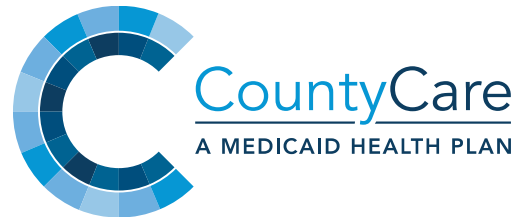


# June CM Webinar

**Wednesday, June 17th, 2026**

**Stephanie R. Nickles**

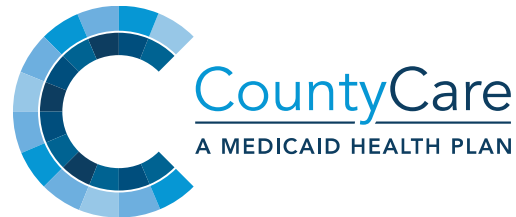
**Clinical Training Manager**



# Meeting Schedule

**Wednesday, June 16th, 2026**

1. Ariona Reliford- Transportation Process Update (5 minutes)
2. Ashley Huntington- (Confidentiality of Substance Use Disorders Patient Records) effective Feb 16<sup>th</sup> 2026. (35 minutes)



# Transportation Updates

Presented By: Ari Reliford, Senior Manager of Delegation & Vendor Oversight



CountyCare  
A MEDICAID HEALTH PLAN

# Transportation Update – Physician Certification Statement Requirement

- HFS requires a Physician Certification Statement (PCS) form
- Applies to all non-emergency transports originating from hospital or LTC (hospitals and long-term care facilities including skilled nursing)
- Requirement is for every transport request (no exceptions)
- Medicar (wheelchair accessible vehicle)/Service Car PCS forms are valid for 180 days **UNLESS IT IS A HOSPITAL DISCHARGE**

# PCS Requirement Details

- PCS form must be completed by the requesting hospital or LTC facility
- Must be included with every trip request
- Required for all Service Car and MediCar (wheelchair accessible vehicle) transports
- Requests without PCS may result in delays in arranging transportation

# Roles & Responsibilities

- Facilities (Hospital/LTC):
  - Complete and provide PCS form at time of request
- Care Coordination:
  - Assist with obtaining PCS forms from facilities
  - Help prevent delays in member transport
- Fax all PCS forms to ModivCare 877.272.3629

# CountyCare Transportation Options

- Public Transportation (CTA, PACE. Ventra 1-Day, 7-Day, 30-Day)
- Services through ModivCare:
  - MediCar (wheelchair accessible vehicle)
  - Service car
  - Ride share (Lyft and Uber includes wheelchair accessible vehicle)
  - Air ambulance (extreme cases only)
  - Non-emergency stretcher (for members that are not oxygen dependent)
  - Mileage reimbursement
- All transportation services must be medically necessary, or a service covered by CountyCare

# ModivCare Contact Information

- To schedule a ride please call: 888-652-8500
  - Monday – Friday: 7:00 AM to 7:00 PM
  - Saturday: 9:00 AM to 1:00 PM
- “Where’s My Ride” at 888-652-8500 to request ride status or a recovery vehicle.
- Care Coordinators can book trips only through [TripCare](#).
- ModivCare fax: 877.272.3629

# Current Forms/Links

- Physician Certification Statement (PCS Form)
  - Please note page 2 is for Medicar/Service Car transport
- Certificate of Transportation Services (CTS Form)
- TripCare

# Part 2 Training for CountyCare

June 17, 2026

Ashley Huntington, Privacy Officer



CountyCare

A MEDICAID HEALTH PLAN

# Learning Objectives

- Understand Part 2 requirements
- Recognize when Part 2 applies
- Use and disclose information appropriately
- Apply rules to real life situations

# Part 2 Background

# Part 2 Background

- **What is 42 CFR Part 2?**

- Federal law protecting the privacy and confidentiality of substance use disorder (SUD) treatment information.
- Historically, this law has been more stringent than HIPAA due to the sensitivity of the information it protects.
- Updates made in 2024 aimed to bring Part 2 closer in alignment with HIPAA.
- The compliance date for Part 2 updates was February 16, 2026.

- **Why does Part 2 apply to CountyCare?**

- Typically, we think of Part 2 compliance for providers or Part 2 programs. However, as a holder of Part 2 information, the law applies to CountyCare too.
- Part 2 records may be received through:
  - Claims data
  - Grievances and appeals
  - UM and prior authorization
  - Care coordination and case management
- Once Part 2 information is received, the recipient becomes a “lawful holder”



# Part 2 Definitions

## Part 2 Program

Any program that receives federal dollars and holds itself out as providing, and provides, SUD diagnosis, treatment, or referral for treatment.

## Part 2 Record

Any record identifying a patient as having or having had SUD and maintained by a Part 2 program.

## Lawful Holder

A person or organization that has receives Part 2 records from a Part 2 Program and is bound by the Part 2 confidentiality rules.

## Protected Health Information (PHI)

PHI is any information that can be used to identify an individual and that was created, used, or shared in the course of providing a health care service, such as a diagnosis or treatment, or payment for services.

# Part 2 Alignment

Topic	Alignment
<b>Consent and Disclosure</b>	<ul style="list-style-type: none"><li>• Part 2 now allows single consent for future uses and disclosures for treatment, payment, and operations (TPO).</li></ul>
<b>Notice of Privacy Practices (NOPP)</b>	<ul style="list-style-type: none"><li>• NOPP requirements track to HIPAA.</li><li>• Programs can have standalone Part 2 NOPP or modify language of existing HIPAA NOPP.</li></ul>
<b>Breaches</b>	<ul style="list-style-type: none"><li>• Part 2 now clarifies that HIPAA's Breach Notification Rule will apply to breaches of unsecured SUD records.</li></ul>
<b>Penalties</b>	<ul style="list-style-type: none"><li>• Updates penalties for wrongful use/disclosure of SUD records to align with civil and criminal penalties under HIPAA.</li></ul> <p>*(Historically, penalties not enforced. Present day, there is an enforcement arm, but we have not seen enforcement yet)</p>



# Part 2 Compliance at CountyCare

- **Compliance Progress:**

- CountyCare Notice of Privacy Practices (NOPP) updated to include required Part 2 language
- Ongoing education on this topic, including to contact Compliance with any Part 2-related issues/questions
- Providing updated FAQ documents/job aides
- Contract updates to include Part 2 protections

**Substance Use Disorder (SUD) Treatment Information.** If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a consent you provide to that Program to use and disclose the Part 2 information for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 information for those same purposes. This is consistent with HIPAA requirements and uses and disclosures described in this Notice. If we receive or maintain your Part 2 information through specific consent you provide to us or another third party, we will use and disclose your Part 2 information only as permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 information, or testimony on information contained in your Part 2 Program record in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by you or the order of a court after it provides you notice of the court order.

# Part 2 Direct Impact at CountyCare

- **Most likely to see Part 2 impact in the following areas:**
  - Care coordination
  - Claims processing
  - Data sharing
  - Vendor oversight

## Historical/Current Workflow:



## Possible Future Workflow:



\*Does NOT apply if member directly tells CountyCare, in its capacity as a plan, that it wants Part 2 data to be kept private. Would instead treat this as a request for confidential communications or restrictions.

# TPO Examples

## Treatment

The provision, coordination, or management of health care and related services among providers, or by a provider to a third party.

**Example:** SUD program sends patient's treatment plan and medication information to patient's PCP.



## Payment

Encompasses the various activities of both providers (to obtain payment for services) and plans (to fulfill coverage responsibilities, provide benefits, provide reimbursement for services)

**Example:** Payor conducts prior authorization review for medication assisted treatment (MAT).



## Operations

Certain administrative, financial, legal, and quality activities that are necessary to run a covered entity's business and support core functions of treatment and payment

**Example:** Evaluating readmission rates for members receiving SUD services.



# Part 2 FAQ

# Q: Does every SUD diagnosis or treatment fall under Part 2?

**A:** No. Part 2 ONLY applies when the information comes from a federally-assisted SUD treatment program or a provider that “holds itself out” as providing SUD diagnosis, treatment, or referral services.



**Note:** only the entity itself can determine if it's a Part 2 program or provider. Many times, SUD information may come from a PCP or other provider who does not “hold themselves out” as providing SUD treatment.

# Q: What is treatment, payment and operations (TPO) under Part 2?

**A:** The concept of TPO comes from HIPAA. To align Part 2 with HIPAA, the new regulations state that Part 2 information can be shared for:

- **Treatment** (provision, management, or coordination of care among providers)
- **Payment** (to obtain payment for services rendered or fulfill coverage responsibilities, provide benefits, or provide reimbursement for services), and
- **Health care operations** (certain administrative, financial, legal, and quality activities undertaken to run the covered entity's business. Care coordination activities are included in this definition).



SUD information may be shared for TPO so long as the individual has signed a consent allowing such sharing. Once the consent is signed one time, it may be used for all future sharing of SUD information for TPO purposes until the consent expires or until the member revokes it.

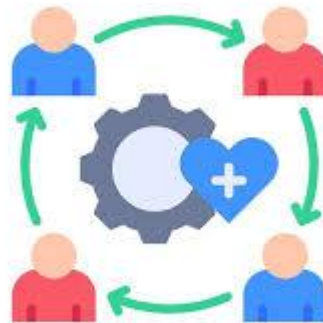
Because CountyCare is not a Part 2 program or provider, it is more likely that CountyCare will be the recipient of Part 2 consents for future uses and disclosures for TPO from Part 2 providers and programs.

## Q: Can UM/CM staff access Part 2 information?

**A:** Yes, if the information was lawfully disclosed to CountyCare. However, staff cannot access Part 2 information if CountyCare receives specific instructions from the Part 2 program or provider, or the patient/member themselves, that the individual does not want their Part 2 information to be accessed, used, or disclosed by the care coordination team.



Staff accessing Part 2 information are still subject to the minimum necessary and need to know standards that apply to other PHI under HIPAA.



# Q: Can staff enter Part 2 information into CMIS?

**A:** Yes, if the information was lawfully received by CountyCare and access to the information is limited to those with a need to know for job-related functions.



The updated Part 2 rule also clarified that there is no requirement to segregate Part 2 information from other information in a patient or member's health record.



# Q: Can Part 2 information be shared/re-disclosed internally within CountyCare?

**A:** Generally yes so long as the internal sharing or re-disclosure is for TPO purposes.

Common situations where re-disclosure may be appropriate include but are not limited to:

- Care coordination to UM (and vice versa)
- Care coordination to pharmacy
- Compliance or quality review personnel



**Note:** information may NOT be re-disclosed, even internally, if CountyCare has knowledge that a Part 2 Program or Part 2 Provider did not obtain the required consent, or if the member asks that the information not be re-disclosed.

# Q: When do CM/UM staff need to use a Part 2 consent form?

**A:** For most uses and disclosures of Part 2 information, staff are not likely to need a Part 2 consent because re-disclosure of Part 2 information will be permitted for TPO.



However, it is important to note that some care coordination services may fall outside of TPO (e.g. some housing providers require disclosure of whether an individual has current or past SUD prior to securing housing). Other examples of uses and disclosures of Part 2 information falling outside of TPO include law enforcement purposes and communicating and marketing of a member story.

For all reasons not related to TPO, a Part 2 consent form should be signed by the member or their authorized representative before sharing Part 2 information.

**Note:** Part 2 requires a special consent form and the standard HIPAA authorization may not be used.

# Q: When options do we have if a Part 2 program/provider won't share Part 2 information?

**A:** If a Part 2 program or provider is not willing to share Part 2 information about a member:

- Ask for written documentation from the program or provider regarding why they believe the information cannot be shared
- Contact Corporate Compliance



## Potential alternate solutions for obtaining the information:

- Ask if the program or provider has a Part 2 consent they can share or if they will accept one from CountyCare.
  - If the program or provider is agreeable to this option, contact the member and ask them to fill out a Part 2 consent before sending it to the program or provider.
- Programs and providers must always provide access to records about a patient to the patient!
  - If a program or provider is resistant to sharing information with CountyCare, consider asking the patient/member to request their own records. Upon receipt, the patient/member can share them with CountyCare.

**Note:** Separate written consents are needed for Part 2 records for use and disclosure of SUD counseling notes and for use of Part 2 information for civil, criminal, administrative and other proceedings.

# Scenarios

# Scenario 1:

A member is discharged from an inpatient detox program. The program sends discharge information to CountyCare after obtaining a valid Part 2 TPO consent from the member.

Can the CM/UM staff view the records?

Yes, so long as there is a job-related purpose to do so.



Can CM/UM staff contact/discuss the detox program with the member?

Yes.

Can CM/UM staff discuss follow-up appointments with providers?

Yes. In this scenario, a valid TPO consent was obtained, thus making it appropriate to re-disclose any needed Part 2 information to providers for the purposes of the member's treatment and for care coordination, which falls under health care operations.

## Scenario 2:

A member tells you directly that they completed a detox program and are in recovery.

Under what circumstances can you share this information?



When Part 2 information comes from the member directly, Part 2 does not apply because the member is neither a Part 2 program nor provider. However, the information is still PHI under HIPAA and any access, use, or disclosure must follow HIPAA rules for minimum necessary and need to know.



# Scenario 3:

You receive a subpoena for a member's claims data, including Part 2 information.

How do you handle this?



Contact Legal and Compliance immediately. No CountyCare staff should provide PHI or Part 2 information to lawyers, law enforcement, or similar outside entities prior to review and approval by Legal and Compliance.



# Quick Decision Guide

# Quick Decision Guide for Part 2

## **42 CFR PART 2** **QUICK DECISION GUIDE**



1

**WHERE DID THE INFORMATION COME FROM?**



2

**IS IT FROM A PART 2 PROGRAM OR PROVIDER?**



3

**IS THE SHARING FOR TPO?**  
(TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS)



4

**DO I HAVE PROPER CONSENT/AUTHORIZATION?**



**WHEN IN DOUBT, CONTACT LEGAL OR COMPLIANCE.**



# Open Discussion

# Part 2 - Open Discussion

- What are you seeing related to Part 2?
- What, if any, roadblocks are you running into?
- Do members ask about this?
- Do members express concern over SUD information?
- Are Part 2 providers reluctant to share information with CountyCare?

# Contact Us

# Meet your CountyCare Compliance Team



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**Thank you!**