provide the CHT services are “workforce members” (as defined in 45 CFR § 160.103) of the Practice. Because direct communications between CHT staff and Carrier plan management staff concerning such patients may improve the likelihood of success of the CHT Pilot Projects, the Practices hereby request that Carriers directly engage in discussions with CHT staff in the same manner as the Carrier would engage in discussions with the Practice in a manner that is consistent with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) that protect personal health information (PHI).

**Now therefor it is agreed** by the undersigned that:

1. A Practice is a covered entity under HIPAA that may communicate to its CHT and disclose to its CHT PHI maintained by the Practice, or PHI received from a Carrier in connection with patients of the Practice, pursuant to a legally sufficient Business Associate Agreement, or, alternatively, to individuals that perform the CHT services who are “workforce members” of a Practice and in accordance with any applicable laws and regulations.
2. A Carrier and a CHT operating under a legally sufficient Business Associate Agreement with a Practice or, alternatively, individuals that perform the CHT services who are “workforce members” of a Practice may communicate directly with each other concerning PHI of patients of the Practice in order to advance the purposes of the CTC Pilot Project.
3. HIPAA does not prohibit the communications described in Paras. 1 and 2, above, provided that the communications are otherwise in accordance with any applicable laws and regulations.

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be duly executed either individually or by their representatives thereunto duly authorized all on the day and year first below written.

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| **Care Transformation Collaborative RI** | **Blue Cross & Blue Shield of Rhode Island** |
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| Signed: | Signed: |
| Printed Name: | Printed Name: |
| Title:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **United HealthCare of New England, Inc. and UnitedHealthcare Insurance Company** | **Tufts Associated Health Maintenance Organization, Inc. and Tufts Insurance Company** |
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| Signed: | Signed: |
| Printed Name: | Printed Name: |
| Title:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Primary Care Practice**  Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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