

Medical Records Requests and Release of Protected Health Information (PHI)

Frequently Asked Questions (FAQ)



How do providers give access to records for audits and chart reviews by Superior HealthPlan?

Providers shall permit Superior or its designated representative to access their records, at the provider's place of business during normal business hours, or remote access of such records, to audit, inspect, review, perform chart reviews and duplicate such records.

How do providers give access to an Electronic Medical Record (EMR)?

Providers will grant Superior access to their EMR system to effectively case manage members and capture medical record data for risk adjustment and quality reporting. Superior will not be charged for this access unless otherwise specified in the provider's Participating Provider Agreement or contract with Superior.

Who may request medical records?

Superior or its designated representatives, also referred to as Superior Business Associates with whom Superior has a signed Business Associate Agreement in accordance with the applicable HIPAA privacy regulations

Am I required to comply with requests for medical records from Superior and/or Superior Business Associates?

Yes. Requirements for compliance with requests for medical records by Superior and/or Superior's Business Associates are outlined in your Participating Provider Agreement or contract with Superior. Upon execution of a contract with Superior, providers agree to comply with requests for medical records. Specific language regarding access to records, audits and chart reviews by Superior is detailed in Superior's provider manuals and the Participating Provider Agreement with Superior.

What is a Covered Entity?

Superior is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. As a covered entity, Superior and Superior's Business Associates may request and receive member Protected Health Information (PHI) without permission or authorization from the member or member's legal representative. Covered entities are defined in the HIPAA rules as:

- Health plans (also Business Associates through a signed agreement with the health plan or other covered entity)
- Health care clearinghouses
- Health care providers

For additional information regarding Covered Entities and permissible uses and disclosures of PHI which do **not** require member authorization for release of PHI, please review Superior's [Notice of Privacy Practices](#).

Is a member release of information required to release medical records to Superior or Superior's Business Associates?

A member release is not required to release information to Covered Entities or Business Associates of Covered Entities when related to:

- Treatment
- Payments
- Health care operations (health care operations include disclosure of PHI for accreditation, certification and auditing activities such as HEDIS, Risk Assessment or chart reviews.

For more information, please review the [Uses and Disclosures for Treatment, Payment, and Health Care Operations \[45 CFR 164.506\]](#).

Contact Information

If you have questions about Superior's **privacy practices** related to PHI, please contact Superior in writing or by phone using the contact information listed below:
Superior HealthPlan
Attn: Privacy Official
5900 E. Ben White Blvd., Austin, TX 78741

Toll Free Phone Number: 1-800-218-7453
Relay Texas (TTY): 1-800-735-2989

If you have questions about a chart request for **HEDIS or Risk Adjustment**, please contact Superior using the information below:

Toll Free Phone Number: 1-800-218-7453
Relay Texas (TTY): 1-800-735-2989

Email: SHP.HEDIS@SuperiorHealthPlan.com
Email: SHP.RiskAdjustment@SuperiorHealthPlan.com