

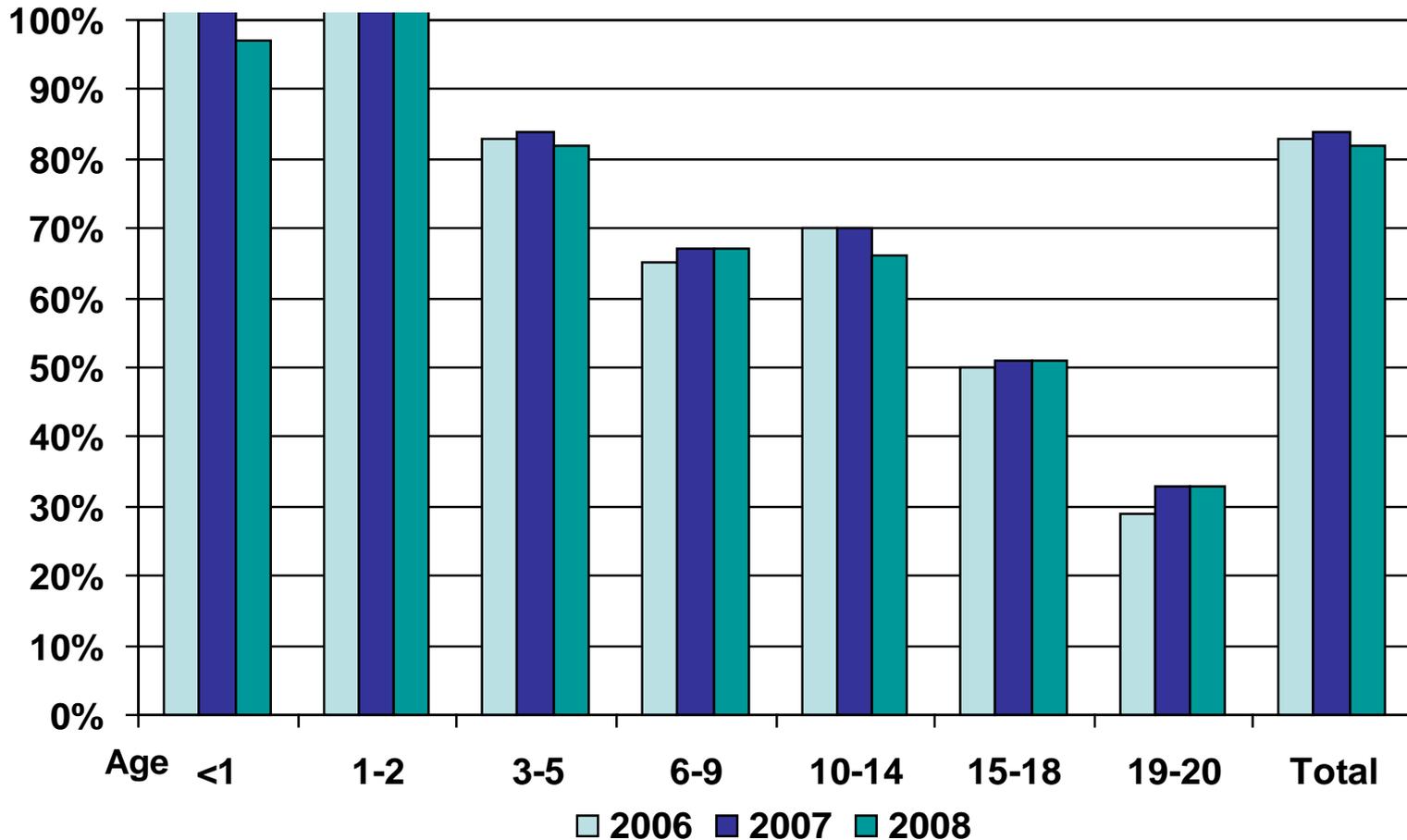


Presentation to the Medicaid  
Managed Care Council  
April 9, 2010

# CMS 416 Reports

# EPSDT Screening Ratio

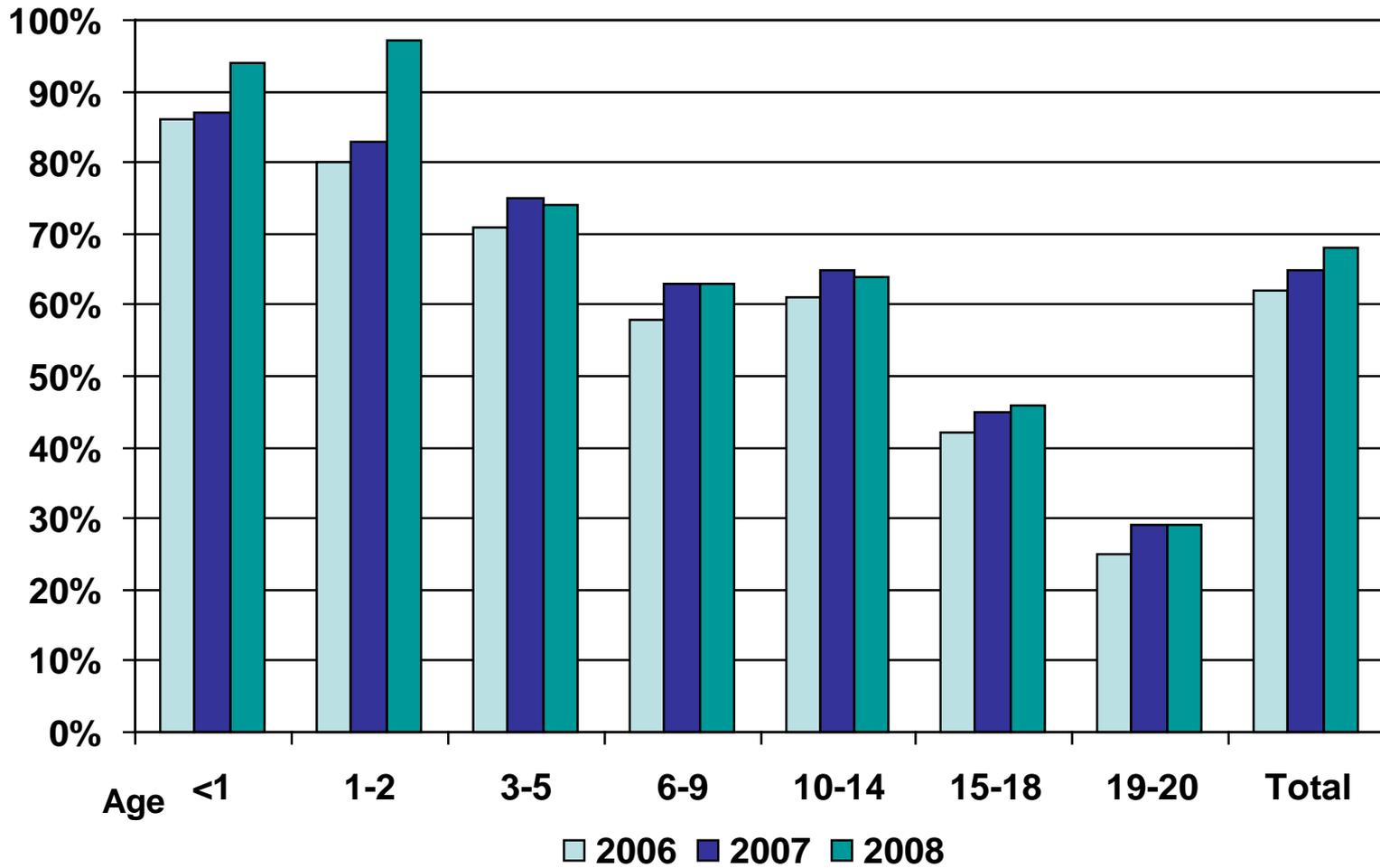
Ratio of screens received to expected # of screens



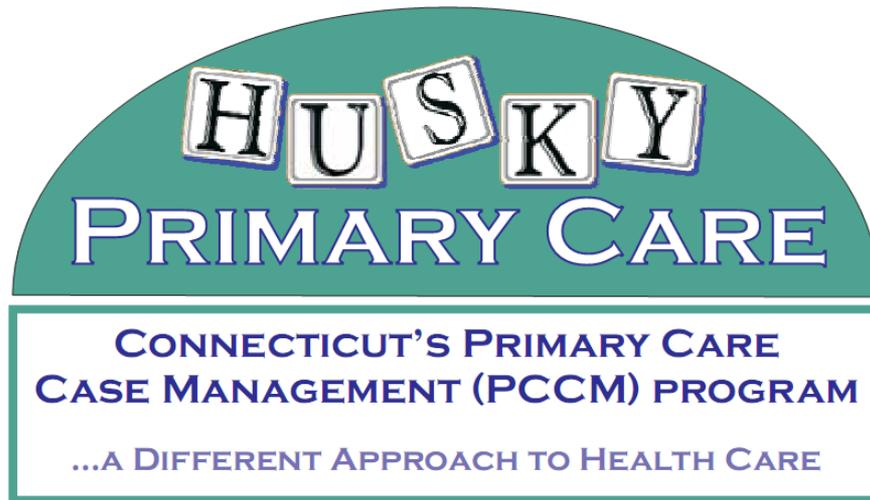
Expected # of screens based on periodicity schedule & proportion of the year Medicaid eligible \*2008 data issue with Bluecare, data req. from Mercer

# EPSDT Participation Ratio

% of members expected to receive at least 1 screen who did



\*2008 data issue with Bluecare, data req. from Mercer



**HUSKY**

**PRIMARY CARE**

**CONNECTICUT'S PRIMARY CARE  
CASE MANAGEMENT (PCCM) PROGRAM**

**...A DIFFERENT APPROACH TO HEALTH CARE**

# HUSKY Primary Care: Update on Primary Care Providers

- New providers in the process of joining:
  - Hartford Hospital Primary Care
  - Internal medicine practice in New Haven
- Ongoing discussions with other groups
- Total Primary Care Providers (PCPs):
  - Hartford area: 50 PCPs
  - New Haven area: 133 PCPs
  - Waterbury area: 41 PCPs
  - Windham area: 13 PCPs

# HUSKY Primary Care: Additional Updates

- Care coordination with PCPs, based on data - including ED use, asthma medications
- Evaluation: per legislative request, plan to delay until 2011 (previously July 2010), pending notification of CMS
- Enrollment: 359 clients, as of April 2010
- Info for members and providers compiled on HUSKY site at:  
[www.huskyhealth.com/PrimaryCare](http://www.huskyhealth.com/PrimaryCare)

Medicaid Expansion under the  
Patient Protection and  
Affordable Care Act

# Medicaid Expansion

## Eligibility

- State plan amendment submitted April 6, 2010
- Extends Medicaid coverage as follows:
  - Individuals who are under 65 years of age, not pregnant, not entitled to, or enrolled for, benefits under Medicare part A or B, and not eligible for Medicaid under 1902(a)(10)(A)(i)(I through VII), and whose income (net of income disregard) does not exceed the Medically Needy Income Limits, without regard to their resources.
- This essentially includes all existing SAGA recipients, and some additional recipients who will qualify due to the elimination of the asset test
- Effective date: April 1, 2010

# Medicaid Expansion Coverage

- Full Medicaid state plan coverage
- Payment in accordance with state plan rates and methods
- Claims processed through MMIS
- Federal share approximately 61%

# Medicaid Expansion Implementation

- Current capped payment of hospital inpatient and outpatient claims will be eliminated for dates of service on or after April 1, 2010
- MMIS modification requirements have been defined and are under review
- Recipient and provider notifications are being prepared
- Planning is underway with CHNCT, which processes all medical claims other than hospital claims
- Network comparison to ensure that non-Medicaid providers can be notified to enroll with the Department

# Medicaid Expansion Implementation

- Will ensure no disruption in service or payment during transition for recipients seen by non-Medicaid enrolled providers
- Planning is also underway with DMHAS and Advanced Behavioral Health, which processes behavioral health claims for SAGA recipients under the GABHP
- Conversion to Medicaid rates will benefit most providers

# Member Privacy Protection with Medical Record Audits

## Health Information Privacy

**May a health care provider disclose protected health information to a health plan for the plan's Health Plan Employer Data and Information Set (HEDIS)?**

**Answer:**

Yes, the HIPAA Privacy Rule permits a provider to disclose protected health information to a health plan for the quality-related health care operations of the health plan, provided that the health plan has or had a relationship with the individual who is the subject of the information, and the protected health information requested pertains to the relationship. See [45 CFR 164.506\(c\)\(4\)](#). Thus, a provider may disclose protected health information to a health plan for the plan's Health Plan Employer Data and Information Set (HEDIS) purposes, so long as the period for which information is needed overlaps with the period for which the individual is or was enrolled in the health plan.

# Member Privacy Protection with Medical Record Audits

## 3.32 Internal and External Quality Assurance

- a. The MCO shall ensure...all contract services are medically necessary and medically appropriate; The MCO shall...monitor and continuously improve the quality of care.
- b. The MCO shall comply with applicable federal and state regulations and DEPARTMENT policies and requirements concerning quality assessment and program improvement...(the) program shall include provisions that:
  - Detail the review process by appropriate health professionals regarding the delivery of contract services;
  - Detail the MCO's systems and processes to collect performance and Member Outcomes;
  - The MCO shall monitor access to and quality of contract services for its Member population, and, at a minimum, use this mechanism to capture and report all of the DEPARTMENT's required utilization data.

# Member Privacy Protection with Medical Record Audits

- **Two Bases under HIPAA that Permit Disclosure of PHI for Purposes of Quality Assurance Without Client Consent:**
- **A covered entity may use or disclose protected health information for treatment, payment, or health care operations as set forth in paragraph (c) of 45 C.F.R. 164. 506.**
- **45 C.F.R. § 164.506(c) (4)** provides that a covered entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if
- each entity either has or had a relationship with the individual who is the subject of the protected health information being requested;
- the protected health information pertains to such relationship; and
- the disclosure is for a purpose listed in paragraph (1) or (2) of the definition of health care operations.
- Paragraph (1) of the definition of health care operations is “[c]onducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities.” 45 C.F.R. § 164.501.

# Member Privacy Protection with Medical Record Audits

- **45 C.F.R. 164.506(c)(3)** provides that a covered entity may disclose protected health information to another covered entity for the payment activities of the entity that receives the information.
- The definition of “payment” includes activities undertaken by a health plan “to determine or fulfill its responsibility for coverage and provision of benefits under the health plan,” or “to obtain reimbursement for the provision of health care.” 45 CFR 164.501.
- Activities must be related to the individual to whom health care is provided. Activities include, but are not limited to:
- “(iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- (v) Utilization review activities, including . . .retrospective review of services.”