Rules of
Department of Social Services
Division 70—Division of Medical Services
Chapter 1—Organization

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
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13 CSR 70-1.010 Organization and Description

PURPOSE: This rule states the function and general organization of the Division of Medical Services to comply with the requirements of section 536.023, RSMo.

(1) General Authority and Purpose.

(A) The Missouri Division of Medical Services was created within the Department of Social Services by executive order of the governor on February 27, 1985. The Missouri General Assembly granted statutory authority to the division by adding section 208.201, RSMo effective September 28, 1987. The Division of Medical Services operates under the provisions of Chapter 208, RSMo and Title XIX of the federal Social Security Act.

(B) The Division of Medical Services is responsible for the administration of the medical assistance program in Missouri except for the determination of recipient eligibility for the program, which shall be the responsibility of the Division of Family Services.

(2) Organization and Operations. The Division of Medical Services is located in Jefferson City at 615 Howerton Court. Contact can be made by writing to the division at P.O. Box 6500, Jefferson City, MO 65102-6500. The Division of Medical Services is divided into six (6) major organizational components—administration and five (5) sections—institutional reimbursement, management services, operations, planning and budget, and policy.

(A) The director is in charge of the administration of the division. The director employs the necessary personnel and designates the subdivisions needed to perform the duties and responsibilities of the division. In addition to providing the overall direction of the agency, Administration is responsible for overseeing the filing of all state plan amendments and regulations, all aspects of personnel-related issues and directing of the Managed Care Program.

(B) The Institutional Reimbursement section is responsible for the administration of payments to hospitals, nursing facilities, and rural and federally qualified health clinics.

(C) The Management Services section is responsible for the administration and monitoring of consultant and professional services contracts. Other management services activities include third-party liability identification and recovery, claims adjustments and cash control. Management Services is also responsible for administering the payment of Medicare Part B premiums (Medicare Buy-In), the Qualified Medicare Beneficiary (QMB) program and the Health Insurance Premium Payment (HIPP) program.

(D) Operations is organized into six (6) units: Medicaid Management Information Systems (MMIS), Surveillance and Utilization Reviews, Provider Enrollment, Provider Education, Provider Communications, and Recipient Services. The operations section is responsible for monitoring the state's contract with the fiscal agent, investigation of over utilization or noncompliance with Medicaid policies and regulations, reviewing compliance of hospitals' utilization review plans, initiating administrative sanctions of providers due to disciplinary action by a professional licensing board, Medicare exclusion, repeated patterns of abuse or fraud against the Medicaid program, claims processing and maintaining reporting systems. Operations is also responsible for the program relations functions.

(E) The Planning and Budget section is responsible for preparation of the annual budget, preparation of fiscal note estimates for proposed legislation, and forecasting and monitoring Medicaid expenditures throughout the fiscal year.

(F) The Policy section is responsible for researching, developing implementing and monitoring programs that are the responsibility of the Medicaid agency.

AUTHORITY: section 208.201, RSMo Supp. 1987. This rule was previously filed as 13 CSR 40-81.005. Emergency rule filed Sept. 15, 1987, effective Sept. 28, 1987, expired Jan. 25, 1988. Original rule filed Oct. 1, 1987, effective Jan. 29, 1988. Amended: Filed July 2, 1992, effective Feb. 26, 1993.*

**Original authority: 208.201, RSMo 1987.*

13 CSR 70-1.020 Standards for Privacy of Individually Identifiable Health Information

PURPOSE: The state of Missouri, Department of Social Services, Division of Medical Services, is committed to protecting the confidentiality of protected health information of applicants and recipients of the Medical Assistance (Medicaid) Program. This rule describes how health care information about Medicaid applicants and recipients may be used and disclosed and how Medicaid recipients can get access to their personal health information.

(1) General Authority. There are many state and federal laws and regulations that safeguard applicants' and recipients' protected health information. Section 1902(a)(7) of the federal Social Security Act requires that a state plan for medical assistance must provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan. The Health Insurance Portability and Accountability Act (HIPAA) represents the first comprehensive federal protection of patient privacy (45 *Code of Federal Regulations*, parts 160–164). Passed by the United States Congress in 1996, HIPAA sets national standards to protect personal health information, reduces health care fraud, and makes health coverage more portable. The entire health care industry must implement HIPAA, including state governments.

(2) Definitions.

(A) Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law established "portability" requirements, allowing employees to "take their coverage with them" when they changed jobs. The "Administrative Simplification" section of the law deals with privacy, security of health care information, and standardized formats for electronic health care transactions (such as submission of health care claims).

(B) Protected Health Information. A term established under the HIPAA privacy rules, it refers to individually identifiable health information, in whatever medium it is transmitted or maintained (e.g., paper, electronic, or even oral), including demographic information, that is created or received by a health care provider, health plan, employer, or health care clearinghouse and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

(C) Treatment, Payment and Health Care Operations (TPO) includes all of the following:

1. Treatment means the provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.

2. Payment means activities undertaken by a health plan to obtain premiums or determine/fulfill responsibility for coverage or

provision of benefits, or by a provider or health plan to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

3. Health care operations includes functions such as quality assessment and improvement activities, case management and care coordination, reviewing competence or qualifications of health care professionals, conducting training programs, licensing and credentialing activities, underwriting, premium rating, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities (including activities relating to the sale, transfer or merger of the covered entity).

(3) Disclosures of Health Information Required or Allowed by Law. The Department of Social Services, the single state Medicaid agency, may use an applicant's or recipient's individually identifiable health information for treatment, payment, or health care operations. For example, individually identifiable health information may be used to determine disability for a public assistance program; when reviewing a request from the treating physician for a Medicaid service that requires a prior approval; and when processing claims and other requests for medical care payments. The Department of Social Services, Division of Medical Services may also report information for research purposes and matters concerning organ donations. The research must be for helping the Medicaid program. The Department of Social Services, Division of Medical Services shall report:

(A) Contagious and reportable diseases, including, but not limited to, those defined by 19 CSR 20-20.020, birth defects, cancer, or other information for public health purposes;

(B) Firearm injuries and other trauma events;

(C) Reactions to problems with medicines;

(D) To the police when required by law;

(E) When the court orders the Department of Social Services to;

(F) To the government to review how Department of Social Services programs are working;

(G) To a provider or other insurance company who needs to know if a recipient is enrolled in one of the Department of Social Services programs;

(H) To Workers' Compensation for work related injuries;

(I) Birth, death, and immunization information;

(J) To the federal government when they are looking into something important to protect our country, the President, and other government workers;

(K) Information about victims of abuse, neglect, or domestic violence to a government authority to the extent the disclosure is required by law; and

(L) Medical eligibility when that information is used for a governmental function, such as local public health agency using eligibility information to determine eligibility for local health programs.

(4) Other Uses and Disclosures Require the Applicant's or Recipient's Written Authorization. For other situations, the Department of Social Services will ask for the applicant's or recipient's or their representative's written authorization before using or disclosing information. The applicant or recipient or their representative may cancel this authorization at any time in writing. The Department of Social Services cannot take back any uses or disclosures already made with the applicant's or recipient's or their representative's authorization.

(5) Applicant or Recipient Rights to Restrict or Request Protected Health Information. An applicant or recipient or their representative has the right to:

(A) Receive private information from the Department of Social Services by other means or at another place;

(B) Have their doctor see their health information, unless it is psychotherapy notes taken by a mental health provider that are kept separate from the rest of the individual's medical record;

(C) Request a change of their medical information if they think some of the information is wrong; and

(D) Request a list of medical information the Department of Social Services shared that was not for treatment, payment, or health care operations or as required by federal law. Beginning in April 2003 an applicant or recipient or their representative can get a list of where their health information has been sent, unless it was sent for treatment, payment, checking to make sure they received quality care, or to make sure the laws are being followed, on forms prepared by the Department of Social Services.

1. If the individual requests a copy of the protected health information or agrees to a summary or explanation of such information, the covered entity may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:

A. Copying, including the cost of supplies for and labor of copying, the protected health information requested by the individual;

B. Postage, when the individual has requested the copy, or summary or explanation, be mailed;

C. Preparing an explanation or summary of the protected health information; and

D. Requests for information in other formats such as diskettes, audio/video tapes, slides, will be invoiced at the rate the agency actually paid for the format used.

AUTHORITY: section 208.201, RSMo 2000. Original rule filed Feb. 3, 2003, effective Sept. 30, 2003.*

**Original authority: 208.201, RSMo 1987.*