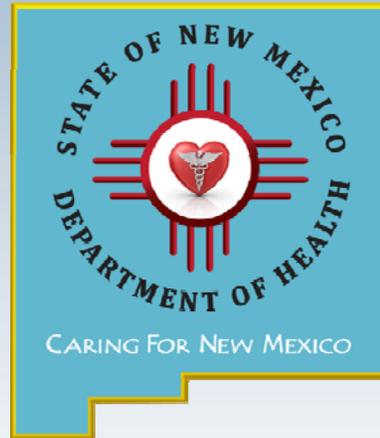


Legislative Health and Human Services Committee

August 18, 2011



New Mexico Department of Health
Catherine D. Torres, MD, Cabinet Secretary



Professional Service Contract Provider Agreement Process



The professional service contract provider agreement process begins with the release of the approved boiler plates

- April 7, 2011 – for professional service contracts
- May 20, 2011 – for provider agreements

Program Bureau Chief/Regional Director:

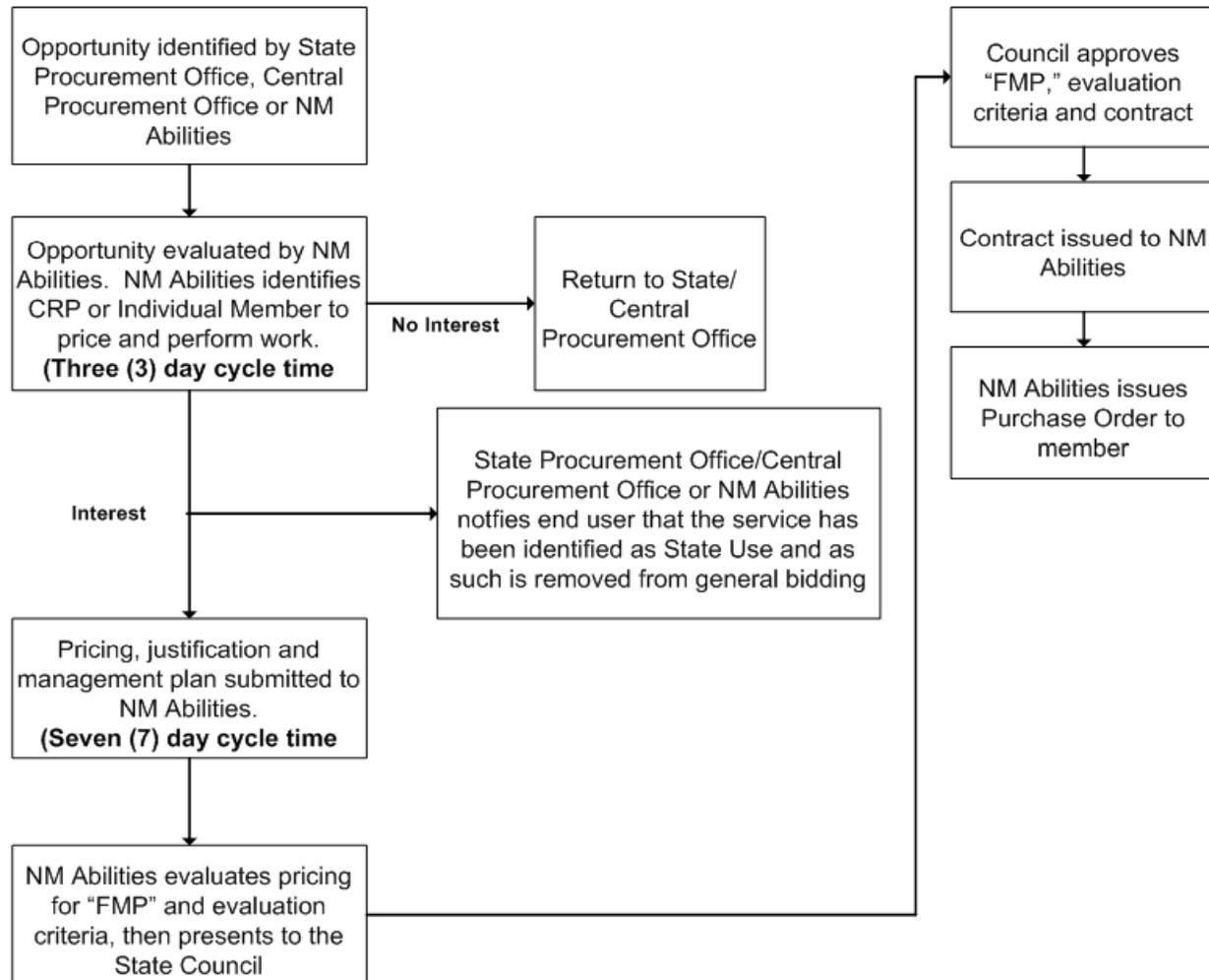
- Approves proposed Scope of Work and Budget

State Use Procurement Flow



State Use Procurement Flow

-Which CRP/Individual has the skills
 -Is the CRP staffed to perform the work
 -Can the 75% criteria be met



Professional Service Contract Provider Agreement Process



Division Contract Manager/Program Contracts Officer:

- Submit Scope of Work electronically for NM Abilities review. Pursuant to The New Mexico State Use Act (13-1C-1 NMSA 1978), all services (not goods), regardless of cost, that are not on a statewide or agency price agreement, New Mexico Abilities must be given the first right of refusal

The steps to comply are as follows:

- Prepare a scope of work
- Email scope to their website is www.nmabilities.org and inquire as to the availability of needed services based on the scope of work
- When response is received and NM Abilities can provide the services, continue with the NM Abilities' MOA boilerplate

Professional Service Contract Provider Agreement Process



or

- If NM Abilities cannot provide the service, attach documentation of NM Abilities' refusal with the contract package to DOH/ASD Contracts (3 days to respond and 7 days to justify pricing)
- Sends NM Abilities response to the Bureau Chief with NM Abilities response to the Scope of Work

A. NM Abilities not able to provide services:
program proceeds with the contract

B. NM Abilities able to provide services:
NM Abilities submits proposal for services. Division Contract Officer will contact Program Manager with NM Abilities MOA procedures

Professional Service Contract Provider Agreement Process



Program Contract Officer:

- Obtains agreement number and puts Scope of Work, compensation and term into approved boilerplate
- Submits to Division Contract Manager for review:
 - a) Boilerplate agreement for review
 - b) Approved requisition
 - c) HIPPA/HITECH Business Associate Agreement (if contractor will have access to PHI and is not already a covered entity)

Professional Service Contract Provider Agreement Process



Program Contract Officer:

- Obtains signature from the vendor on the contract agreement. When contract agreement is then received back from the vendor with signature, the contract agreement is then sent to the Division Contract Officer with the following:
 - Three (3) original signed contracts (Contractor & TRD signature)
 - Approved requisition
 - Copy of the contract module (SHARE)
 - DFA Contract Brief

Professional Service Contract Provider Agreement Process



Program Contract Officer:

- Performance Measures (must include the page(s) of the agency's strategic plan which are cited in the contract's performance measures section)
- Contract Certification Form
- Campaign Contribution Form
- HIPPA/HITECH Business Associate Agreement (if applicable)
- Copy of NM Abilities e-mail in response declining the opportunity to the Scope of Work

Professional Service Contract Provider Agreement Process



Division Contract Officer:

- Submits the contract package to ASD/Contracts for **routing and approval of the remaining** signatures

ASD/Contracts:

- Reviews contract package and sends three (3) copies of contract to Office of General Counsel for legal sufficiency and signature

Professional Service Contract Provider Agreement Process



ASD/Contracts

- Upon return from the Office of General Counsel, ASD/Contracts then submits three (3) copies of the contract to the Office of the Secretary for the Cabinet Secretary's review, approval and signature
- ASD/Contracts then submits complete contract package to DFA Contracts Review Bureau for final review and approval
- ASD/Contracts receives approved contract agreements from DFA Contracts Review Bureau then distributes copies back to Divisions

Contracts Funded in FY11 and not in FY12



- **Public Health Division: 85 Contracts**
 - **35** for School–Based Health Centers managed by schools, needed to fund through non-school entity
 - FERPA and HIPAA protect the privacy of students’ personal information

Family Educational Rights and Privacy Act of 1974 (FERPA)



- FERPA protects the privacy of students' personal information held by "educational agencies or institutions" that receive federal funds under programs administered by the U.S. Secretary of Education
- School-based health programs, funded, administered and operated by or on behalf of a school or educational institution are subject FERPA. In this instance, health care provider's records are considered "education records" even if those services are funded by a grant from an outside agency
- Health records maintained by school health personnel, including school nurses, counselors and social worker are considered education records

Family Educational Rights and Privacy Act of 1974 (FERPA)



- Absent written consent from the parent, only “school officials with legitimate educational interest” can directly access students’ education records
- Parental permission is not required when student health information is disclosed for educational purposes within the district
- A school health provider working under FERPA cannot disclose information to any other health provider working with a student for purposes of treatment or referral, including professionals operating in and outside the school, without a signed release

Family Educational Rights and Privacy Act of 1974 (FERPA)



- Under FERPA, parents have the right to access all records subject to FERPA, including those that contain documentation of a referral for health services that the minor has a right to receive confidentially under federal or state law (or both in the case of treatment for drugs and alcohol)

Health Insurance Portability and Accountability Act (HIPAA)



- HIPAA applies to “covered entities,” including health care providers who engage in electronic transactions, health plans, and health care clearinghouses. The requirements of HIPAA are detailed in three sets of regulations known as the Transaction Rule, the Privacy Rule and the Security Rule
- School-based clinics sponsored by hospitals and other community agencies, and private schools that do not receive federal funds are considered HIPAA-covered entities if they electronically transmit student health data and thus are subject to the Privacy and Security Rules, as well as the Transaction Rule (ie, SBHCs transmit data electronically for Medicaid/commercial insurance reimbursement)

Health Insurance Portability and Accountability Act (HIPAA)



- The term “authorization” in HIPAA is consistent with the meaning of “consent” under FERPA. HIPAA does not require authorization for the exchange of personally identifiable information among health care providers for treatment purposes, payment, or health care operations
- A HIPAA covered provider may, without authorization, talk directly with a school therapist, nurse, or health aide about treatment order for health care in school
- When school officials request student health information from a HIPAA covered entity for education reasons other than treatment reasons, these entities require HIPAA compliant authorizations be signed by the parent and/or student

Health Insurance Portability and Accountability Act (HIPAA)



- HIPAA defers to state laws regarding minor consent-to-treatment statutes, but FERPA does not
- When a qualified minor gives informed authorization to allow information from a HIPAA-covered entity to be released to the school district, the minor students must understand that, under FERPA, parents will have the right to access that information IF it becomes part of the student's education record

Contracts Funded in FY11 and not in FY12



- **Public Health Division: 85 Contracts**
 - **35** for School–Based Health Centers managed by schools, needed to fund through non-school entity
 - **39** for tobacco cessation – 3 new RFPs released for this funding and awardees not yet determined
 - **2** Diabetes – Tobacco Settlement Revenue cut
 - **2** Harm Reduction – One vendor did not respond to RFP, other vendor was not recommended for funding based on RFP review

Contracts Funded in FY11 and not in FY12



- **Public Health Division: 85 Contracts (continued)**
 - **2** Immunizations – ARRA funding ended, poor performance by other vendor
 - **2** Hepatitis – Vendors chose not to continue
 - **2** STD (Syphilis) – Program changed strategy away from contracting with providers to screen patients for syphilis to enhanced case investigation
 - **1** Oral Health – held back due to potential loss of block grant funding

Children's Medical Services



Goals:

- Prevent disability and death through safety net medical care and care coordination services
- Reduce hospitalizations and Emergency Room overuse

Serves: Children and Youth with Special Health Care Needs

Provides:

- Medical services and care coordination for medically fragile children, statewide specialty clinics for clients with cleft lip and palate, asthma, diabetes, neurology, renal, genetics, and metabolic diseases, high risk medical insurance for children with high cost illnesses such as cancer, heart disease, renal failure, cystic fibrosis
- Newborn genetic screening, newborn hearing screening, birth defects surveillance

Children's Medical Services Provider Agreements



- Total number of provider agreements: 685 with 869 providers
- Total number of contracts: 18
- Contracts funded in FY11 but not funded in FY12: 0
- Issues/concerns regarding contracts:
 - Signing provider agreement is new for providers in the last 2 years
 - Some providers have refused to sign them

Immunization Program



Goal:

- Immunize age-appropriately 90% of all children and at-risk adults

Serves: Over 500,000 NM children 0 through 18 years of age; 70,000 high risk adults for influenza (through public health offices)

Provides:

- All ACIP-recommended vaccines for children
- Hepatitis, Tdap, Influenza and Pneumococcal vaccines for high risk or uninsured adults (limited supplies dependent on available funds)
- Informational resources on vaccine safety, vaccine administration, ways to improve vaccine rates in provider offices, trainings, and where to get vaccines

Immunization Contracts



- Total number of provider agreements: 0
- Total number of contracts: 14
- Contracts funded in FY11 but not funded in FY12: 2
 - Vendor(s): 2 individual trainers
 - One due to ARRA funds ending
 - One due to poor performance
- No issues/concerns regarding contracts

Tuberculosis Program



Goals:

1. Prevent exposure and transmission of tuberculosis (TB)
2. Successfully treat those with TB disease

Serves: Any person in NM with a positive TB skin test or TB signs/symptoms (51 active cases and 300+ positive TB tests in calendar year 2010)

Provides:

- Extensive Contact Investigations for people in contact with active TB cases
- Identifies and treats promptly, suspected and confirmed cases of TB
- Preventive therapy for those exposed to TB
- Directly observed therapy - medication treatment - for Latent or Active TB patients

TB Contracts



- Total number of provider agreements: 34
- Total number of contracts: 4
- Contracts funded in FY11 but not funded in FY12: 0
- No issues/concerns regarding contracts

Opiate Replacement Treatment Program with Suboxone



Goals:

- Comprehensive harm reduction services
 - Syringe exchange
 - Overdose prevention with Narcan
 - Suboxone
- Increase access to addiction services for persons with opiate dependency, especially with heroin & prescription painkillers and among persons recently released from jail or prison

Serves: Over 200 clients per month with estimated 90% at or below federal poverty level at two Public Health Offices

Opiate Replacement Treatment Program with Suboxone



Provides:

- Medication assisted treatment, laboratory baseline/ monitoring
- Behavioral counseling/therapy, 12-step programs, SMART Recovery meetings and supportive services by referral

Cost of suboxone: ~\$12/day

Cost/Benefit:

- \$10,920 per client per year vs \$30,000 cost of NM incarceration per inmate per year

Location: Public Health Addiction Services in Las Cruces & Albuquerque

Opiate Replacement Treatment Contracts & Agreements



Albuquerque

- Provider agreement with Duran Pharmacy for \$75K and a professional services contract with a part-time licensed-master of social work (LMSW) for \$45K

Las Cruces

- MOA with the Doña Ana Detention Center for comprehensive clinical preventive services and substance use disorder (SUD) services in the facility
- Region 5 has provider agreement of \$5K with El Paseo Pharmacy to offer limited medication assistance for uninsured and low income patients

Opiate Replacement Treatment Contracts & Agreements



Both Sites

- The Infectious Disease Bureau / Hepatitis Program has a provider agreement of \$15K with SED Laboratories to provide baseline testing and laboratory monitoring

Suboxone Contracts



- Total number of Provider agreements: 3
- Total number of contracts: 1
- Contracts funded in FY11 but not funded in FY12: 1

Vendor(s): Murphy (vendor chose not to continue)

- Any issues/concerns regarding contracts: wrap-around services needed by these clients is an unmet need, dependent upon county and/or providers to deliver these services in-kind
- Bernalillo County is not providing funding for Suboxone this year