

Section 1 **ADDENDUM**

Provider Application for Certification and Participation
Updated 2015

Provider Certification Letter *Updated 2015*

**Provider Action Grid for MCO Newborn Coordinator
Assistance**

**HIPAA Letter by the
MD Attorney General's Office**

**THE MARYLAND HEALTHY KIDS/EARLY AND PERIODIC SCREENING, DIAGNOSIS AND
TREATMENT (EPSDT) PROGRAM
PROVIDER APPLICATION FOR CERTIFICATION & PARTICIPATION**

Provider Name: _____ **Group Name:** _____

Primary Address: _____ **Group #:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Specialty: _____ **Ages Served:** _____ **Contact Person:** _____

Telephone: ____ - _____ **Fax:** ____ - _____ **E-mail** _____

MCO Participation (specify each MCO): _____ / _____ / _____ / _____

I. PROVIDER QUALIFICATIONS (Check all that apply):

- National Provider Identifier (NPI) _____
- Currently participate in the Maryland Medical Assistance Program; provider number _____
- Currently participate with one or more Medicaid MCOs; MCO number (if not MA #) _____
- License number(s): _____ Specify state(s) _____

Provider shall meet one of the following requirements: (specify)

- Be board-certified, (circle specialty) pediatrics, family practice, internal medicine;
- Be a licensed physician or osteopath, or certified nurse practitioner, or physician assistant delivering primary health care to children and adolescents;
- Be a local health department or free standing clinic.

II. CONDITIONS FOR PARTICIPATION

All providers rendering preventive screening services to children must meet the following conditions, which are specified in the Maryland Healthy Kids/EPSDT Program regulations (COMAR 10.09.23) and Program policies:

- (1) Provide or ensure the provision of the full set of screening procedures as outlined in the Healthy kids Schedule of Preventive Health Care and in a manner prescribed by the Department in the Healthy Kids Provider Manual;
- (2) Provide inter-periodic and full screening as deemed medically necessary;
- (3) Provide or arrange for: a) referrals for diagnosis, treatment, and follow-up services if the screening indicates a need for additional services; b) acute and tertiary care; c) long-term and rehabilitative care; and d) referrals for specialty mental health care when appropriate;
- (4) Inform the parent or guardian of the need for preventive health care visits at the time of enrollment or assignment, and schedule appointments to facilitate adherence to the periodicity schedule (Schedule of Preventive Health Care);
- (5) Agree to cooperate with state and local health department efforts to assure that children receive needed follow-up and treatment services. This requires referrals to the local health departments when appropriate to track children for missed appointments and delays with immunizations and treatments.

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- (6) Maintain a patient record system that is sufficiently detailed and current to allow another provider who is unfamiliar with the patient to properly continue treatment in the absence of the primary care provider. Additionally, the record must sufficiently document the preventive screening components in accordance with the Healthy Kids Schedule of Preventive Health Care;
- (7) Agree to on-site visits by the State program staff that will:
- Verify provider qualifications,
 - Assess the need for provider/staff training, technical assistance, or in-service training,
 - Determine if equipment necessary to perform required procedures is available, functioning and being properly used,
 - Review/audit Medical Assistance recipient charts to determine if the program standards are being met, if quality and quantity of child health services delivered is sufficient, and if appropriate referral and treatment services are adequately provided;
- (8) Agree to participate in the Vaccines for Children (VFC) Program to assure that needed vaccines are readily available to the Medicaid enrollee according to the currently recommended Immunization Schedule, and
- (9) Agree to cooperate with Department efforts to provide timely access for all child health services including services for children with special needs and children in state supervised care.

PROVIDER AGREEMENT

I _____ (print name) agree to comply with requirement listed in Section II Conditions for Participation and understand I may be granted a provisional certification upon review of my application. I also understand that I may receive full certification status only after the completion of an on-site review.

Signature: _____ Date: _____

DEPARTMENT CERTIFICATION

This provider meets the provider qualification requirements and conditions for participation listed in Sections I and II.

Full Certification granted on (date) _____

EPSDT Program Nurse Consultant Signature: _____

Return Address: **DHMH – Unit 79
Healthy Kids Program
Division of Children’s Services
201 W. Preston Street, Room 210
Baltimore, MD 21201
FAX: 410-333-5426**

Date

«LastName»
«Address1»
«Address2»
«City», «State»

Dear «Salutation1»:

Welcome to the Maryland Healthy Kids Program.

The Maryland Health Choice and Acute Care Administration has accepted the recommendation for you to be a certified Healthy Kids/EPSTD provider effective «Certdate». As a certified provider, you meet all the qualifications and conditions for participation as described in the EPSTD regulations (COMAR 10.09.23).

If you are a member of a Medicaid Managed Care Organization (MCO), you agree to provide preventive-care services according to the Healthy Kids Program requirements to recipients under age of 21 enrolled in your practice. All encounter data regarding delivery of Healthy Kids services must be reported to the MCO.

In addition, if your practice plans to serve recipients under age of 21 who are not enrollees of a MCO but who have a valid MA card, Healthy Kids Program services are required. For this population, Medical Assistance can be billed directly using the appropriate codes found in the Healthy Kids Manual (Refer to Billing Section).

The local health department administrative care coordinator for the Healthy Kids Program is available for outreach and home visiting services. Please call your local health department for further information.

Periodic changes in program requirements will be communicated via transmittals received from the Department of Health and Mental Hygiene. These changes are to be implemented by your practice upon receipt of these transmittals.

Please notify me as soon as possible if you have practice changes that impact your participation in the program, i.e. a new location, hours, phone number, etc.

I am available to provide assistance with the implementation of the Healthy Kids Program in your practice. This includes on-site training, billing concerns, quality assurance and interpretation of the Program guidelines. In the interim, if you have questions or comments, or would like assistance, please call me at 410-767-1836.

Thank you for your willingness to provide preventive care services to Medical Assistance children, teens and young adults in your community.

Sincerely,

Nurse Consultant
Division of Children's Services

«initials»/LYW

MCO: Americaid Community Care, Jai Medical Systems, Inc., Kaiser Permanente, Maryland Physicians Care, Medstar Family Choice, Inc., Priority Partners, Riverside Healthcare, United Healthcare

PROVIDER ACTION GRID FOR MCO NEWBORN COORDINATOR ASSISTANCE

SCENARIO	PROVIDER ACTION	NEWBORN COORDINATOR ACTION
Baby not on EVS; Mother's MCO known	Call NC of Mother's MCO	<ul style="list-style-type: none"> * Call DHMH to assist getting baby enrolled in HealthChoice via an 1184. * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.
Baby not on EVS; Mother's MCO not known	Call DHMH 1-800-456-8900, then NC of Mother's MCO	<ul style="list-style-type: none"> * DHMH will complete 1184 * NC will authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.
Baby is on EVS and MCO is identified but baby is not in MCO system	Call NC of Baby's MCO	<ul style="list-style-type: none"> * Assist getting baby enrolled in MCO system. * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.

<p>Baby is enrolled with MCO but is assigned to different PCP in same MCO</p>	<p>Call NC of Baby's MCO</p>	<ul style="list-style-type: none"> * Facilitate transfer of baby to member panel of PCP in attendance * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.
<p>Baby is enrolled with MCO but attending provider is either not participating with HealthChoice or not participating with baby's MCO</p>	<p>Call NC of Baby's MCO</p>	<ul style="list-style-type: none"> * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.
<p>Mother wants baby in MCO of siblings and PCP is participating with sibling's MCO</p>	<p>Call NC of Baby's current MCO</p>	<ul style="list-style-type: none"> * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Work with mother and Benova to transfer baby to new MCo and PCP effective 10 days in future * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.
<p>Baby enrolled in Mother's MCO but attending PCP doesn't participate with Mom's MCO</p>	<p>Call NC of Baby's MCO</p>	<ul style="list-style-type: none"> * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.

<p>Baby previously confirmed enrolled in one MCO but changes MCOs unexpectedly</p>	<p>Call NC of original MCO</p>	<ul style="list-style-type: none"> * Confirm mom's desire to have baby in original MCO * Call DHMH to facilitate change of MCO * Authorize preventative or acute primary care needed that day and assist with arranging/authorizing immediately medically necessary services including referrals, prescriptions, DME and follow-ups as needed. * Help parent choose PCP, facilitate entry of PCP selection and contact PCP as needed. * Ensure the appropriate documentation exists to facilitate undisputed payment to calling provider if services are rendered.
<p>Mother is not in Medicaid system at time of delivery</p>	<p>Refer Mother to MCHP Hotline 1-800-456-8900 or the local health department to request a MCHP application.</p>	<p>N/A</p>

February 26, 2003

Dear MCO Directors:

RE: Disclosure of Medical Information for Quality Assessment Purposes and for Coordination of Care

Assessing quality of care is a significant responsibility of the Medicaid Program. It is one of its lawful duties. Md. Health-Gen. Art. § 15-102.1. Likewise, coordinating and managing patient care between and among various providers, MCOs, and the Department is an important patient health and safety goal.

We understand that many providers are concerned that the Health Information Portability and Accountability Act (HIPAA) will prohibit them from using or disclosing a patient's protected health information (PHI) for the purposes described above. Some providers believe that HIPAA prohibits all disclosure of PHI for almost all purposes. Such is not the case.

Quality Assessment

Under HIPAA, without consent of the patient, a provider is permitted to use and disclose PHI to another covered entity for the purpose of "health care operations." 45 C.F.R. § 164.506(a). Some of the types of health care operations recognized under HIPAA are quality assessment and improvement activities and reviewing health plan performance. 45 C.F.R. § 164.501. These are just the type of activities that the MCOs and the Department (which are covered entities) undertake in the yearly quality review of MCOs and their providers. A provider is clearly permitted to disclose medical records to the MCO and the Department and their agents for these purposes.

Another section of HIPAA also allows a provider to disclose PHI for quality assessment purposes. Specifically, HIPAA permits a provider to disclose PHI to a health oversight agency for oversight activities authorized by law. 45 C.F.R. § 164.512(d). The Department is a health oversight agency authorized by state law to monitor quality of care in the HealthChoice Program specifically, and the Medicaid Program, generally. Md. Health-Gen. Art. §§ 15-102.1; 15-103(b)(9); 45 C.F.R. § 164.501. When the Department seeks access to medical records to conduct quality assessments of MCOs and their providers, it does so as a health oversight agency to which disclosure of PHI can be made without patient consent. HIPAA permits this disclosure.

We believe that State law and federal HIPAA law are in concert concerning disclosure of PHI for quality assessment purposes. State law allows disclosure of medical records to MCOs for the evaluation and management of the MCO. Md. Health-Gen. Art. § 4-305(2). State law also allows disclosure to a government agency, like the Department, in order to perform its lawful duties. Md. Health-Gen. Art. § 4-305(3). Medicaid law allows disclosure of Medicaid records for purposes related to the administration of the Program. Md. Code Article 88A § 6. Finally, Medicaid regulations governing the HealthChoice Program require that MCOs and their providers allow the Department access to all records. COMAR 10.09.65.02(M) and (N).

Coordination and Management of Care

In the same vein, providers have expressed their belief that HIPAA does not allow them to share medical information, particularly mental health information, with other providers. As you know, coordinating care between the mental health system providers and MCOs and somatic providers has been considered critically important for patient safety. For example, we believe all providers treating one patient should be aware of the treatments and medications each prescribes so that dangerous drug interaction can be prevented. Yet, because of provider's understandable sensitivity about privacy of mental health records, coordination of care sometimes becomes a secondary concern. We believe that respect for privacy and coordination of care can and must co-exist in the legal and medical worlds. That belief is grounded in both federal and state law.

Under HIPAA, without patient consent, a health care provider may disclose PHI to another provider or to an MCO for "treatment activities". 45 C.F.R § 506(c)(1) and (2). Treatment is not a narrowly defined term. It means, not only the provision of care, but also the "coordination or management of health care" between and among several health care providers. 45 C.F.R. § 164.501. This provision allows providers to share PHI with one another to coordinate and manage the patient's care.

We recognize that mental health patients are given special privacy protection under HIPAA. That protection is specific to "psychotherapy notes." Indeed, for most purposes a provider may not disclose psychotherapy notes without patient authorization to do so. 42 C.F.R. § 164.508. We point out, however, that HIPAA excludes from the definition of psychotherapy notes "medication prescription and monitoring, modalities and frequencies of treatment furnished, results of clinical tests and a summary of . . . diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date." 45 C.F.R. § 164.501. Therefore, to the extent that a provider, citing HIPAA, declines to share any PHI with an MCO or another provider seeking to coordinate or manage a patient's care, you can inform the provider that HIPAA clearly allows disclosures of certain PHI for such purposes.

State law is also in concert with HIPAA on the issue of disclosure of medical records for the purpose of coordination of care.

State law specifically states that a healthcare provider may release a medical record to another healthcare provider if the release is for the sole purpose of treating the patient on whom the record is kept. Md. Health-Gen. Art. § 4-305(b)(4). The term “healthcare provider” is defined broadly to include licensed or certified healthcare professionals, facilities, and their agents. Md. Health-Gen. Art. § 4-301(h).

Moreover, Medicaid law allows disclosure of Medicaid records as necessary to discharge responsibilities to administer the medical assistance program. Md. Code Article 88A § 6(a). Coordination of care is a significant responsibility of the HealthChoice Program and all of its component parts, including the providers who work with HealthChoice recipients. The responsibility to coordinate care requires the exchange of medical information between and among providers for the purpose of providing services to the patient. Disclosure of medical records to coordinate or provide care is, therefore, perfectly legal under state law as well as federal law.

For all those reasons, we believe providers can and should feel confident that HIPAA allows them to disclose PHI to MCOs and to the Department for quality assessment purposes and to other providers and MCOs and the Department for coordination and management of care. We hope this letter addresses the concern expressed by some HealthChoice providers about the legality of providing protected health information to other providers, MCOs, the Department, or our subcontractors. We appreciate your cooperation in helping us to ensure quality health care for Medicaid recipients.

Sincerely,

Susan Tucker
Executive Director

cc: Elizabeth M. Kameen, AAG