

## Public Health Communicable Disease Reporting Laws: Managed Care Organizations' Laboratory Contracting Practices and their Implications for State Surveillance and Reporting Statutes

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### *Analysis of Contractual Provisions Related to Public Sector Managed Care Organizations' Public Health Duties and Activities Regarding Communicable Disease Control*

D. Richard Mauery, MPH, DrPH (Cand.)  
Brian Kamoie, JD, MPH  
Sarah C. Blake, MA  
Jeffrey Levi, PhD

#### ***Background and Overview***

##### *The Influence of Public Sector Managed Care Contracting Practices and Its Importance to Public Health*

This report, prepared for the U.S. Centers for Disease Control and Prevention by the GWU Center for Health Services Research & Policy (CHSRP), presents findings from analyses of contractual specifications related to public sector managed care contractors' duties and activities related to public health surveillance and education activities for communicable disease control, specifically HIV/AIDS, sexually transmitted diseases, and tuberculosis.

Over 200 million Americans are covered by some form of health insurance, primarily in the private sector. In the public sector, according to mid-2002 data published by the DHHS Centers for Medicare and Medicaid Services (CMS), 47 states (the exceptions being Alaska, Mississippi, and Wyoming), the District of Columbia, and Puerto Rico have enrolled 23 million Medicaid-eligible persons in some form of managed care organization (MCO) for the financing and delivery of their health care, involving 57.6 percent of just over 40 million Medicaid-eligible children and adults.<sup>1</sup> CMS also reported that in 2002, 37 States enrolled an additional 5.3 million children in their SCHIP plans, of which 1.3 million were in SCHIP programs created as Medicaid

<sup>1</sup> Centers for Medicare and Medicaid Services, DHHS. In some States, Medicaid managed care enrollment is voluntary and in others it is mandatory. Detailed information regarding managed care enrollment in Medicaid by state is available at <http://www.cms.gov/medicaid/managedcare/mmcsc02.asp>

# Report

expansions and 4.0 million were in separate SCHIP plans.<sup>2</sup> As of 2002, Medicare provided coverage for 40.4 million elderly and/or disabled persons, of whom nearly 5 million were enrolled in the Medicare+Choice managed care program.<sup>3</sup>

Finally, private sector health insurance is the largest source of coverage for the financing and delivery of health services for the majority of Americans under age 65, covering 173 million people in 2000.<sup>4</sup>

Public sector managed care contracts for persons enrolled in programs such as Medicaid and SCHIP exert a profound influence over access to health care services for nearly 50 million Americans. As noted by the Institute of Medicine in 1997, a variety of socioeconomic factors, including poverty, health insurance coverage, and access to health care, may contribute to the risk of low-income people contracting communicable diseases such as STDs.<sup>5</sup> In addition, effective population-based communicable disease control is founded on: 1) the ability of public health officials to engage in prompt disease interventions at the level of an individual person with a disease; and 2) the ability of health departments to obtain complete and timely reports of incident cases of diseases so that accurate surveillance can be conducted to monitor trends in spread of disease in communities. Achieving an understanding of how generally or specifically these contracts that delineate their health care services are crafted, particularly in regard to diseases and conditions of public health significance, is the goal of this phase of our research.

The business of health insurance is a contractually-driven enterprise. Contracts between purchasers (e.g., employers, State Medicaid, and SCHIP agencies) and health insurer organizations such as MCOs are essential legal documents that define the level and scope of health benefits to be provided to enrollees such as employees and Medicaid and SCHIP beneficiaries. In addition, contracts delineate the mutual and discrete responsibilities of purchasers, MCOs, providers, enrollees, and sometimes public health agencies, as to how, when, where, and by whom covered health services are to be delivered and at what cost. The adage “What gets measured gets done” is predicated on having services contractually defined in the first place. The extent to which contractual requirements are written in general or specific terms reflects the level of attention purchasers accord to particular health services.

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<sup>2</sup> Centers for Medicare and Medicaid Services, DHHS. “Fiscal Year 2002 Number of Children Ever Enrolled in SCHIP – Preliminary Data Summary.” Available at: <http://www.cms.gov/schip/schip02.pdf>.

<sup>3</sup> Centers for Medicare and Medicaid Services, DHHS. “Medicare and Prepaid Enrollment Distribution by State, 2002.” Available at: <http://www.cms.gov/researchers/pubs/datacompendium/2002/02pg7677.pdf>. An analysis of Medicare contractual provisions is beyond the scope of this report.

<sup>4</sup> National Center for Health Statistics, U.S. Centers for Disease Control and Prevention. *Health, United States, 2002*. Table 127: Private Health Insurance Coverage Among Persons Under 65 Years of Age, According to Selected Characteristics: United States, Selected Years 1984-2000. Available at: <http://www.cdc.gov/nchs/data/hus/tables/2002/02hus127.pdf>.

<sup>5</sup> Institute of Medicine. (1997). *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Eng, TR and Butler WT, eds. National Academy Press. Page 73. Available at <http://books.nap.edu/books/0309054958/html/R1.html#pagetop>.

## *Research Methods*

This phase of our research project is focused on ascertaining to what extent public sector managed care contracts reflect state public health HIV/AIDS/TB/STD reporting laws and regulations, whether they require inclusion of state and/or local public health laboratories in their provider networks, to what extent they contain references to standards for screening for HIV/AIDS, STDs, and TB, and whether such standards are linked to performance measurement requirements. We also searched for specifications related to types of reimbursement mechanisms for communicable disease services, as well as references to tests used for population-based public health disease surveillance.

The sources for these contract analyses included the Center for Health Services Research and Policy's (CHSRP) online databases of all State Medicaid managed care contracts (MMCs), State Child Health Insurance Program (SCHIP) contracts, and Primary Care Case Management (PCCM) contracts in effect from 1998 – 2000.<sup>6</sup> The Medicaid managed care contract database for 1998 contains 52 contracts representing 39 States and the District of Columbia that were in effect as of the beginning of 1998. The Medicaid managed care contracts for 2000 represented 41 States and the District of Columbia with an additional 17 SCHIP contracts representing 15 states that were in effect as of May 2000. For this study we reviewed all contract documents in the CHSRP databases, which represent all known contract documents in existence at the time of data collection (1998-2000).<sup>7</sup> We also reviewed a convenience sample of 13 state employee benefit contracts that were in effect in 2000 on file at CHSRP (Wisconsin, Maryland (general medical and behavioral), Maine, Ohio, Arkansas (general medical and behavioral), California, New York (behavioral), Minnesota, Iowa, Virginia, and Colorado). These contracts can be thought of as closely resembling those used by private sector employer purchasers.

## *Limitations of Study*

The primary sources of data used for this research consisted of all known contracts between State Medicaid and SCHIP agencies and MCOs during the period 1998 – 2000. As such, they reflect findings at a specific point in time and may not necessarily hold true for contracts entered into after this period but not available in the CHSRP databases. Also, since they were contracts representing health coverage for beneficiaries of public sector programs, the findings cannot necessarily be extrapolated to apply to private sector contracts. Although we report findings on a small convenience sample of 13 contracts used for health insurance coverage for State employees (which can share many of the same characteristics of private sector managed care contracts used by employer purchasers), the small sample size of these State employee benefit contracts merits caution in extending these findings beyond that sample.

## *Summary of General Findings*

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<sup>6</sup> Available at <http://www.gwhealthpolicy.org>. Note that SCHIP and PCCM contracts are available only for the 4<sup>th</sup> edition of *Negotiating the New Health System*.

<sup>7</sup> Detailed information regarding data collection and analysis of the contracts databases maintained for *Negotiating the New Health System* can be found at: <http://www.gwu.edu/%7Echsrp/3rd-Edition/appb2.htm>.

Tables 1, 2, and 3 present summaries of the frequencies of these contract mentions by State and contract source. Appendices A, B, and C contain the relevant contractual language excerpts associated with the three tables. (Since the 3<sup>rd</sup> edition of *Negotiating the New Health System* may not represent a State's latest contract, the appendices contain language excerpts from the 4<sup>th</sup> edition, the most recent information available in the CHSRP databases.)

We identified 14 States which, in their 4<sup>th</sup> edition Medicaid managed care (and to a much lesser extent their PCCM and SCHIP) contracts contain at least one mention of communicable disease reporting duties that are imposed on MCO contractors and their providers. Thus, less than a third of States with Medicaid managed care, PCCM, or SCHIP contracts address these issues. There are 10 comparable contract mentions in the 3<sup>rd</sup> edition of *Negotiating the New Health System*. The SCHIP and PCCM contracts contain only a few public health related specifications.

Of the 13 state employee benefit contracts, only the California contract contained a reference to use of the U.S. Preventive Services Task Force's *Guide to Clinical Preventive Services* periodicity guidelines for Hepatitis B immunization and Chlamydia screening. Aside from this mention, none of the state employee benefit contracts contained any references to public health reporting and education duties related to STDs, HIV/AIDS, or TB required by contractors.

Following presentation of specific findings for each of our analytical domains of the contracts, we end this report with conclusions and implications for public health practice and future research.

### ***Specific Findings***

The tables with contract frequency mentions are conceptually related as regards communicable disease reporting duties. Table 1 addresses contractual language regarding which communicable diseases (both in general and specifically) must be reported by MCOs and/or their contracted providers. Table 2 addresses contractual language wherein specific State laws or regulations are cited as the basis for imposing a reporting duty as well as language that specifies to which public health organization notifiable disease reports are to be sent. Table 3 addresses contractual requirements for provider network (e.g., requirements to include a State public health laboratory in an MCO network), standards of care, requirements for reporting drug-resistant cases of STDs or TB, reimbursement issues, and required health education activities (e.g., HIV counseling and testing).

#### Table 1: Requirements for MCOs and Their Contracted Providers to Report Cases of Communicable Diseases

##### *MCO Reporting Requirements*

Table 1 presents the frequency of contract specifications that require MCOs to report cases of HIV, AIDS, STDs, TB, Hepatitis B, and any other communicable diseases and/or require that MCOs ensure that their contracted providers report such cases. The relevant contractual language is found in Appendix A.

There are 15 contracts representing 14 States that contain a general requirement to report notifiable diseases. Ten of these 15 contracts require reporting of TB, six of which require that MCOs ensure that their contracted providers report such cases and four contracts require MCOs themselves to report. Nine contracts require reporting of HIV/AIDS (seven for HIV and two for AIDS) and seven contracts require reporting of STDs. Two contracts require reporting of Hepatitis B by MCOs.

The South Carolina MMC contract imposes the following reporting duties on MCOs for HIV, STD, and TB case reporting:

4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases: The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service... Specifically, for all diseases reportable by health care workers, reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories. **South Carolina Medicaid Managed Care Contract, page 22.**

For disease control purposes,<sup>8</sup> it should be noted that requiring reporting of communicable diseases by MCOs can serve as a means of centralizing reporting on behalf their contracted providers, thus expediting the ability of health departments to conduct population-based surveillance to identify potential clusters of diseases. Some MCOs perform this reporting as a convenience for their providers, even when not statutorily required by the State.<sup>9</sup>

A recent CDC study of three large MCO STD reporting practices found that while completeness of reporting of Chlamydia and gonorrhea infections by MCOs was high (78%-98% of Chlamydia cases and 64%-80% of gonorrhea cases), timeliness of reporting ranged from a median of 6 to 19 days.<sup>10</sup> The authors attributed this time lag to a variety of possible factors, including specimen transport and processing times, transmission of reports using regular mail, record-keeping, and data processing times, among others. (There are no formal standards for what constitutes “promptness” of reporting. Preferred timelines vary depending on which disease is involved and its stage of infectivity and/or latency at time of detection. The maxim “the earlier the better” in regards timeliness of reporting is applicable for all communicable disease control activities. The CDC has

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<sup>8</sup> On July 27, 2001, the CDC published updated guidelines for evaluating public health surveillance systems that include definitions of completeness, accuracy, and timeliness of reporting of communicable diseases. See: Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group. *MMWR* 2001; 50(No. RR-13).

<sup>9</sup> Personal communication. Kathleen Irwin, MD, MPH, U.S. Centers for Disease Control and Prevention. May 22, 2003.

<sup>10</sup> Stiffman M, Carr P, Yokoe D, et al. (2002). Reporting of laboratory-confirmed Chlamydial infection and gonorrhea by providers affiliated with three large managed care organizations – United States, 1995-1999. *CDC MMWR Weekly*. March 29, 2002/51(12):256-9.

recently been evaluating seven days as a maximum desirable timeframe for reporting from the date of laboratory specimen testing, particularly for syphilis.)<sup>11</sup> The authors of the recent CDC study suggested that timeliness of reporting (which facilitates prompt disease control activities such as outbreak detection, early treatment intervention, contact tracing, and partner notification) could be enhanced if MCOs collaborated with State health departments to develop confidential electronic data transfer systems to transmit test results.<sup>12</sup>

### *Contracted Provider Reporting Requirements*

Contractual language that requires MCOs to ensure that their contracted providers report communicable diseases (10 contracts) occurs more frequently than MCO reporting requirements (seven contracts). State and local public health laws and regulations require providers to report communicable diseases to state and local health departments in order to expedite prompt disease control activities at the individual patient level as well as to conduct population-based disease surveillance and control. (See “Table 3, Provider Network Requirements” below for contract language regarding the roles of public and private sector laboratories in MCO provider networks.) The Texas MMC language regarding TB, STDs, and HIV is among the most comprehensive and specific in regards to MCOs ensuring that their contracted providers not only report but also coordinate patient care with public health department disease control activities. This includes referring MCO members’ partners and contacts (if they are not already members of the MCOs) to the local public health department for testing and treatment.

#### 6.12 TUBERCULOSIS (TB)

6.12.2 Reporting and Referral. HMO must implement policies and procedures requiring providers to report all confirmed or suspected cases of TB to the local TB control program within one working day of identification of a suspected case.

6.12.4 Coordination and Cooperation with the Local TB Control Program. HMO must coordinate with the local TB control program to ensure that all Members with confirmed or suspected TB have a contact investigation and receive Directly Observed Therapy (DOT). HMO must require, through contract provisions, that providers report any Member who is non-compliant, drug resistant, or who is or may be posing a public health threat to TDH or the local TB control program. HMO must cooperate with the local TB control program in enforcing the control measures and quarantine procedures contained in Chapter 81 of the Texas Health and Safety Code.

6.12.4.1 HMO must have a mechanism for coordinating a post-discharge plan for follow-up DOT with the local TB program.

6.12.4.2 HMO must coordinate with the TDH South Texas Hospital and Texas Center for Infectious Disease for voluntary and court-ordered admission, discharge plans, treatment objectives and projected length of stay for Members with multi-drug resistant TB.

6.12.4.3 HMO may contract with the local TB control programs to perform any of the capitated services required in Article 6.12. Texas Medicaid Managed Care Contract, pages 47-48.

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#### 6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

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<sup>11</sup> Personal communication. Kathleen Irwin, MD, MPH, U.S. Centers for Disease Control and Prevention. September 10, 2003.

<sup>12</sup> *Ibid.*

6.15.5 HMO must require providers to report all confirmed cases of STDs, including HIV, to the local or regional health authority according to 25 Texas Administrative Code.  
6.15.6 HMO must coordinate with the TDH regional health authority to ensure that Members with confirmed cases of syphilis, chancroid, gonorrhea, chlamydia and HIV receive risk reduction and partner elicitation/notification counseling...HMO may contract with local or regional health authorities to perform any of the covered services required...  
6.15.8.3 Partner Referral and Treatment. Members who are named as contacts to an STD, including HIV, should be evaluated and treated according to HMO's protocol...HMO's providers must coordinate referral of non-Member partners to local and regional health department STD staff. **Texas Medicaid Managed Care Contract, pages 51-52.**

## Table 2: References to Public Health Reporting Laws and Reporting Entities

### *References to Public Health Reporting Laws*

Table 2 presents the frequency of contract specifications that include references to State public health laws, communicable disease regulations, State health department standards, and public health reporting entities. The relevant contract language excerpts are contained in Appendix B. By far, the largest majority of contracts (nine) cite specific State public health laws as the basis for requiring reporting of communicable diseases such as HIV/AIDS, STDS, TB, and Hepatitis B.

In one case, the references are to State laws in general without a specific statutory citation, as seen in the California excerpt:

#### 6.5.12.4 Reporting Procedures

The Contractor will implement and maintain a procedure for reporting infectious diseases to public health authorities as required by State law. California Medicaid Managed Care Contract, page 104.

Nine of the contracts reference communicable disease reporting requirements with a citation to a specific State law or statute, as seen in South Carolina:

#### 4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases

The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service...

Specifically, for all diseases 'reportable by health care workers,' reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." **South Carolina Medicaid Managed Care Contract, page 22.**

### *Public Health Reporting Entities*

As previously mentioned, reporting of communicable diseases directly to local health departments helps to facilitate rapid public health responses for effective disease control measures such as early prevention and treatment interventions that include contact tracing and partner notification. Eight contracts, the largest number in this category, require reporting to local health departments. Alabama's MMC contract refers to

reporting of TB and STDs with a reference of the need for MCOs to refer such cases to the local health department for free treatment:

Section Five: PMP Functions and Duties...

To report to the local public health department notifiable diseases and cooperate with the investigation and follow-up or reported cases. Cases or suspect case of tuberculosis should be reported to the local health department so that their clinical management can be coordinated by the health department and preventive outreach measures can be assured. Similarly, case and suspect cases of sexually transmitted diseases should be reported to the local health department so that partner notification and control activities can be initiated. Diagnostic and treatment services for tuberculosis and sexually transmitted diseases are without cost to the health department patients. **Alabama PMP, page 11.**

Table 3: Provider Network Requirements, Standards of Care, Reporting of Drug Resistant STDs and TB, Reimbursement Issues, and Required Health Education Activities

*Public Health Lab Required to be in Provider Network*

Three contracts require that Medicaid managed care contractors include public health laboratories in their provider networks. Appendix C contains the contract language excerpts relevant to Table 3. Rhode Island's contract requires that test specimens for HIV and TB be submitted to the State Department of Health laboratory for analysis. It authorizes MCO contractors to negotiate fees directly with this laboratory. Nebraska's contract requirement to use State-designated laboratories is qualified with the phrase "whenever possible." West Virginia's MMC contract has the most specific language referring to a State law requirement for the use of its Bureau for Public Health laboratories for the State's regulatory list of reportable diseases (which includes STDs, TB, and HIV/AIDS):

3.6.7 Bureau for Public Health Laboratories

The MCP is required by law to use Bureau for Public Health Laboratories for certain cases (e.g., metabolic testing for newborns, rabies), and the Bureau for Public Health Laboratories is required to perform tests, including those mentioned under core services above, on MCP members for public health purposes. In addition, all laboratories contracted by MCPs who have positive findings of certain reportable diseases under the Reportable Disease Rule in category I, II and IV (see Appendix I) must submit an isolate, serum specimen or other designated material to the Office of Laboratory Services (OLS) for confirmation or other testing needed for epidemiological surveillance." **West Virginia Medicaid Managed Care RFA, page 23-24.**

This type of requirement facilitates the ability of State public health officials to perform population-based epidemiological surveillance by conducting confirmatory tests on positive isolates of communicable disease testing samples. While this language helps to ensure completeness of reporting with confirmatory testing, the issue of timeliness is not addressed since there are no defined contractual timelines for reporting or submission of isolates. Experts have also noted that operationalizing this requirement for submission of confirmatory<sup>13</sup> isolates may present logistical difficulties. First, it is not clear from a

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<sup>13</sup> Personal communication. Kathleen Irwin, MD, MPH, U.S. Centers for Disease Control and Prevention. May 22, 2003.



specimen collection point of view whether the clinician drawing a sample must collect (and charge for) two specimens, one to be sent to usual laboratory and one to be sent to the State laboratory. The potential added expense and logistical obstacles may reduce compliance with these requirements. Second, if the specimen is collected for nucleic acid amplification tests (NAAT), the laboratory will not have the right kind of endocervical or urethral swab specimens to be used on a gonococcal culture test, which are needed to do drug-resistance testing. Many state and commercial labs are losing capacity to do culture tests and resistance testing because they have switched to NAAT tests. If implementing this requirement is complex or more expensive for either of these reasons, that increases the chances that it will not be done at all, creating an ineffective mandate.

### *Requirements for Other Laboratories*

Four contracts contained references to MCO duties regarding non-public health laboratories in their networks. In two States (West Virginia and Wisconsin), MCOs are required to ensure that all contracted laboratories in their networks comply with communicable disease reporting requirements, as shown in the contract examples below. The Wisconsin MMC language regarding reporting of communicable diseases is notable for its requirement that MCOs ensure that “each laboratory subcontracted or otherwise affiliated” report cases of communicable diseases to the local health department, with cases of HIV infection being reported directly to the State epidemiologist. The contract cites the statutory bases for such reporting as well as who must report within 24 hours of a diagnosis.

The Missouri contract requires MCOs to submit a list of their contracted laboratories to the State health department, and the South Carolina contract notes that clinical providers have a duty to report, regardless of whether laboratories are required to report a particular disease or condition. None of the contracts explicitly addressed the issue of MCOs contracting with out-of-state laboratories.

#### 3.6.7 Bureau for Public Health Laboratories

The MCP is required by law to use Bureau for Public Health Laboratories for certain cases (e.g., metabolic testing for newborns, rabies), and the Bureau for Public Health Laboratories is required to perform tests, including those mentioned under core services above, on MCP members for public health purposes. In addition, all laboratories contracted by MCPs who have positive findings of certain reportable diseases under the Reportable Disease Rule in category I, II and IV (see Appendix I) must submit an isolate, serum specimen or other designated material to the Office of Laboratory Services (OLS) for confirmation or other testing needed for epidemiological surveillance. **West Virginia Medicaid Managed Care RFA, page 23-24.**

REPORTING OF COMMUNICABLE DISEASES - As required by Wis. Stats. 252.05, 252.15(5)(a)6 and 252.17(7)(9b), Physicians, Physician Assistants, Podiatrists, Nurses, Nurse Midwives, Physical Therapists, and dietitians affiliated with a Medicaid HMO shall report the appearance, suspicion or diagnosis of a communicable disease or death resulting from a communicable disease to the Local Health Department for any recipient treated or visited by the provider. [...] Such reporting shall be made within 24 hours of learning about the communicable disease or death or as specified in Wis. Admin. Code - HFS 145.04, Appendix A. Charts and reporting forms on communicable diseases are available from the Local Health Department. Each laboratory subcontracted or otherwise affiliated with the HMO shall report the identification or suspected identification of any communicable

disease listed in Wis. Admin. Rules 145, Appendix A to the local health department; reports of HIV infections shall be made directly to the State Epidemiologist. **Wisconsin Medicaid Managed Care Contract, page 38.**

*Standards of Care for Screening for HIV/AIDS, STDs, and TB*

Three contracts cited standards that should be used for screening and/or treating communicable diseases. As previously mentioned, the California State Employees contract cited the U.S. Preventive Services Task Force Guide to Clinical Preventive Services (2<sup>nd</sup> Edition) for Hepatitis B vaccination, chlamydia screening for adolescent females, and STD screening for adults.

The Missouri Medicaid managed care contract contains the most specific language regarding care standards for STDs, TB, and HIV/AIDS as seen in the excerpt below. Screening and treatment of these diseases are required to be carried out using standards such as “current Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines and US Department of Health and Human Services Chlamydia Control Project Screening Criteria, current CDC HIV Counseling, Testing, and Referral Standards and Guidelines, and current CDC/American Thoracic Society Guidelines: Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children.” While treatment guidelines are specified for STDs and TB, the contract, however, does not require the use of current HIV treatment guidelines, only those for HIV screening and testing. The use of the word “current” is important here since these guidelines are subject to revision and update as the professional consensus on effective screening and treatment methods changes over time.

Sexually transmitted diseases (STD)

Services shall include: ...

(a) All sexually transmitted disease services including screening, diagnosis, and treatment. Plan providers shall follow current Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines and US Department of Health and Human Services Chlamydia Control Project Screening Criteria, or their equivalent. The State of Missouri Director of the Department of Health shall provide the plan's medical director with copies of current protocols and guidelines upon contract award or at any time upon request.

[...]

(b) Human immunodeficiency virus (HIV) services including screening and diagnostic studies. Plan providers shall use current CDC HIV Counseling, Testing, and Referral Standards and Guidelines or their equivalent. The Director of the Department of Health shall provide the plan's medical director with copies of current guidelines upon contract award or at any time upon request.

[...]

Tuberculosis

Services shall include: ...

(3) Screening, diagnosis, and treatment of tuberculosis....

(c) Tuberculosis services including screening, diagnosis, and treatment. Plan providers shall follow current CDC/American Thoracic Society Guidelines: Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children, or their equivalent, including the use of Mantoux PPD skin test to screen for tuberculosis. The Director of the Department of Health shall provide the plan's medical director with copies of current guidelines upon contract award or at any time upon request.

**Missouri Medicaid Managed Care RFP, pages 58-59.**

### *Standards of Care Linked to Performance Measures*

We found no contracts where the use of standards of care for HIV/AIDS, STD, or TB screening and treatment were linked to performance measures. Thus, in examining contract language that defines the processes of monitoring contractor performance and in conducting quality assurance activities, we found no contractual language indicating that purchasers reward or penalize MCO contractors for adhering, or failing to adhere, to screening and/or treatment standards. Within the scope of this study, we examined the contracts only for performance measure linkages to standards of care for screening and treatment of HIV/AIDS, STDs, and TB. Other issues, such as meeting reporting standards, inclusion of public health laboratories in provider networks, and conducting communicable disease education activities were not examined in the context of performance measurement systems.

### *Requirements for Reporting of Drug-Resistant STDs or TB*

The emergence of drug-resistant strains of STDs and TB has prompted many public health agencies to implement special surveillance programs to monitor their prevalence and incidence. We found only two contracts that made reference to such diseases, the Texas and West Virginia Medicaid managed care contracts. The Texas contract cites requirements for multi-drug resistant TB, including the ability of MCOs to contract with local TB control programs, and the West Virginia contract cites drug-resistant *Neisseria gonorrhoea*.

6.12.4 Coordination and Cooperation with the Local TB Control Program. HMO must coordinate with the local TB control program to ensure that all Members with confirmed or suspected TB have a contact investigation and receive Directly Observed Therapy (DOT). HMO must require, through contract provisions, that providers report any Member who is non-compliant, drug resistant, or who is or may be posing a public health threat to TDH or the local TB control program. HMO must cooperate with the local TB control program in enforcing the control measures and quarantine procedures contained in Chapter 81 of the Texas Health and Safety Code.

6.12.4.1 HMO must have a mechanism for coordinating a post-discharge plan for follow-up DOT with the local TB program.

6.12.4.2 HMO must coordinate with the TDH South Texas Hospital and Texas Center for Infectious Disease for voluntary and court-ordered admission, discharge plans, treatment objectives and projected length of stay for Members with multi-drug resistant TB.

6.12.4.3 HMO may contract with the local TB control programs to perform any of the capitated services required in Article 6.12. **Texas Medicaid Managed Care Contract, pages 47-48.**

### *Coordination of Reimbursement Issues Addressed for Communicable Disease Services*

Four MMC contracts contain references to how contractors are expected to coordinate reimbursement issues with public health entities for the provision of communicable disease services. These typically refer to how State public health laboratories and local health departments are to be paid when their services are used by or on behalf of

managed care enrollees. Rhode Island's MMC contract is the only one that addresses laboratory reimbursement issues by stating that contractors shall negotiate fees for processing of HIV and TB specimens at the State reference laboratory directly with that laboratory.

The Alabama MMC contract specifies that TB and STD services provided to MCO patients referred to a local health department are without cost to the patients. While not charging for these services eliminates a potential barrier to accessing them, the State may be paying twice for them, once as a covered benefit in the MMC contract and again through financing provided to the local health department. This can provide an undesirable incentive for MMC plans to refer enrollees with TB or STDs to local health departments for care. This, however, must be weighed against the desirability of increasing access to prompt or more anonymous services than the plan might provide. More anonymous care such as that provided in local health departments is key for STDs to the extent that it can provide the type of care often sought by STD patients who are adolescents, married, etc.

Both the Missouri and Texas MMC contracts require that local health departments be reimbursed for the cost of communicable disease services they provide to MMC enrollees. The Missouri MMC contract, while not requiring MCOs to enter into contracts with local health departments, encourages them to do so. It further stipulates that MCOs must reimburse local health departments for the provision of STD and TB screening, diagnosis and treatment, and HIV Screening and Diagnosis when provided to MCO members at the department.<sup>14</sup>

"Section Five: PMP Functions and Duties...

Diagnostic and treatment services for tuberculosis and sexually transmitted diseases are without cost to the health department patients." **Alabama PMP, page 11.**

Sexually transmitted diseases

(e) Diagnosis and preventive treatment of plan members who are reported as contacts/sex partners of any person seen at a Local Health Department and diagnosed with a sexually transmitted disease. The individual will be given the option of seeing a health plan provider first.

(f) The local health agency shall encourage plan members to follow-up with their primary care provider, however, if the individual member chooses follow-up care at the local health agency for confidentiality reasons, the agency will be reimbursed for follow-up office visits (not to exceed three visits per episode)." **Missouri RFP, page 58.**

"10.7.1 Plans are responsible for ensuring the following core services are available to their members and for reimbursing the Department of Health and local health departments as specified.

"2.1.5 Services shall include...

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<sup>14</sup> In previous CHSRP research, however, some public health interviewees have reported difficulties implementing effective billing systems with MCOs in their jurisdictions to recoup the cost of their services. See Rosenbaum, S., Mauery, R., Blake, S., and Wehr, E. (2000). "Public Health in a Changing Health Care System: Linkages Between Public Health Agencies and Managed Care Organizations in the Treatment and Prevention of Sexually Transmitted Diseases." Henry J. Kaiser Family Foundation. March 2000. Available at: <http://www.kff.org/content/2000/1575/STD.pdf>.

z. Services provided by local health agencies (may be provided by the health plan or through an arrangement between the local health agency and the health plan)." **Missouri RFP, page 19.**

k. Local Health Agencies: While the State will not require inclusion of local health agencies in health plan's networks, the state agency encourages health plans to contract with local health agencies." **Missouri RFP, pages 27-28.**

"Public Health Programs, Mandated Plan Reimbursements: The Department of Health and Local Health Agencies administer certain public health programs which are critical to the protection of the public's health and, therefore, must be made available to MC+ members." **Missouri RFP, page 58.**

"Medicaid Managed Care Provider Coordination with Local Health Agencies (LHA) and Missouri Department of Health (DOH)

Immunizations

Lead Screening, Diagnosis and Treatment...

STD Screening, Diagnosis and Treatment

TB Screening, Diagnosis and Treatment

HIV Screening and Diagnosis...

Family Planning.

LHA/DOH Must Be Reimbursed If they Provide Service. **Missouri RFP, Attachment Five.**

The Texas MMC contract states that MCOs "may" enter into contracts with local or regional health authorities for the provision of STD and HIV treatment services and requires contractors to coordinate referrals of non-MCO member partners to the local health department STD staff. In contrast to the requirement to coordinate reimbursements for STD and HIV services with the LHD, this contract stipulates that the cost of directly observed therapy and contact tracing for TB is excluded from the capitation rate paid to MCOs, however the MCOs are required to coordinate referrals to the local TB control program in order to obtain these services. This specific exclusion of TB services from the capitation rate ensures that the State avoids potentially paying twice for a service, as described above, as well as providing financial leverage to ensure that TB services are provided by the local TB control program:

Tuberculosis

6.1.8 Non-Capitated Services. The following Texas Medicaid program services have been excluded from the services included in the calculation of HMO capitation rate: ... Tuberculosis Services Provided by TDH-approved providers (Directly Observed Therapy and Contact Investigation)... Although HMO is not responsible for paying or reimbursing for these non-capitated services, HMO remains responsible for providing appropriate referrals for Members to obtain or access these services. **Texas Medicaid Managed Care Contract, pages 33-35.**

### *Requirements to Engage in Public Health Education Activities Related to Communicable Diseases*

The most frequently mentioned public health communicable disease education activity is HIV counseling and testing (10 contracts), with five contracts requiring specialized HIV counseling and testing targeting pregnant women for the prevention of perinatal HIV

transmission. New Jersey's MMC contract states, for example, that such testing must be performed with a woman's consent and that refusal of testing must be documented in her medical record.

10.23 The contractor shall implement a program to educate, test and treat pregnant women with HIV/AIDS to reduce prenatal transmission of HIV from mother to infant. All pregnant women must receive HIV education and counseling and HIV testing with their consent as part of their regular prenatal care. A refusal of testing must be documented in the patient's medical record. Additionally, counseling and education regarding perinatal transmission of HIV and available treatment options (the use of Zidovudine [AZT] or most current treatment accepted by the medical community for treating this disease) for the mother and newborn infant should be made available during pregnancy and/or to the infant within the first months of life. **New Jersey Medicaid Managed Care Contract, page 62.**

The Texas MMC contract contains requirements for contractors to engage in STD, HIV, and TB prevention and treatment health education, including in the context of a family planning visit:

6.7 FAMILY PLANNING - SPECIFIC REQUIREMENTS...

The following initial Member education content may vary according to the educator's assessment of the Member's current knowledge: ...

6.7.4.7 information on HIV/STD infection and prevention and safer sex discussion." **Texas Contract, pages 40-41**

6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HMO must provide STD services that include STD/HIV prevention, screening, counseling, diagnosis, and treatment. HMO is responsible for implementing procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV.

...6.15.4 HMO must make education available to providers and Members on the prevention, detection and effective treatment of STDs, including HIV..." **Texas Medicaid Managed Care Contract, pages 51-53.**

6.12 TUBERCULOSIS (TB)

6.12.1 Education, Screening, Diagnosis and Treatment. HMO must provide Members and providers with education on the prevention, detection and effective treatment of tuberculosis (TB). HMO must establish mechanisms to ensure all procedures required to screen at-risk Members and to form the basis for a diagnosis and proper prophylaxis and management of TB are available to all Members, except services referenced in Article... **Texas Medicaid Managed Care Contract, page 47.**

### ***Conclusions and Implications***

As previously mentioned, the Medicaid managed care contract database for the 3<sup>rd</sup> edition of *Negotiating the New Health System* contains contracts representing 39 States and the District of Columbia. The 4<sup>th</sup> edition contained Medicaid managed care contracts for 41 States and the District of Columbia with an additional 17 SCHIP contracts representing 15 states. For this analysis, we identified 14 States which, in their Medicaid managed care (and to a much lesser extent their PCCM and SCHIP) contracts contain at least one mention of communicable disease reporting duties that are imposed on MCO contractors and their providers. Thus, less than a third of States with Medicaid managed care, PCCM, and SCHIP contracts address these issues.

The number of Medicaid managed care contracts that do address public health communicable disease activities increased from 10 to 14 between the 3<sup>rd</sup> and 4<sup>th</sup> editions of *Negotiating the New Health System*. Although we did not formally research the reasons for this increase, it may be that it can be attributed to increased collaboration between State Medicaid agencies and public health departments in the development of contractual specifications for Medicaid managed care and to the evolving maturity of Medicaid managed care contracting practices in general. Several activities focused on public health and managed care activities began at this time, such as the CDC's 1997 Conference "Prevention in Managed Care: Joining Forces for Value and Quality."<sup>15</sup> Also, in December 1999, a report prepared by the Group Health Cooperative of Puget Sound for the CDC and the American Association of Health Plans presented the results of interviews with health plan and health agency officials regarding their opinions about the role of managed care in STD prevention and control, including recommendations for improvements.<sup>16</sup> Publication of a series of articles by Paul K. Halverson<sup>17</sup>, and publication by CHSRP of research sponsored by the CDC and the Henry J. Kaiser Family Foundation of focused studies of public health/managed care collaborations and sample contract purchasing specifications,<sup>18</sup> may have contributed to increased awareness of these issues among State Medicaid agencies and public health officials.

There is only a single example of contractual language regarding communicable diseases in the sample of 13 State employee benefit contracts, despite recommendations from the Institute of Medicine and other organizations that MCOs should take a population-based approach to their enrollees by encouraging their providers to screen for diseases such as STDs.<sup>19</sup> Treatment for HIV/AIDS, TB, Hepatitis B and STDs would be covered under general inpatient and outpatient benefits, however these insurers and employer purchasers typically have not written their contracts at the same level of specificity as Medicaid purchasers.

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<sup>15</sup> See *American Journal of Preventive Medicine*, Supplement to Volume 14, Number 3, April 1998.

<sup>16</sup> Scholes D, BlueSpruce J, Operskalski B, et al. (1999). "The Role of Managed Care in STD Prevention and Control: Barriers, Facilitators, and Recommendations." Group Health Cooperative of Puget Sound. Prepared for the American Association of Health Plans pursuant to CDC Task Order 27. Available at: [http://www.aahp.org/Content/NavigationMenu/Inside\\_AAHP/Clinical\\_Care\\_Initiatives1/Prevention\\_Program/Sexually\\_Transmitted\\_Diseases/Sexually\\_Transmitted\\_Diseases.htm](http://www.aahp.org/Content/NavigationMenu/Inside_AAHP/Clinical_Care_Initiatives1/Prevention_Program/Sexually_Transmitted_Diseases/Sexually_Transmitted_Diseases.htm).

<sup>17</sup> See, for example, Halverson PK, Mays GP, Kaluzny AD, and Richards TB. (1997) Not-so-strange bedfellows: Models of interaction between managed care plans and public health agencies. *The Milbank Quarterly*. 75(1):113-138).

<sup>18</sup> See, for example, Rosenbaum, S., Mauery, R., Blake, S., and Wehr, E. (2000). "Public Health in a Changing Health Care System: Linkages Between Public Health Agencies and Managed Care Organizations in the Treatment and Prevention of Sexually Transmitted Diseases." Henry J. Kaiser Family Foundation. March 2000. Available at: <http://www.kff.org/content/2000/1575/STD.pdf>. Mauery, D.R., Rosenbaum, S., Woolley, Wehr, E., and Sofaer, S. (1998). "An Evaluation of Emerging Relationships Through Memoranda of Understanding Between Managed Care Organizations and Public Health Agencies: Implications for Population-Based Communicable Disease Prevention and Control Programs and Public Health Policy." Available at: <http://www.gwhealthpolicy.org/downloads/moureport.pdf>. CHSRP has also published sample purchasing specifications for STD, HIV/AIDS, and TB services on its website. Available at: [http://www.gwhealthpolicy.org/managedcare\\_purchasingspecs.htm](http://www.gwhealthpolicy.org/managedcare_purchasingspecs.htm).

<sup>19</sup> Institute of Medicine (2000). *Managed Care Systems and Emerging Infections: Challenges and Opportunities for Strengthening Surveillance, Research, and Prevention*. Available at: <http://www.nap.edu/readingroom>. See also, Gunn R et al. (1998). The changing paradigm of sexually transmitted disease control in the era of managed health care. *JAMA*. 279(7):680-684.

In 2000, the National Committee for Quality Assurance (NCQA) introduced a performance measure for Chlamydia screening as part of its Health Employer and Data Information Set (HEDIS<sup>®</sup>) program to monitor the performance of health plans. The measure is defined as “the percentage of women age 16 through 26 years who were identified as sexually active, who were continuously enrolled during the measurement year, and who had at least one test for Chlamydia during the measurement year.”<sup>20</sup> In 2003, NCQA announced that it will produce a list of “Top Ten” NCQA-accredited commercial health plans that is based on its HEDIS performance measures. The Chlamydia screening measure will be among 12 different measures that will be used to determine if a plan is included in this “Top Ten” list. In the future, the Chlamydia screening measure may be included in the small subset of HEDIS<sup>®</sup> performance measures that are used to accredit health plans. While the timing of the data collection of the contracts in the GW databases (1998-2000) likely accounts for the lack of mentions of this new HEDIS<sup>®</sup> standard, there are two ways future contracts can incorporate this standard. First, in general, State and private sector purchasers typically require that contracted health plans have obtained NCQA and/or Joint Commission for the Accreditation of Healthcare Organization (JCAHO) accreditation, thus the standard would be included among all the other accreditation standards that health plans must meet as a condition of contract award. Second, purchasers can require that health plans meet the Chlamydia screening standard using specific contractual language, in particular by requiring that this standard also be incorporated in all relevant provider contracts the health plans hold. Since the age range of the standard includes both teenage and adult women, both Medicaid and SCHIP contracts should be expected to incorporate this standard.

The previously mentioned 1999 report prepared by the Group Health Cooperative of Puget Sound for the CDC and the American Association of Health Plans noted that the reasons for this difference in contract requirements for communicable disease activities between private sector and public sector managed care contracts have not been well-documented.<sup>21</sup> This paucity of information, aside from a few limited surveys of MCOs and anecdotal information, was also noted in the Institute of Medicine’s 1997 report, The Hidden Epidemic: Confronting Sexually Transmitted Diseases.<sup>22</sup> One relevant article, however, published in 2001 in *Family Planning Perspectives* reported the results of a State of Washington Office of the Insurance Commissioner survey of 12 insurance carriers representing 83 private sector health plans.<sup>23</sup> The survey included questions regarding health plan coverage of screening, testing, and treatment for STDs and HIV/AIDS. The authors defined core STD services as screening, diagnosis, and treatment, and non-core services as sexual history-taking and sexual health counseling. Nearly all plans reported that they covered these STD services as part of their basic medical benefit, however some

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<sup>20</sup> California Chlamydia Action Council. (November 2002). “Chlamydia Quality Improvement Activities and NCQA.” Available at: [http://www.ucsf.edu/castd/toolbox/Chlamydia\\_and\\_NCQA\\_2002.pdf](http://www.ucsf.edu/castd/toolbox/Chlamydia_and_NCQA_2002.pdf). See also: National Committee for Quality Assurance. (2001). Chlamydia Screening in Women, *In: The State of Managed Care Quality, 2002*. Available at: [http://www.ncqa.org/somc2001/chlamydia/somc\\_2001\\_chl.html](http://www.ncqa.org/somc2001/chlamydia/somc_2001_chl.html).

<sup>21</sup> Scholes D, BlueSpruce J, Operskalski B, et al. (1999). op cit.

<sup>22</sup> Institute of Medicine. (1997). The Hidden Epidemic: Confronting Sexually Transmitted Diseases. op cit. pp 5-12 – 5-18.

<sup>23</sup> Kurth A, Bielinski L, Graap K, et al. (2001). Reproductive and sexual health benefits in private health insurance plans in Washington State. *Family Planning Perspectives* 33(4):153-179. July/August. See also: Washington State Office of the Insurance Commissioner. (undated). “Reproductive Health Benefits Survey.” Available at: [http://www.insurance.wa.gov/publications/consumer/Reproductive\\_Health2.pdf](http://www.insurance.wa.gov/publications/consumer/Reproductive_Health2.pdf). Accessed March 26, 2003.



plans reported that sexual history-taking and health counseling are covered as part of a general office visit (or more rarely as part of a separate mental health visit) and thus difficult to track as to whether in fact they are being performed. The authors noted that this inability to separately bill for these activities when rendered as part of an office visit may serve as a disincentive for providers to perform these activities during the often limited time they have with their patients. By contrast, coverage of HIV/AIDS counseling, testing and treatment was covered by all plans, either as part of their basic benefit or as a separate rider.<sup>24</sup> As recommended in the previously mentioned December 1999 Group Health Cooperative of Puget Sound report, ongoing work is needed to raise awareness of communicable disease control needs of persons enrolled in private sector employer-sponsored managed care plans. Getting these issues “on the radar screen” of MCOs was defined by the Group Health authors as the essential first step in achieving this task, as had been among the recommendations of the aforementioned 1997 IOM report on STDs.<sup>25</sup>

To the extent that Medicaid, PCCM, and SCHIP managed care contracts cover low-income and vulnerable populations who have historically sought and received communicable disease prevention and treatment services delivered by public health agencies, our finding that less than a third of these contracts contain references to communicable disease reporting indicates that there is still significant room for improvement in Medicaid/public health collaborations. In particular, there is a need to improve the scope and specificity of contract language regarding communicable diseases, reporting requirements of MCOs and providers, and contractor duties vis-à-vis coordinating prevention and treatment services with local health departments to better define who is responsible for doing what, who is required to report which diseases to which public health entities, and understanding reimbursement mechanisms.

The lack of contract mentions in the SCHIP contracts is particularly troublesome since this program covers many adolescents and teenagers who need HIV and STD screening, prevention, and treatment services, given the high risk of infection of STDs and HIV among this age group.<sup>26</sup> While these services may be offered in the context of well-child and regular medical visits, the lack of specific communicable disease language comparable to what is found in the Medicaid managed care contracts is disconcerting.

The fact that none of the contracts included performance measures that linked the use of standards of care for screening, testing, and treatment of STDs, TB, and HIV/AIDS by MCOs and their providers is important. Since contractors are neither rewarded nor penalized for adhering, or failing to adhere, to nationally recognized standards, this means that there is not only no incentive or disincentive for them to do so, but that State purchasers have little leverage in assuring the consistency of quality of care standards for these services.

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<sup>24</sup> *Ibid.*

<sup>25</sup> Scholes D, BlueSpruce J, Operskalski B, et al. (1999). *op cit.*

<sup>26</sup> Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines. 2002. *MMWR* 2002;51 (No. RR-6):6-7. See also, WE Lafferty, LA Downey, CM Holan et al. Provision of sexual health services to adolescent enrollees in Medicaid managed care. *Am J Public Health* 2002;92:1779-1783.

Of all the contracts in our databases, the Texas MMC contract is notable for the scope and detail it provides regarding contractor duties to provide or arrange for communicable disease services and referrals to local health departments for targeted care and case management, such as local tuberculosis control programs. The coordination mechanism the State recommends is the use of Memoranda of Understanding (MOUs) between MCOs serving Medicaid managed care enrollees and public health entities. These MOUs are typically drafted in such a way as to define the mutual and discrete responsibilities of the MCOs and the public health organization for the care and treatment of enrollees with communicable diseases and often include allocation of payment duties and definitions of performance measures.<sup>27</sup> The following Texas MMC contract excerpt requires MCOs to work with public health organizations to define duties for public health reporting, identification of disease outbreaks among enrollees, and referrals of patients to the public health entities of enrollees diagnosed with TB or STDs.

7.16 COORDINATION WITH PUBLIC HEALTH.

7.16.3 Non-Reimbursed Arrangements with Public Health Entities.

7.16.3.1 Coordination with Public Health Entities. HMOs must make a good faith effort to enter into a Memorandum of Understanding (MOU) with Public Health Entities in the service area regarding the provision of services for essential public health care services... MOUs must contain the roles and responsibilities of HMO and the public health department for the following services:

- (1) Public health reporting requirements regarding communicable diseases and/or diseases which are preventable by immunization as defined by state law;
- (2) Notification of and referral to the local Public Health Entity, as defined by state law, of communicable disease outbreaks involving Members;
- (3) Referral to the local Public Health Entity for TB contact investigation and evaluation and preventive treatment of persons whom the Member has come into contact;
- (4) Referral to the local Public Health Entity for STD/HIV contact investigation and evaluation and preventive treatment of persons whom the Member has come into contact.

**Texas Medicaid Managed Care Contract, pages 72-75.**

It should be noted, however, that the language requiring the development of an MOU (or at a minimum to show a “good faith effort” to develop one), can be interpreted as being so vague as to not be useful, especially on more complex issues like partner notification and treatment services. For example, Kaiser Portland had a verbal and written MOU that was never operationalized because it was too vague and no one was aware of it at the plan.<sup>28</sup> Contracts cannot facilitate and enhance needed collaboration on disease reporting, partner services, outbreak detection and control, and special laboratory services for disease control purpose without more direction on content and actual implementation of the MOU.

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<sup>27</sup> Rosenbaum, S., Mauery, R., Blake, S., and Wehr, E. (2000). “Public Health in a Changing Health Care System: Linkages Between Public Health Agencies and Managed Care Organizations in the Treatment and Prevention of Sexually Transmitted Diseases.” op cit. See also: Mauery, D.R., Rosenbaum, S., Woolley, Wehr, E., and Sofaer, S. (1998). “An Evaluation of Emerging Relationships Through Memoranda of Understanding Between Managed Care Organizations and Public Health Agencies: Implications for Population-Based Communicable Disease Prevention and Control Programs and Public Health Policy.” op cit.

<sup>28</sup> JP Mullooly, JE Maher, BG Valanis, et al. Assessing Chlamydia Partners Services in a Managed Care Organization. *Am J Managed Care* (in press).

Ten of the 14 States with contractual reporting requirements require reporting of communicable diseases to local health departments, which is consistent with good public health practice for early identification and treatment intervention with persons with these diseases and their contacts. Only three contracts, however, require that MCOs include public health laboratories in their provider networks, and only two of them require that providers submit test specimens to them. These laboratories have historically been the most reliable component in public health systems for consistent reporting of notifiable diseases.<sup>29</sup> In addition, State public health laboratories generally have the greatest remaining capacity to do antibiotic resistance testing for gonococcal infections, to track trends, and to guide local treatment issues. The failure of Medicaid and other purchasers to require their inclusion in MCO networks has been an ongoing concern of the Association of Public Health Laboratories, the national association representing these laboratories.<sup>30</sup>

While four contracts contained references to MCO duties regarding non-public health laboratories in their networks, none of them explicitly addressed the practice of MCOs contracting with out-of-state laboratories. This contracting practice may affect sufficient and timely reporting of notifiable diseases if such laboratories perceive no need to report findings to a health department across State lines. This may happen when a laboratory in one State fails to report back to another State's health department if it believes it is not subject to that State's law (if it does not mandate out-of-state reporting as well as enforce reporting compliance). Laboratory findings are always reported back to the ordering clinician no matter where he or she is located, but individual clinician compliance with reporting requirements can be variable and inconsistent.<sup>31</sup> When both the laboratory and the clinician are in the same State, even if the clinician fails to report communicable disease test results to the State or local health department, the laboratory almost always does.

At the Federal level, testing laboratories are regulated by the Clinical Laboratory Improvement Act of 1988 (CLIA), which sets standards for laboratory testing proficiency, test complexity levels, personnel staffing qualifications, quality assurance, etc. The CLIA standards are embodied in the Medicaid and Medicare regulations at 42 CFR Ch. IV §493. Laboratories must be in compliance with the standards to obtain and maintain their Medicaid and Medicare certifications, thus State Medicaid agency purchasers require CLIA certification as a condition of provider network participation. Standards for reporting of tests are included in Subpart J -- "Patient Test Management for Moderate Complexity (Including the Subcategory), High Complexity, or Any Combinations of These Tests." Specifically, §493.1109, "Standard; Test Report," states:

"The laboratory report must be sent promptly to the authorized person, the individual responsible for using the test results or laboratory that initially requested the test. \*\*\* (a) The laboratory must have adequate systems in place to report results in a timely, accurate,

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<sup>29</sup> Gilcrest M. (2000). "Role of the Public-Sector Laboratory at the State Level" in: Public Health Systems and Emerging Infections: Assessing the Capabilities of the Public and Private Sectors (Davis JR and Lederberg J, eds.). Institute of Medicine. National Academy Press, Washington, DC.

<sup>30</sup> Personal communication. Scott J. Becker, Executive Director, Association of Public Health Laboratories, Washington, DC. October 2001.

<sup>31</sup> CDC. *Sexually Transmitted Disease Surveillance, 2000*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2001.

reliable and confidential manner, and, ensure patient confidentiality throughout those parts of the total testing process that are under the laboratory's control."<sup>32</sup>

CLIA thus sets standards for laboratory reporting of individual test results back to the clinician or originating laboratory that ordered the test, but it does not specifically address the issue of laboratory reporting of notifiable diseases to health departments whether located in the same state as the patient or in another-state. A potential remedy would be for Congress to enact an amendment to CLIA that would specifically require such reporting as a condition for laboratory certification. This would both strengthen the leverage of purchasers in their contractual arrangements with these labs and enhance the timeliness and completeness of communicable disease reporting for individual and community-level disease control and intervention. CDC's ongoing investments in the development of national electronic reporting and surveillance systems and standards hold great promise for expediting this.<sup>33</sup>

The GW Center for Health Services Research and Policy has developed several sets of sample contract purchasing specifications that can be used by both public and private sector purchasers of health insurance. These sample specifications, developed through a rigorous consensus process, are available for STDs, HIV/AIDS, and TB, and include public health related functions such as disease surveillance and reporting duties.<sup>34</sup> For example, the sample purchasing specifications for public health reporting duties of cases of STDs are:

§204. Public Health Reporting

(a) Case Reporting -- Contractor shall ensure that each provider (including laboratories) participating in Contractor's provider network reports cases of sexually transmitted disease among enrollees that are reportable under [*drafter insert relevant state law and regulations*] to the [*drafter insert name of each public health agency with responsibility for sexually transmitted disease surveillance and control in the area served by Contractor*] in a manner and format specified by the agency.

(b) Case Surveillance -- Contractor and each laboratory and other provider participating in Contractor's provider network shall make available to [*drafter insert name of each public health agency with responsibility for sexually transmitted disease surveillance and control in the area served by Contractor*], upon request, the individual medical and other information with respect to an enrollee with sexually transmitted disease that is necessary to enable the agency to:

- (1) carry out its sexually transmitted disease case surveillance responsibilities under [*drafter insert applicable state law or regulation*]; and
- (2) conduct sexually transmitted disease-related investigations of public health importance under [*drafter insert applicable state law or regulation*].

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<sup>32</sup> 42 CFR Ch. IV (10-1-97 Edition) page 864. The full text of the CLIA regulations are available online in an Adobe Acrobat .pdf file at <http://www.phppo.cdc.gov/clia/pdf/42cfr49302.pdf>. See also CDC's Division of Laboratory Systems website at <http://www.phppo.cdc.gov/clia/regs2/toc.asp>.

<sup>33</sup> Jernigan, D.B. (2001). *Electronic Laboratory-Based Reporting: Opportunities and Challenges for Surveillance. Panel Summary from the 2000 Emerging Infectious Diseases Conference in Atlanta, Georgia*. Available at: [http://www.cdc.gov/ncidod/eid/vol7no3\\_supp/jernigan.htm](http://www.cdc.gov/ncidod/eid/vol7no3_supp/jernigan.htm).

<sup>34</sup> The specifications are available online at [http://www.gwhealthpolicy.org/managedcare\\_purchasingspecs.htm](http://www.gwhealthpolicy.org/managedcare_purchasingspecs.htm).

(c) Out-of-state Laboratories -- Contractor shall ensure that each out-of-state laboratory through which Contractor or Contractor's providers deliver sexually transmitted disease tests enumerated in §105 complies with the statutory or regulatory case reporting or notification requirements of the jurisdiction in which the individual for whom the tests were ordered resides.<sup>35</sup>

Our review of the Medicaid, SCHIP, PCCM, and state employee benefit contracts reveals that only a few contracts incorporate requirements as specific as the sample specifications above, thus leading us to conclude that there is still room for much improvement in this arena.

Although not a specific focus of this study, both CLIA and the GW purchasing specifications refer to confidentiality of test results. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which sets strict standards for release of, and access to, “protected health information” (PHI) is highly germane here. According to guidance published in 2003 by the CDC, HIPAA does not require any special authorizations for providers to report cases of notifiable diseases to health departments,<sup>36</sup> However, with the advent of HIPAA, the reporting requirements are being scrutinized by lawyers throughout the entire health industry. As previously stated, many states require individual providers, not health plans, to report cases of notifiable diseases, including information that individually identifies the person with such a disease (i.e., PHI). There are anecdotal reports from experts that if a health plan reports a case of a notifiable STD on behalf of the providers in a state where only individual providers are required to report, lawyers and risk managers are questioning whether the health plans can continue to report for all providers in their plan without special authorization.<sup>37</sup> In some cases, the regulations are being interpreted as instructing health plans not to report. Some health plans are asking health departments to formally declare health plans as “providers” to extend this reporting “carve out.” The situation is in flux and subject to change as health plans and health departments adjust to HIPAA.<sup>38</sup> This is clearly an area for future monitoring and research to ascertain the effects, if any, of HIPAA implementation on local disease control practice. It may also be the case that this warrants the issuance of additional clarifications from DHHS as information is gleaned from public health, managed care, and laboratory professionals during HIPAA implementation.

The topic of reporting of out-of-state test results back to the health department of the state of origin of the test specimen will be the subject of the upcoming final part of this ongoing study as we conduct interviews with State public health officials to ascertain the extent to which this occurs and potential remedies to assure the ongoing enhancement of public health disease control and surveillance programs.

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<sup>35</sup> *Purchasing Specifications for Services For Sexually Transmitted Diseases*. GW Center for Health Services Research and Policy. November, 1999. <http://www.gwhealthpolicy.org/newsps/std/part2.html#204>.

<sup>36</sup> “HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services.” *MMWR Supplement*, May 2, 2003 / 52(S-1);1-12. Available at: [http://www.cdc.gov/mmwr/preview/ind2003\\_su.html](http://www.cdc.gov/mmwr/preview/ind2003_su.html).

<sup>37</sup> Personal communication. Kathleen Irwin, MD, MPH, U.S. Centers for Disease Control and Prevention. May 22, 2003.

<sup>38</sup> *Ibid*.

Table 1: Contract Requires MCOs to Report and/or Requires MCOs to Ensure That Contracted Providers Report Notifiable Diseases												
Column #:	Notifiable Diseases in General		HIV		AIDS		STDs		Tuberculosis		Hepatitis B	
	MCOs	Providers	MCOs	Providers	MCOs	Providers	MCOs	Providers	MCOs	Providers	MCOs	Providers
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Alabama		• <sup>m</sup>						• <sup>p</sup>		• <sup>p</sup>		
California	• <sup>m</sup>											
DC		• <sup>m</sup>		• <sup>m</sup>		• <sup>m</sup>				• <sup>m</sup>		
Florida		• <sup>p</sup>								• <sup>p</sup>		
Kansas	• <sup>m</sup>						• <sup>m,s</sup>		• <sup>m,s</sup>			
Michigan		• <sup>m</sup>										
New Mexico	• <sup>m</sup>											
New York		• <sup>m</sup>						• <sup>m</sup>				
Oklahoma	• <sup>m</sup>	• <sup>m</sup>							• <sup>m</sup>			
Pennsylvania												
Pennsylvania BH	• <sup>m</sup>								• <sup>m</sup>		• <sup>m</sup>	
South Carolina	• <sup>m</sup>	• <sup>m</sup>	• <sup>m</sup>	• <sup>m</sup>			• <sup>m</sup>		• <sup>m</sup>	• <sup>m</sup>		
Texas		• <sup>m</sup>		• <sup>m</sup>				• <sup>m</sup>		• <sup>m</sup>		
West Virginia	• <sup>m</sup>	• <sup>m</sup>	• <sup>m</sup>		• <sup>m</sup>		• <sup>m</sup>	• <sup>m</sup>		• <sup>m</sup>	• <sup>m</sup>	
Wisconsin		• <sup>m</sup>		• <sup>m</sup>								
14 States	7	10	2	5	1	1	3	4	4	6	2	0

•<sup>m</sup> = 4<sup>th</sup> Edition Medicaid Managed Care Contract; •<sup>s</sup> = 4<sup>th</sup> Edition SCHIP Contract; •<sup>p</sup> = 4<sup>th</sup> Edition PCCM Contract; •<sup>c</sup> = State Employee Benefit Contract  
 22  
 BH = Behavioral Health Carve-Out Contract

Table 2: References to Public Health Reporting Laws and Reporting Entities							
	References to Specific Public Health Reporting Laws			Reporting Required to Which Public Health Organization			
	State Public Health Law	State Communicable Disease Regulations	State Health Department Standards	State Laboratory	State Health Department	Local Health Department	General Requirement or Other
<i>Column #:</i>	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Alabama						• <sup>p</sup>	
California	• <sup>m</sup>						• <sup>m</sup>
DC							• <sup>m</sup>
Florida							
Kansas						• <sup>m, p</sup>	
Michigan	• <sup>m</sup>						
New Mexico	• <sup>m</sup>						• <sup>m</sup>
New York						• <sup>m</sup>	
Oklahoma					• <sup>m</sup>	• <sup>m</sup>	
Pennsylvania	• <sup>s</sup>	• <sup>s</sup>	• <sup>s</sup>			• <sup>m</sup>	
Pennsylvania BH	• <sup>m</sup>						
South Carolina	• <sup>m</sup>						
Texas	• <sup>m</sup>					• <sup>m</sup>	
West Virginia	• <sup>m</sup>					• <sup>m</sup>	
Wisconsin	• <sup>m</sup>					• <sup>m</sup>	
<b># Mentions:</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>3</b>

•<sup>m</sup> = 4<sup>th</sup> Edition Medicaid Managed Care Contract; •<sup>s</sup> = 4<sup>th</sup> Edition SCHIP Contract; •<sup>p</sup> = 4<sup>th</sup> Edition PCCM Contract; •<sup>e</sup> = State Employee Benefit Contract

**Table 3: Provider Network Requirements, Standards of Care, Surveillance, Reimbursement, and Health Education Requirements**

	Provider Network Requirements		Standards of Care Requirements		Requirements for Reporting of Drug-Resistant STDs or TB	Reimbursement Issues Addressed for Communicable Disease Services	Required Health Education Activities		
	Public Health Lab Required to be in Provider Network	Requirements for Other Laboratories	Standards of Care for Screening for STDs, HIV/AIDS, TB Cited	Standards of Care Linked to Performance Measures			General Requirements to Engage in Public Health Education Activities	HIV Counseling and Testing	TB Control and Education
<i>Column #:</i>	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Alabama						• <sup>m</sup>			
Arizona								• <sup>m</sup>	
California			• <sup>c</sup>						
Maryland								• <sup>m</sup>	
Massachusetts								• <sup>m</sup>	
Missouri		• <sup>m</sup>	• <sup>m</sup>			• <sup>m</sup>			
Montana							• <sup>m</sup>	• <sup>m</sup>	
Nebraska BH	• <sup>m</sup>								
New Hampshire							• <sup>m</sup>	• <sup>m</sup>	
New Jersey							• <sup>m</sup>	• <sup>m</sup>	
New Mexico								• <sup>m</sup>	
Rhode Island	• <sup>m</sup>					• <sup>m</sup>			
South Carolina		• <sup>m</sup>					• <sup>m</sup>	• <sup>m</sup>	
Texas			• <sup>m</sup>		• <sup>m</sup>	• <sup>m</sup>	• <sup>m</sup>	• <sup>m</sup>	• <sup>m</sup>
Utah							• <sup>m</sup>	• <sup>m</sup>	
West Virginia	• <sup>m</sup>	• <sup>m</sup>			• <sup>m</sup>		• <sup>m</sup>		
Wisconsin		• <sup>m</sup>							
<b># Mentions:</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>10</b>	<b>1</b>

•<sup>m</sup> = 4<sup>th</sup> Edition Medicaid Managed Care Contract; •<sup>s</sup> = 4<sup>th</sup> Edition SCHIP Contract; •<sup>p</sup> = 4<sup>th</sup> Edition PCCM Contract; •<sup>c</sup> = State Employee Benefit Contract



## Appendix A

### Table 1 Contract Language

#### 4<sup>th</sup> edition, Medicaid Managed Care, PCCM, and SCHIP contracts

#### MCO Reporting Requirements

#### Reporting of Individual Diagnoses of HIV, AIDS, STDs, TB, or other Communicable Diseases by MCO

#### Notifiable Diseases in General (Column 1)

##### *California*

##### "6.5.12.4 Reporting Procedures

The Contractor will implement and maintain a procedure for reporting infectious diseases to public health authorities as required by State law." California 4<sup>th</sup> edition Medicaid Managed Care Contract, page 104.

##### *Pennsylvania Mental Health*

"f. The MCO must work in partnership with the designated county/municipal health department, and primary care practitioner as applicable, to ensure that conditions identified in accordance with Chapter 25, Disease Prevention and Control Law are reported (e.g., tuberculosis, hepatitis.)" Pennsylvania Medicaid Managed Care Mental Health RFP, page 60.

#### HIV (Columns 1 and 3)

##### *South Carolina*

##### "4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases

The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service...

Specifically, for all diseases reportable by health care workers, reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." South Carolina Medicaid Managed Care Contract, page 22.

##### *West Virginia*

##### "Reportable Disease Requirements

MCPs must report the following diseases as specified by the Bureau of Public Health. ... Category IV. Illnesses of unusual prevalence or clusters of unexplained health

occurrences to be reported by name, age, sex, and specific disease information to the State health department according to protocols specified by the director of the department... **Human Immunodeficiency Virus (HIV) infection**, including persons with AIDS and with other illnesses falling in Clinical Categories A, B and C of the CDC HIV infection classification

...Conditions (reportable by public and private laboratories, and by hospital laboratories): Positive serologic test for Human Immunodeficiency Virus C4+ cell counts of two hundred per cubic millimeter (200/mm<sup>3</sup>) or less." West Virginia Medicaid Managed Care RFA, Appendix I, pages I1-I4

## **AIDS (Columns 1 and 5)**

### *West Virginia*

"Reportable Disease Requirements

**MCPs must report** the following diseases as specified by the Bureau of Public Health. ...Category IV. Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported by name, age, sex, and specific disease information to the State health department according to protocols specified by the director of the department.

Human Immunodeficiency Virus (HIV) infection, **including persons with AIDS** and with other illnesses falling in Clinical Categories A, B and C of the CDC HIV infection classification...Conditions (reportable by public and private laboratories, and by hospital laboratories): Positive serologic test for Human Immunodeficiency Virus C4+ cell counts of two hundred per cubic millimeter (200/mm<sup>3</sup>) or less." West Virginia Medicaid Managed Care RFA, Appendix I, pages I1-I4

## **Sexually Transmitted Diseases (STDs) (Columns 1 and 7)**

### *Kansas*

"D. LOCAL HEALTH DEPARTMENTS...

**The HMO will coordinate all cases of Sexually Transmitted Diseases (STD)** and tuberculosis with the Local Health Departments to ensure prevention and the spread of disease. The HMO shall cooperate with the treatment plan developed by the Local Health Department." Kansas Medicaid Managed Care Contract General Service, page 10.

"COORDINATION WITH LOCAL HEALTH DEPARTMENTS

The Kansas Department of Health and Environment provides funding to Local Health Department for the provision of health care services to low-income individuals. Horizon Health Plan, Inc. shall make a reasonable effort to subcontract with any local health care provider receiving funds from Titles V and X of the Social Security Act. Close cooperation with these entities is strongly encouraged.

**Horizon Health Plan, Inc. will coordinate all cases of Sexually Transmitted Diseases (STDs)** and tuberculosis with the Local Health Departments to ensure prevention and the spread of disease. Horizon Health Plan, Inc. will cooperate with the treatment plan developed by the Local Health Department. SRS requires Horizon Health Plan, Inc. to

provide written documentation of cooperation on STDs and tuberculosis between Horizon Health Plan, Inc. and any local health departments within the counties they have proposed serving prior to contract signature..."Kansas SCHIP RFP, Contract for Physical and Dental Benefits, Regions 2 and 3, unnumbered page.

### *South Carolina*

"4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases

The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service...

Specifically, for all diseases 'reportable by health care workers', reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." South Carolina Medicaid Managed Care Contract, page 22.

### *West Virginia*

"Reportable Disease Requirements

MCPs must report the following diseases as specified by the Bureau of Public Health. Category I - Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address, age and sex...

...Gonococcal Disease...

Conditions (reportable by public and private laboratories, and by hospital laboratories)

Isolation of drug-resistant Neisseria gonorrhoea from any site

Isolation of Neisseria gonorrhoea from female upper genital tract..." West Virginia Medicaid Managed Care RFA, Appendix I, pages I1-I4

## **Tuberculosis (Columns 1 and 9)**

### *Kansas*

"D. LOCAL HEALTH DEPARTMENTS...

The HMO will coordinate all cases of Sexually Transmitted Diseases (STD) and tuberculosis with the Local Health Departments to ensure prevention and the spread of disease. The HMO shall cooperate with the treatment plan developed by the Local Health Department." Kansas Medicaid Managed Care Contract General Service, page 10.

"COORDINATION WITH LOCAL HEALTH DEPARTMENTS

The Kansas Department of Health and Environment provides funding to Local Health Department for the provision of health care services to low income individuals. Horizon Health Plan, Inc. shall make a reasonable effort to subcontract with any local health care provider receiving funds from Titles V and X of the Social Security Act. Close cooperation with these entities is strongly encouraged.

Horizon Health Plan, Inc. will coordinate all cases of Sexually Transmitted Diseases (STD) and tuberculosis with the Local Health Departments to ensure prevention and the spread of disease. Horizon Health Plan, Inc. will cooperate with the treatment plan developed by the Local Health Department. SRS requires Horizon Health Plan, Inc. to provide written documentation of cooperation on STDs and tuberculosis between Horizon Health Plan, Inc. and any local health departments within the counties they have proposed serving prior to contract signature..."Kansas SCHIP RFP, Contract for Physical and Dental Benefits, Regions 2 and 3, unnumbered page.

### *Oklahoma*

#### "2.6.4 Tuberculosis Prevention, Diagnosis, Treatment and Management

Health Plan will notify the local state health department and the OSDH TB Control Officer within 24 hours of any member determined to have a TB infection or inactive disease." Oklahoma Medicaid Managed Care RFP, page 31.

### *Pennsylvania Mental Health*

"f. The MCO must work in partnership with the designated county/municipal health department, and primary care practitioner as applicable, to ensure that conditions identified in accordance with Chapter 25, Disease Prevention and Control Law are reported (e.g., tuberculosis, hepatitis.)" Pennsylvania Medicaid Managed Care Mental Health RFP, page 60.

### *South Carolina*

#### "4.7.8.2 Control and Prevention of Communicable Diseases

DHEC is the state public health agency responsible for promoting and protecting the public's health and has the primary responsibility for the control and prevention of communicable diseases such as TB, STD, HIV infection and vaccine preventable diseases. DHEC provides a range of primary and secondary prevention services through its local health clinics to provide and/or coordinate communicable disease control services. Due to the specialized knowledge and expertise required to treat TB cases and prevent its spread, all TB cases at risk for noncompliance with treatment or primary drug resistance are reported to DHEC for treatment. As a result, 95% of TB cases in South Carolina are treated in DHEC clinics.

TB suspects and cases must be referred to DHEC by the Contractor and/or its network provider for clinical management and treatment and directly observed therapy. This care will be coordinated with the Contractor's PCP." South Carolina Medicaid Managed Care Contract, page 22.

#### "4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases

The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service...Specifically, for all diseases 'reportable by health care workers,' reporting shall

be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." South Carolina Medicaid Managed Care Contract, page 22.

## **Hepatitis B (Columns 1 and 11)**

### *Pennsylvania Mental Health*

"f. The MCO must work in partnership with the designated county/municipal health department, and primary care practitioner as applicable, to ensure that conditions identified in accordance with Chapter 25, Disease Prevention and Control Law are reported (e.g., tuberculosis, hepatitis.)" Pennsylvania Medicaid Managed Care Mental Health RFP, page 60.

### *West Virginia*

#### "Reportable Disease Requirements

MCPs must report the following diseases as specified by the Bureau of Public Health. Category I - Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address, age and sex...

...Category II. Diseases or conditions reported weekly by name, address, age and sex to the county health department.

Diseases (reportable by physicians and hospitals)

...Hepatitis..." West Virginia Medicaid Managed Care RFA, Appendix I, pages I1-I4

## Table 1 Contract Language

### 4<sup>th</sup> edition, Medicaid Managed Care, PCCM, and SCHIP contracts

#### MCO Reporting Requirements

#### **MCO Must Ensure Reporting of Individual Diagnoses of HIV/AIDS, STDs, TB, or other Communicable Diseases by Contracted Providers**

#### Notifiable Diseases in General (Column 2)

##### *District of Columbia*

"9. Public Health-Related Information

a. **Provider Shall report** to the District and to other District agencies as requested:

- (1) individuals diagnosed with HIV/AIDS;
- (2) persons that meet the District's definition of developmental delay;
- (3) persons diagnosed as tuberculosis cases or as tuberculosis-infected individuals, children and adults with vaccine-preventable diseases, and **other communicable diseases...**" District of Columbia Medicaid Managed Care Contract, page 11.

##### *Michigan*

"II-J OBSERVANCE OF FEDERAL, STATE AND LOCAL LAWS...

4. Public Health Reporting

State law requires that **health professionals** comply with specified reporting requirements for **communicable disease...** The Contractor agrees to ensure compliance with all such reporting requirements through its provider contracts..." Michigan 4<sup>th</sup> edition Medicaid Managed Care Contract, pages 30-31.

##### *New Mexico*

"2.C.10.c Shared Responsibility between MCO and Public health Offices:

The CONTRACTOR shall coordinate with the public health offices regarding the following services:

...(D) Disease outbreak prevention and management including reporting according to state law requirements, responding to epidemiology requests for information, and coordination with epidemiology investigations and studies..." New Mexico Medicaid Managed Care Contract, pages 30-31.

"2.H.6 Disease Reporting

The CONTRACTOR shall **ensure that its providers comply with the disease reporting** required by the 'New Mexico Regulations Governing the Control of Disease and Conditions of Public Health Significance, 1980'..." New Mexico Medicaid Managed Care Contract, pages 66-67.

*Pennsylvania*

## "10. Contractor Responsibility for Reportable Conditions

Contractors shall work with DOH's State and District Office of Epidemiologists in partnership with the designated county/municipal health department staffs to ensure that reportable conditions are appropriately reported in accordance with DOH guidelines, pursuant to **Chapter 27, of the Disease Prevention and Control Law (35 P.S. Section 521.1 et seq.)**. Pennsylvania SCHIP RFP, pages 44-45.

*West Virginia*

## "5.1.2.4 Reporting of Required Reportable Diseases

**Health care providers are required to report certain diseases by state law**. This is to allow for both disease surveillance and appropriate case investigation/public follow-up. The MCP may be responsible for 1) further screening, diagnosis and treatment of identified cases enrolled in the MCP as necessary to protect the public's health, or 2) screening, diagnosis and treatment of case contacts who are enrolled in the MCP.

c) Division of Surveillance and Disease Control, Communicable Disease Program. As per WV Legislative Rules Title 6-4, Series 7, **cases of communicable disease** noted as reportable in West Virginia must be reported to the local health departments in the appropriate time frame and method outlined in legislative rules. This both provides for disease surveillance and allows appropriate public health action to be undertaken - patient education and instruction to prevent further spread, contact identification and treatment, environmental investigation, outbreak identification and investigation." West Virginia Medicaid Managed Care RFA, pages 37-38.

*Wisconsin*

"PP. REPORTING OF COMMUNICABLE DISEASES - As required by Wis. Stats. 252.05, 252.15(5)(a)6 and 252.17(7)(9b), Physicians, Physician Assistants, Podiatrists, Nurses, Nurse Midwives, Physical Therapists, and dietitians **affiliated with a Medicaid HMO shall report** the appearance, suspicion or diagnosis of a **communicable disease** or death resulting from a communicable disease to the Local Health Department for any recipient treated or visited by the provider. [...] Such reporting shall be made within 24 hours of learning about the communicable disease or death or as specified in Wis. Admin. Code - HFS 145.04, Appendix A. Charts and reporting forms on communicable diseases are available from the Local Health Department.

Each laboratory subcontracted or otherwise affiliated with the HMO shall report the identification or suspected identification of any communicable disease listed in Wis. Admin. Rules 145, Appendix A to the local health department; reports of HIV infections shall be made directly to the State Epidemiologist." Wisconsin Medicaid Managed Care Contract, page 38.

**HIV (Columns 2 and 4)**

*District of Columbia*

## "9. Public Health-Related Information

a. Provider Shall report to the District and to other District agencies as requested:

(1) individuals diagnosed with HIV/AIDS..." District of Columbia 4<sup>th</sup> edition Medicaid Managed Care Contract, page 11.

*Texas*

## "6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

6.15.5 HMO must require providers to report all confirmed cases of STDs, including HIV, to the local or regional health authority according to 25 Texas Administrative Code...

6.15.6 HMO must coordinate with the TDH regional health authority to ensure that Members with confirmed cases of syphilis, chancroid, gonorrhea, chlamydia and HIV receive risk reduction and partner elicitation/notification counseling...HMO may contract with local or regional health authorities to perform any of the covered services required...

...6.15.8.3 Partner Referral and Treatment. Members who are named as contacts to an STD, including HIV, should be evaluated and treated according to HMO's protocol...HMO's providers must coordinate referral of non-Member partners to local and regional health department STD staff." Texas Medicaid Managed Care Contract, pages 51-52.

*Wisconsin*

"PP. REPORTING OF COMMUNICABLE DISEASES - As required by Wis. Stats. 252.05, 252.15(5)(a)6 and 252.17(7)(9b), Physicians, Physician Assistants, Podiatrists, Nurses, Nurse Midwives, Physical Therapists, and dietitians affiliated with a Medicaid HMO shall report the appearance, suspicion or diagnosis of a communicable disease or death resulting from a communicable disease to the Local Health Department for any recipient treated or visited by the provider. Reports of human immunodeficiency virus (HIV) infection shall be made directly to the State Epidemiologist. Such reports shall include the name, sex, age, residence, communicable disease, and any other facts required by the Local Health Department and Wisconsin Division of Health. Such reporting shall be made within 24 hours of learning about the communicable disease or death or as specified in Wis. Admin. Code - HFS 145.04, Appendix A. Charts and reporting forms on communicable diseases are available from the Local Health Department.

Each laboratory subcontracted or otherwise affiliated with the HMO shall report the identification or suspected identification of any communicable disease listed in Wis. Admin. Rules 145, Appendix A to the local health department; reports of HIV infections shall be made directly to the State Epidemiologist." Wisconsin Medicaid Managed Care Contract, page 38.

**AIDS (Columns 2 and 6)**



*District of Columbia*

## "9. Public Health-Related Information

a. **Provider Shall report** to the District and to other District agencies as requested:

(1) individuals diagnosed with HIV/**AIDS**..." District of Columbia Medicaid Managed Care Contract, page 11.

**Sexually Transmitted Diseases (Columns 2 and 8)***Alabama*

"Section Five: **PMP Functions and Duties**...

**To report to the local public health department** notifiable diseases and cooperate with the investigation and follow-up or reported cases. Cases or suspect case of tuberculosis should be reported to the local health department so that their clinical management can be coordinated by the health department and preventive outreach measures can be assured. Similarly, case and suspect cases of sexually transmitted diseases should be reported to the local health department so that partner notification and control activities can be initiated. Diagnostic and treatment services for tuberculosis and **sexually transmitted diseases** are without cost to the health department patients." Alabama PMP, page 11.

*New York*

## "10. BENEFIT PACKAGE, COVERED AND NON-COVERED SERVICES...

## 10.19 Public Health Services...

## c) Prevention and Treatment of Sexually Transmitted Diseases

The Contractor will be responsible for ensuring that its Participating Providers educate their Enrollees about the risk and prevention of sexually transmitted disease (STD). **The Contractor also will be responsible for ensuring that its Participating Providers** screen and treat Enrollees for STDs and **report cases of STD** to Local Public Health Agency and cooperate in contact investigation, in accordance with existing state and local laws and regulations..."New York Medicaid Managed Care Contract, pages 10-1-10-11.

*Texas*

## "6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HMO must provide STD services that include STD/HIV prevention, screening, counseling, diagnosis, and treatment. HMO is responsible for implementing procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV.

6.15.1 HMO must allow Members access to STD services...

6.15.2 HMO must provide all covered services required to form the basis for a diagnosis and treatment plan for STD/HIV by the provider.

6.15.3 HMO must consult with TDH regional public health authority to ensure that Members receiving clinical care of STDs, including HIV, are managed according to a protocol which has been approved by TDH...

6.15.4 HMO must make education available to providers and Members on the prevention, detection and effective treatment of STDs, including HIV.

6.15.5 HMO must require providers to report all confirmed cases of STDs, including HIV, to the local or regional health authority according to 25 Texas Administrative Code...

6.15.6 HMO must coordinate with the TDH regional health authority to ensure that Members with confirmed cases of syphilis, chancroid, gonorrhea, chlamydia and HIV receive risk reduction and partner elicitation/notification counseling...HMO may contract with local or regional health authorities to perform any of the covered services required...

6.15.8.2 Medical Records and Confidentiality. HMO must require that providers have procedures in place to protect the confidentiality of Members provided STD/HIV services...HMO must implement policies and procedures to monitor provider compliance with confidentiality requirements...

6.15.8.3 Partner Referral and Treatment. Members who are named as contacts to an STD, including HIV, should be evaluated and treated according to HMO's protocol...HMO's providers must coordinate referral of non-Member partners to local and regional health department STD staff." Texas Medicaid Managed Care Contract, pages 51-52.

### *West Virginia*

#### "5.1.2.4 Reporting of Required Reportable Diseases

Health care providers are required to report certain diseases by state law. This is to allow for both disease surveillance and appropriate case investigation/public follow-up. The MCP may be responsible for 1) further screening, diagnosis and treatment of identified cases enrolled in the MCP as necessary to protect the public's health, or 2) screening, diagnosis and treatment of case contacts who are enrolled in the MCP. See Appendix I.

a) Division of Surveillance and Disease Control, Sexually Transmitted Disease Program. According to WV Statute Chapter 16-4-6 and Legislative Rules Title 64, Series 7, sexually transmitted diseases (STDs) are required to be reported for disease surveillance purposes and for appropriate case investigation and follow-up. For contact notification, the MCP must refer case information to the Division of Surveillance and Disease Control...

c) Division of Surveillance and Disease Control, Communicable Disease Program. As per WV Legislative Rules Title 6-4, Series 7, cases of communicable disease noted as reportable in West Virginia must be reported to the local health departments in the appropriate time frame and method outlined in legislative rules. This both provides for disease surveillance and allows appropriate public health action to be undertaken - patient education and instruction to prevent further spread, contact identification and treatment, environmental investigation, outbreak identification and investigation." West Virginia Medicaid Managed Care RFA, pages 37-38.

### **Tuberculosis (Columns 2 and 10)**

#### *Alabama*

"Section Five: PMP Functions and Duties...

To report to the local public health department notifiable diseases and cooperate with the investigation and follow-up or reported cases. Cases or suspect case of tuberculosis

should be reported to the local health department so that their clinical management can be coordinated by the health department and preventive outreach measures can be assured. Similarly, case and suspect cases of sexually transmitted diseases should be reported to the local health department so that partner notification and control activities can be initiated. Diagnostic and treatment services for tuberculosis and sexually transmitted diseases are without cost to the health department patients." Alabama PMP, page 11.

### *District of Columbia*

#### "9. Public Health-Related Information

a. **Provider Shall report** to the District and to other District agencies as requested: ... (3) persons diagnosed as **tuberculosis** cases or as tuberculosis-infected individuals, children and adults with vaccine-preventable diseases, and other communicable diseases..." District of Columbia 4<sup>th</sup> edition Medicaid Managed Care Contract, page 11.

### *Florida*

"2. Tuberculosis Reporting. It is agreed that the **MediPass provider** who makes a diagnosis of **tuberculosis** or provides medical services to a person with suspected or confirmed tuberculosis shall report that diagnosis by telephone or in writing within 72 hours to the county health department having jurisdiction for the area where the reporting provider's office or where the patient's residence is located. Subsequent status reports on the patient's treatment or progress shall be submitted by the provider to the county health department at least every 3 months until the case is closed and follow-up is completed." Florida PCCM Agreement, pages 6-7.

### *South Carolina*

#### "4.7.8.2 Control and Prevention of Communicable Diseases

DHEC is the state public health agency responsible for promoting and protecting the public's health and has the primary responsibility for the control and prevention of communicable diseases such as TB, STD, HIV infection and vaccine preventable diseases. DHEC provides a range of primary and secondary prevention services through its local health clinics to provide and/or coordinate communicable disease control services. Due to the specialized knowledge and expertise required to treat TB cases and prevent its spread, **all TB cases at risk for noncompliance with treatment or primary drug resistance are reported to DHEC for treatment.** As a result, 95% of TB cases in South Carolina are treated in DHEC clinics.

TB suspects and cases must be referred to DHEC by the Contractor and/or its network provider for clinical management and treatment and directly observed therapy. This care will be coordinated with the Contractor's PCP." South Carolina Medicaid Managed Care Contract, page 22.

### *Texas*

“6.12 TUBERCULOSIS (TB)

6.12.2 Reporting and Referral. HMO must implement policies and procedures requiring providers to report all confirmed or suspected cases of TB to the local TB control program within one working day of identification of a suspected case...

6.12.4 Coordination and Cooperation with the Local TB Control Program. HMO must coordinate with the local TB control program to ensure that all Members with confirmed or suspected TB have a contact investigation and receive Directly Observed Therapy (DOT). HMO must require, through contract provisions, that providers report any Member who is non-compliant, drug resistant, or who is or may be posing a public health threat to TDH or the local TB control program. HMO must cooperate with the local TB control program in enforcing the control measures and quarantine procedures contained in Chapter 81 of the Texas Health and Safety Code.

6.12.4.1 HMO must have a mechanism for coordinating a post-discharge plan for follow-up DOT with the local TB program.

6.12.4.2 HMO must coordinate with the TDH South Texas Hospital and Texas Center for Infectious Disease for voluntary and court-ordered admission, discharge plans, treatment objectives and projected length of stay for Members with multi-drug resistant TB.

6.12.4.3 HMO may contract with the local TB control programs to perform any of the capitated services required in Article 6.12." Texas Medicaid Managed Care Contract, pages 47-48.

*West Virginia*

"5.1.2.4 Reporting of Required Reportable Diseases

Health care providers are required to report certain diseases by state law. This is to allow for both disease surveillance and appropriate case investigation/public follow-up. The MCP may be responsible for 1) further screening, diagnosis and treatment of identified cases enrolled in the MCP as necessary to protect the public's health, or 2) screening, diagnosis and treatment of case contacts who are enrolled in the MCP. See Appendix I. ...b) Division of Surveillance and Disease Control, Tuberculosis Program. As per WV Statute Chapter 26-5A-4 and WV Regulations 16-25-3, individuals with diseases caused by *M. tuberculosis* must be reported to the WV Bureau for Public Health, DSDC, TB Program for appropriate identification, screening, treatment and treatment monitoring of their contacts.

**Hepatitis (Columns 2 and 12)**

No relevant contractual language found.

## Appendix B

### Table 2 Contract Language

#### 4<sup>th</sup> edition, Medicaid Managed Care, PCCM, and SCHIP contracts

#### MCO Reporting Requirements

#### Adherence to Specific Public Health Laws for Communicable Diseases

##### State or Local Public Health Law (Column 1)

###### *California*

###### "6.5.12.4 Reporting Procedures

The Contractor will implement and maintain a procedure for reporting infectious diseases to public health authorities **as required by State law.**" California 4<sup>th</sup> edition Medicaid Managed Care Contract, page 104.

###### *Michigan*

###### "II-J OBSERVANCE OF FEDERAL, STATE AND LOCAL LAWS...

###### 4. Public Health Reporting

**State law requires** that health professionals comply with specified reporting requirements for communicable disease... The Contractor agrees to ensure compliance with all such reporting requirements through its provider contracts..." Michigan Medicaid Managed Care Contract, pages 30-31.

###### *New Mexico*

###### "2.C.10.c Shared Responsibility between MCO and Public health Offices:

The CONTRACTOR shall coordinate with the public health offices regarding the following services:

...(D) Disease outbreak prevention and management including reporting according to **state law requirements,** responding to epidemiology requests for information, and coordination with epidemiology investigations and studies..." New Mexico Medicaid Managed Care Contract, pages 30-31.

###### "2.H.6 Disease Reporting

The CONTRACTOR shall ensure that its providers comply with the disease reporting required by the **'New Mexico Regulations Governing the Control of Disease and Conditions of Public Health Significance, 1980'**..." New Mexico Medicaid Managed Care Contract, pages 66-67.

*New York*

"10. BENEFIT PACKAGE, COVERED AND NON-COVERED SERVICES...

10.19 Public Health Services...

c) Prevention and Treatment of Sexually Transmitted Diseases...

The Contractor also will be responsible for ensuring that its Participating Providers screen and treat Enrollees for STDs and report cases of STD to Local Public Health Agency and cooperate in contact investigation, **in accordance with existing state and local laws and regulations**...

10.23 Member Needs Relating to HIV...

e) The Contractor shall assure that its Participating Providers shall report positive HIV results to the Local Public Health Agency and assist in contact investigation." New York 4<sup>th</sup> edition Medicaid Managed Care Contract, pages 10-1-10-14.

*Pennsylvania*

"10. Contractor Responsibility for Reportable Conditions

Contractors shall work with DOH's State and District Office of Epidemiologists in partnership with the designated county/municipal health department staffs to ensure that reportable conditions are appropriately reported in accordance with DOH guidelines, pursuant to **Chapter 27, of the Disease Prevention and Control Law (35 P.S. Section 521.1 et seq.)**. Pennsylvania SCHIP RFP, pages 44-45.

*Pennsylvania Mental Health*

"f. The MCO must work in partnership with the designated county/municipal health department, and primary care practitioner as applicable, to ensure that conditions identified in accordance with **Chapter 25, Disease Prevention and Control Law** are reported (e.g., tuberculosis, hepatitis.)" Pennsylvania Mental Health Medicaid Managed Care RFP, page 60.

*South Carolina*

"4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases

The Contractor shall comply with **S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90** by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service...

Specifically, for all diseases 'reportable by health care workers,' reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." South Carolina Medicaid Managed Care Contract, page 22.

*Texas*

"7.16 COORDINATION WITH PUBLIC HEALTH...

### 7.16.3 Non-Reimbursed Arrangements with Public Health Entities.

7.16.3.1 Coordination with Public Health Entities. HMOs must make a good faith effort to enter into a Memorandum of Understanding (MOU) with Public Health Entities in the service area regarding the provision of services for essential public health care services... MOUs must contain the roles and responsibilities of HMO and the public health department for the following services:

- (1) Public health reporting requirements regarding communicable diseases and/or diseases which are preventable by immunization **as defined by state law**;
- (2) Notification of and referral to the local Public Health Entity, **as defined by state law**, of communicable disease outbreaks involving Members..." Texas Medicaid Managed Care Contract, pages 72-75.

### *West Virginia*

#### "5.1.2.4 Reporting of Required Reportable Diseases

Health care providers are required to report certain diseases **by state law**. This is to allow for both disease surveillance and appropriate case investigation/public follow-up. The MCP may be responsible for 1) further screening, diagnosis and treatment of identified cases enrolled in the MCP as necessary to protect the public's health, or 2) screening, diagnosis and treatment of case contacts who are enrolled in the MCP. See Appendix I.

a) Division of Surveillance and Disease Control, Sexually Transmitted Disease Program. According to **WV Statute Chapter 16-4-6 and Legislative Rules Title 64, Series 7**, sexually transmitted diseases (STDs) are required to be reported for disease surveillance purposes and for appropriate case investigation and follow-up. For contact notification, the MCP must refer case information to the Division of Surveillance and Disease Control...

b) Division of Surveillance and Disease Control, Tuberculosis Program. As per **WV Statute Chapter 26-5A-4 and WV Regulations 16-25-3**, individuals with diseases caused by M. tuberculosis must be reported to the WV Bureau for Public Health, DSDC, TB Program for appropriate identification, screening, treatment and treatment monitoring of their contacts.

c) Division of Surveillance and Disease Control, Communicable Disease Program. As per **WV Legislative Rules Title 6-4, Series 7**, cases of communicable disease noted as reportable in West Virginia must be reported to the local health departments in the appropriate time frame and method outlined in legislative rules. This both provides for disease surveillance and allows appropriate public health action to be undertaken - patient education and instruction to prevent further spread, contact identification and treatment, environmental investigation, outbreak identification and investigation." West Virginia Medicaid Managed Care RFA, pages 37-38.

### *Wisconsin*

"PP. REPORTING OF COMMUNICABLE DISEASES - As required by **Wis. Stats. 252.05, 252.15(5)(a)6 and 252.17(7)(9b)**, Physicians, Physician Assistants, Podiatrists, Nurses, Nurse Midwives, Physical Therapists, and dietitians affiliated with a Medicaid HMO shall report the appearance, suspicion or diagnosis of a communicable disease or death resulting from a communicable disease to the Local Health Department for any recipient treated or visited by the provider. Reports of human immunodeficiency virus (HIV)

infection shall be made directly to the State Epidemiologist. Such reports shall include the name, sex, age, residence, communicable disease, and any other facts required by the Local Health Department and Wisconsin Division of Health. Such reporting shall be made within 24 hours of learning about the communicable disease or death or as specified in **Wis. Admin. Code - HFS 145.04, Appendix A**. Charts and reporting forms on communicable diseases are available from the Local Health Department.

Each laboratory subcontracted or otherwise affiliated with the HMO shall report the identification or suspected identification of any communicable disease listed in **Wis. Admin. Rules 145, Appendix A** to the local health department; reports of HIV infections shall be made directly to the State Epidemiologist." Wisconsin Medicaid Managed Care Contract, page 38.

### **State Communicable Disease Regulations (Column 2)**

#### *Pennsylvania*

##### "10. Contractor Responsibility for Reportable Conditions

Contractors shall work with DOH's State and District Office of Epidemiologists in partnership with the designated county/municipal health department staffs to ensure that reportable conditions are appropriately reported in accordance with DOH guidelines, pursuant to **Chapter 27, of the Disease Prevention and Control Law (35 P.S. Section 521.1 et seq.)**.

Contractors shall designate a single contact person to facilitate the implementation of this requirement." Pennsylvania SCHIP Medicaid Managed Care RFP, pages 44-45.

### **State Health Department Standards (Column 3)**

#### *Pennsylvania*

##### "10. Contractor Responsibility for Reportable Conditions

Contractors shall work with DOH's State and District Office of Epidemiologists in partnership with the designated county/municipal health department staffs to ensure that reportable conditions are appropriately reported **in accordance with DOH guidelines**, pursuant to Chapter 27, of the Disease Prevention and Control Law (35 P.S. Section 521.1 et seq.).

Contractors shall designate a single contact person to facilitate the implementation of this requirement." Pennsylvania CHIP RFP, pages 44-45.



## Table 2 Contract Language

### 4<sup>th</sup> edition, Medicaid Managed Care, PCCM and SCHIP contracts

#### MCO Reporting Requirements

#### Reporting to Public Health Authorities

##### State Health Department Laboratory (Column 4)

*No relevant contract language found.*

##### State Public Health Department or Agency (Column 5)

###### *Oklahoma*

"2.6.4 Tuberculosis Prevention, Diagnosis, Treatment and Management Health Plan will notify the **local state health department** and the OSDH TB Control Officer within 24 hours of any member determined to have a TB infection or inactive disease." Oklahoma Medicaid Managed Care RFP, page 31.

###### *South Carolina*

"4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases

The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the **state public health agency** within 24 (twenty-four) hours of notification by provider or from date of service...

Specifically, for all diseases 'reportable by health care workers,' reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." South Carolina Medicaid Managed Care Contract, page 22.

"4.7.8.2 Control and Prevention of Communicable Diseases

DHEC is the state public health agency responsible for promoting and protecting the public's health and has the primary responsibility for the control and prevention of communicable diseases such as TB, STD, HIV infection and vaccine preventable diseases. DHEC provides a range of primary and secondary prevention services through its local health clinics to provide and/or coordinate communicable disease control services.

Due to the specialized knowledge and expertise required to treat TB cases and prevent its spread, all TB cases at risk for noncompliance with treatment or primary drug resistance are reported to DHEC for treatment. As a result, 95% of TB cases in South Carolina are treated in DHEC clinics.

TB suspects and cases must be referred to DHEC by the Contractor and/or its network provider for clinical management and treatment and directly observed therapy. This care will be coordinated with the Contractor's PCP." South Carolina Medicaid Managed Care Contract, page 22.

## Local Public Health Department or Agency (Column 6)

### *Alabama*

"Section Five: PMP Functions and Duties...

To report to the **local public health department** notifiable diseases and cooperate with the investigation and follow-up or reported cases. Cases or suspect case of tuberculosis should be reported to the local health department so that their clinical management can be coordinated by the health department and preventive outreach measures can be assured. Similarly, case and suspect cases of sexually transmitted diseases should be reported to the **local health department** so that partner notification and control activities can be initiated. Diagnostic and treatment services for tuberculosis and sexually transmitted diseases are without cost to the health department patients." Alabama PMP, page 11.

### *District of Columbia*

"E. REQUIRED INFORMATION...

9. Public Health-Related Information

a. **Provider shall report to the District and to other District agencies** as requested:

(1) individuals diagnosed with HIV/AIDS..."

(2) persons diagnosed as tuberculosis cases or as tuberculosis-infected individuals, children and adults with vaccine-preventable diseases, and other communicable diseases ...

District of Columbia Contract, pages 8, 11, 12.

### *Florida*

"2. Tuberculosis Reporting. It is agreed that the MediPass provider who makes a diagnosis of tuberculosis or provides medical services to a person with suspected or confirmed tuberculosis shall report that diagnosis by telephone or in writing within 72 hours to the **county health department** having jurisdiction for the area where the reporting provider's office or where the patient's residence is located. Subsequent status reports on the patient's treatment or progress shall be submitted by the provider to the county health department at least every 3 months until the case is closed and follow-up is completed." Florida PCCM Agreement, pages 6-7.

### *Kansas*

"D. LOCAL HEALTH DEPARTMENTS...

The HMO will coordinate all cases of Sexually Transmitted Diseases (STD) and tuberculosis with the **Local Health Departments** to ensure prevention and the spread of disease. The HMO shall cooperate with the treatment plan developed by the **Local Health Department**." Kansas General Service Medicaid Managed Care Contract, page 10.

"COORDINATION WITH LOCAL HEALTH DEPARTMENTS

The Kansas Department of Health and Environment provides funding to Local Health Department for the provision of health care services to low income individuals. Horizon Health Plan, Inc. shall make a reasonable effort to subcontract with any local health care

provider receiving funds from Titles V and X of the Social Security Act. Close cooperation with these entities is strongly encouraged.

Horizon Health Plan, Inc. will coordinate all cases of Sexually Transmitted Diseases (STD) and tuberculosis with the Local Health Departments to ensure prevention and the spread of disease. Horizon Health Plan, Inc. will cooperate with the treatment plan developed by the Local Health Department. SRS requires Horizon Health Plan, Inc. to provide written documentation of cooperation on STDs and tuberculosis between Horizon Health Plan, Inc. and any local health departments within the counties they have proposed serving prior to contract signature..."Kansas SCHIP RFP, Contract for Physical and Dental Benefits, Regions 2 and 3, unnumbered page.

### *Oklahoma*

"2.6.4 Tuberculosis Prevention, Diagnosis, Treatment and Management Health Plan will notify the **local state health department** and the OSDH TB Control Officer within 24 hours of any member determined to have a TB infection or inactive disease." Oklahoma Medicaid Managed Care RFP, page 31.

### *Pennsylvania Mental Health*

"f. The MCO must work in partnership with the designated **county/municipal health department**, and primary care practitioner as applicable, to ensure that conditions identified in accordance with Chapter 25, Disease Prevention and Control Law are reported (e.g., tuberculosis, hepatitis.)" Pennsylvania Mental Health Medicaid Managed Care RFP, page 60.

### *New York*

"10. BENEFIT PACKAGE, COVERED AND NON-COVERED SERVICES...  
10.19 Public Health Services...

#### c) Prevention and Treatment of Sexually Transmitted Diseases

The Contractor will be responsible for ensuring that its Participating Providers educate their Enrollees about the risk and prevention of sexually transmitted disease (STD). The Contractor also will be responsible for ensuring that its Participating Providers screen and treat Enrollees for STDs and report cases of STD to **Local Public Health Agency** and cooperate in contact investigation, in accordance with existing state and local laws and regulations..."New York Medicaid Managed Care Contract, pages 10-1-10-11.

### *Texas*

"6.12 TUBERCULOSIS (TB)..."

6.12.2 Reporting and Referral. HMO must implement policies and procedures requiring providers to report all confirmed or suspected cases of TB to the **local TB control program** within one working day of identification of a suspected case... HMO must

require that in-state labs report mycobacteriology culture results positive for M. Tuberculosis and M. Tuberculosis antibiotic susceptibility to TDH as required for in-state labs by 25 TAC §97.5(a). Referral to state-operated hospitals specializing in the treatment of tuberculosis should only be made for TB-related treatment.

6.12.3 Medical Records. HMO must provide access to Member medical records to TDH and the **local TB control program** for all confirmed and suspected TB cases upon request.

6.12.4 Coordination and Cooperation with the **Local TB Control Program**...HMO must require, through contract provisions, that providers report any Member who is non-compliant, drug resistant, or who is or may be posing a public health threat to TDH or the local TB control program. HMO must cooperate with the local TB control program in enforcing the control measures and quarantine procedures contained in Chapter 81 of the Texas Health and Safety Code." Texas Medicaid Managed Care Contract, page 47.

#### "6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HMO must provide STD services that include STD/HIV prevention, screening, counseling, diagnosis, and treatment. HMO is responsible for implementing procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV.

...6.15.3 HMO must consult with **TDH regional public health authority** to ensure that Members receiving clinical care of STDs, including HIV, are managed according to a protocol which has been approved by TDH...

6.15.5 HMO must require providers to report all confirmed cases of STDs, including HIV, to the **local or regional health authority** according to 25 Texas Administrative Code...

6.15.6 HMO must coordinate with the TDH regional health authority to ensure that Members with confirmed cases of syphilis, chancroid, gonorrhea, chlamydia and HIV receive risk reduction and partner elicitation/notification counseling...HMO may contract with local or regional health authorities to perform any of the covered services required...

...6.15.8.3 Partner Referral and Treatment. Members who are named as contacts to an STD, including HIV, should be evaluated and treated according to HMO's protocol...HMO's providers must coordinate referral of non-Member partners to **local and regional health department** STD staff." Texas 4<sup>th</sup> edition Medicaid Managed Care Contract, pages 51-52.

#### *West Virginia*

##### "Reportable Disease Requirements

MCPs must report the following diseases as specified by the Bureau of Public Health. Category I - Diseases or conditions to be reported immediately by telephone to the **county health department**, including case name, address, age and sex...

...Gonococcal Disease...

Conditions (reportable by public and private laboratories, and by hospital laboratories)

Isolation of drug-resistant Neisseria gonorrhea from any site

Isolation of Neisseria gonorrhea from female upper genital tract...

Category II. Diseases or conditions reported weekly by name, address, age and sex to the county health department.

Diseases (reportable by physicians and hospitals)

...Hepatitis...

Category IV. Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported by name, age, sex, and specific disease information to the State health department according to protocols specified by the director of the department.

Human Immunodeficiency Virus (HIV) infection, including persons with AIDS and with other illnesses falling in Clinical Categories A, B and C of the CDC HIV infection classification

Conditions (reportable by public and private laboratories, and by hospital laboratories):

Positive serologic test for Human Immunodeficiency Virus

C4+ cell counts of two hundred per cubic millimeter (200/mm<sup>3</sup>) or less." West Virginia Medicaid Managed Care RFA, Appendix I, pages I1-I4

#### "5.1.2.4 Reporting of Required Reportable Diseases

Health care providers are required to report certain diseases by state law. This is to allow for both disease surveillance and appropriate case investigation/public follow-up. The MCP may be responsible for 1) further screening, diagnosis and treatment of identified cases enrolled in the MCP as necessary to protect the public's health, or 2) screening, diagnosis and treatment of case contacts who are enrolled in the MCP. See Appendix I.

a) Division of Surveillance and Disease Control, Sexually Transmitted Disease Program. According to WV Statute Chapter 16-4-6 and Legislative Rules Title 64, Series 7, sexually transmitted diseases (STDs) are required to be reported for disease surveillance purposes and for appropriate case investigation and follow-up. For contact notification, the MCP must refer case information to the Division of Surveillance and Disease Control...

b) Division of Surveillance and Disease Control, Tuberculosis Program. As per WV Statute Chapter 26-5A-4 and WV

Regulations 16-25-3, individuals with diseases caused by *M. tuberculosis* must be reported to the WV Bureau for Public Health, DSDC, TB Program for appropriate identification, screening, treatment and treatment monitoring of their contacts.

c) Division of Surveillance and Disease Control, Communicable Disease Program. As per WV Legislative Rules Title

6-4, Series 7, cases of communicable disease noted as reportable in West Virginia must be reported to the **local health departments** in the appropriate time frame and method outlined in legislative rules. This both provides for disease surveillance and allows appropriate public health action to be undertaken - patient education and instruction to prevent further spread, contact identification and treatment, environmental investigation, outbreak identification and investigation." West Virginia Medicaid Managed Care RFA, pages 37-38.

#### *Wisconsin*

"PP. REPORTING OF COMMUNICABLE DISEASES - As required by Wis. Stats. 252.05, 252.15(5)(a)6 and 252.17(7)(9b), Physicians, Physician Assistants, Podiatrists, Nurses, Nurse Midwives, Physical Therapists, and dietitians affiliated with a Medicaid HMO shall report the appearance, suspicion or diagnosis of a communicable disease or death resulting from a communicable disease to the **Local Health Department** for any recipient treated or visited by the provider. Reports of human immunodeficiency virus (HIV) infection shall be made directly to the State Epidemiologist. Such reports shall include the name, sex, age, residence, communicable disease, and any other facts required by the

Local Health Department and Wisconsin Division of Health. Such reporting shall be made within 24 hours of learning about the communicable disease or death or as specified in Wis. Admin. Code - HFS 145.04, Appendix A. Charts and reporting forms on communicable diseases are available from the Local Health Department.

Each laboratory subcontracted or otherwise affiliated with the HMO shall report the identification or suspected identification of any communicable disease listed in Wis. Admin. Rules 145, Appendix A to the **local health department**; reports of HIV infections shall be made directly to the State Epidemiologist." Wisconsin Medicaid Managed Care Contract, page 38.

## **General Reporting Requirement (Column 7)**

### *California*

#### "6.5.12.4 Reporting Procedures

The Contractor will implement and maintain a procedure for reporting infectious diseases to **public health authorities** as required by State law." California 4<sup>th</sup> edition Medicaid Managed Care Contract, page 104.

### *District of Columbia*

#### "9. Public Health-Related Information

a. Provider Shall report to the **District and to other District agencies** as requested:

- (1) individuals diagnosed with HIV/AIDS;
- (2) persons that meet the District's definition of developmental delay;
- (3) persons diagnosed as tuberculosis cases or as tuberculosis-infected individuals, children and adults with vaccine-preventable diseases, and other communicable diseases..." District of Columbia Medicaid Managed Care Contract, page 11.

### *Missouri*

"10.7.4 **All statutorily mandated disease reporting requirements** remain, regardless of the site of the service. Health plans shall provide a list of their contracted laboratories to the **Missouri Department of Health**." Missouri RFP, page 35.

### *New Mexico*

#### "2.C.10.c Shared Responsibility between MCO and Public Health Offices.

The CONTRACTOR shall coordinate with the **public health offices** regarding the following services: ...

D. Disease outbreak prevention and management including reporting according to state law requirements, responding to epidemiology requests for information, and coordination with epidemiology investigations and studies." New Mexico Medicaid Managed Care Contract, pages 31-32.

## Appendix C

### Table 3 Contract Language

#### 4<sup>th</sup> edition, Medicaid Managed Care, PCCM, and SCHIP contracts

#### MCO Reporting Requirements

#### Provider Network and Standards of Care Requirements

#### Public Health Labs Required to be in Provider Network (Column 1)

##### *Rhode Island*

##### "2.08.08 Department Of Health Laboratory

The Rhode Island Department of Health operates a reference laboratory and relies on this laboratory to monitor the incidence of lead poisoning and contagious diseases throughout the State. To assist in this monitoring process, Contractor agrees to submit to the Department of Health laboratory all specimens for HIV testing and mycobacteria (TB) analysis. All blood lead screening test samples, including venipuncture samples, should be submitted to RIDH lab for analysis. All non-screening blood lead samples shall be considered diagnostic lead testing and may be sent to any lab licensed by the DOH to perform blood lead analysis. Contractor also agrees to submit specimens from suspected cases of measles, mumps, rubella, and pertussis when required by the State to facilitate investigations of outbreaks. Contractor shall negotiate fees directly with the Department of Health laboratory." Rhode Island Medicaid Managed Care RFP, page 37.

##### *Nebraska Mental Health*

"11.27 Laboratories: The PHP shall, whenever possible, use State-designated laboratories to ensure that lab results that involve infectious or notifiable diseases or diseases for which there are registries maintained by federal, state and local public health agencies. " Nebraska Medicaid Managed Care Behavioral Health Contract, page 59.

##### *West Virginia*

##### "3.6.7 Bureau for Public Health Laboratories

The MCP is required by law to use Bureau for Public Health Laboratories for certain cases (e.g., metabolic testing for newborns, rabies), and the Bureau for Public Health Laboratories is required to perform tests, including those mentioned under core services above, on MCP members for public health purposes. In addition, all laboratories contracted by MCPs who have positive findings of certain reportable diseases under the Reportable Disease Rule in category I, II and IV (see Appendix I) must submit an isolate, serum specimen or other designated material to the Office of Laboratory Services (OLS)

for confirmation or other testing needed for epidemiological surveillance." West Virginia Medicaid Managed Care RFA, page 23-24.

### **Requirements for Other Laboratories (Column 2)**

#### *Missouri*

"10.7.4 All statutorily mandated disease reporting requirements remain, regardless of the site of the service. Health plans shall provide a list of their contracted laboratories to the Missouri Department of Health." Missouri RFP, page 35.

#### *South Carolina*

"4.7.8.2 Prompt Reporting of South Carolina Reportable Diseases, and Access to Clinical Records of Patients with Reportable Diseases  
The Contractor shall comply with S.C. Code Ann. 49-1-80 through 44-140 and 44-29-10 through 44-29-90 by reporting all cases of TB, STD and HIV infection to the state public health agency within 24 (twenty-four) hours of notification by provider or from date of service...Specifically, for all diseases 'reportable by health care workers,', reporting shall be by the Contractor staff providing services to the patient, regardless of whether the case is also reportable by laboratories." South Carolina Medicaid Managed Care Contract, page 22.

#### *West Virginia*

"3.6.7 Bureau for Public Health Laboratories  
The MCP is required by law to use Bureau for Public Health Laboratories for certain cases (e.g., metabolic testing for newborns, rabies), and the Bureau for Public Health Laboratories is required to perform tests, including those mentioned under core services above, on MCP members for public health purposes. In addition, all laboratories contracted by MCPs who have positive findings of certain reportable diseases under the Reportable Disease Rule in category I, II and IV (see Appendix I) must submit an isolate, serum specimen or other designated material to the Office of Laboratory Services (OLS) for confirmation or other testing needed for epidemiological surveillance." West Virginia Medicaid Managed Care RFA, page 23-24.

#### *Wisconsin*

"PP. REPORTING OF COMMUNICABLE DISEASES - As required by Wis. Stats. 252.05, 252.15(5)(a)6 and 252.17(7)(9b), Physicians, Physician Assistants, Podiatrists, Nurses, Nurse Midwives, Physical Therapists, and dietitians affiliated with a Medicaid HMO shall report the appearance, suspicion or diagnosis of a communicable disease or death resulting from a communicable disease to the Local Health Department for any recipient treated or visited by the provider. [...] Such reporting shall be made within 24 hours of learning about the communicable disease or death or as specified in Wis. Admin. Code - HFS 145.04, Appendix A. Charts and reporting forms on communicable diseases are available from the Local Health Department.



Each laboratory subcontracted or otherwise affiliated with the HMO shall report the identification or suspected identification of any communicable disease listed in Wis. Admin. Rules 145, Appendix A to the local health department; reports of HIV infections shall be made directly to the State Epidemiologist." Wisconsin Medicaid Managed Care Contract, page 38.

### Standards of Care for Screening and Testing (Column 3)

#### *California*

#### Preventive Care Guidelines for Healthy Children, Adolescents, Adults, and Seniors:

These guidelines are for information only and may be subject to change. Additionally, your Preferred Provider may modify these guidelines based on your health and history or individual risk factors. Please talk to your medical professional carefully about individual risk factors when making decisions about diagnostic tests. These guidelines were adapted from the U.S. Preventive Services Task Force Guide to Clinical Preventive Services (2<sup>nd</sup> Edition).

Children: Birth to 10 years:

**Hepatitis B Vaccine:** Those who have not previously received three doses of hepatitis B vaccine should initiate or complete the series at age 11-12 years. Three doses: at birth-age 2 months (preferably prior to hospital discharge); 1-4 months; and 6-18 months.

Adolescents: Ages 11-24 years:

**Chlamydia Test:** Recommended for sexually active female adolescents under age 20 and in other women with risk factors for infection. Screening sexually active young men may be recommended by your physician.

**Hepatitis B Vaccine:** Those who have not previously received three doses of hepatitis B vaccine should initiate or complete the series at age 11-12 years.

Adults: Ages 25-64 years:

**Sexually Transmitted Diseases:** Recommended for all sexually active individuals.

Seniors: Age 65 and older:

**Hepatitis B Vaccine:** Discuss your risk with your physician. California Public Employees' Retirement System Year 2000 PERS Choice Preferred Provider Organization Member Handbook, pp. 84-87

#### *Missouri*

Sexually transmitted diseases (STD)

"Services shall include: ...

..."(a) All sexually transmitted disease services including screening, diagnosis, and treatment. Plan providers shall follow current Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines and US Department of Health and Human

**Services Chlamydia Control Project Screening Criteria, or their equivalent.** The State of Missouri Director of the Department of Health shall provide the plan's medical director with copies of current protocols and guidelines upon contract award or at any time upon request.

(1) STD Screening, diagnosis, and treatment services include:

(a) Sexually transmitted disease screening exam.

(b) Screening, diagnosis and treatment for these sexually transmitted diseases: gonorrhea, syphilis, chancroid, granuloma inguinale, lymphogranuloma venereum, genital herpes, genital warts, trichomoniasis, chlamydia (cervicitis), chlamydia (urethritis), hepatitis B, and others as may be designated by the state agency.

(c) Screening, diagnosis, and treatment of vaginal or urethral discharge including non-gonococcal urethritis and mucopurulent cervicitis.

(d) Evaluation and initiation of treatment of pelvic inflammatory disease (PID).

(e) Diagnosis and preventive treatment of plan members who are reported as contacts/sex partners of any person seen at a Local Health Department and diagnosed with a sexually transmitted disease. The individual will be given the option of seeing a health plan provider first.

(f) The local health agency shall encourage plan members to follow-up with their primary care provider, however, if the individual member chooses follow-up care at the local health agency for confidentiality reasons, the agency will be reimbursed for follow-up office visits (not to exceed three visits per episode)." Missouri RFP, page 58.

"10.7.1 Plans are responsible for ensuring the following core services are available to their members and for reimbursing the Department of Health and local health departments as specified.

(a) All sexually transmitted disease services including screening, diagnosis, and treatment. Plan providers shall follow **current Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines and US Department of Health and Human Services Chlamydia Control Project Screening Criteria, or their equivalent.** The State of Missouri Director of the Department of Health shall provide the plan's medical director with copies of current protocols and guidelines upon contract award or at any time upon request." Missouri RFP, page 34.

#### HIV/AIDS

"5. Services shall include: ...

(2) HIV screening and diagnostic services..." Missouri RFP, page 8A.

"(b) Human immunodeficiency virus (HIV) services including screening and diagnostic studies. Plan providers shall use **current CDC HIV Counseling, Testing, and Referral Standards and Guidelines or their equivalent.** The Director of the Department of Health shall provide the plan's medical director with copies of current guidelines upon contract award or at any time upon request." Missouri RFP, page 59.

#### Tuberculosis

" Services shall include: ...

(3) Screening, diagnosis, and treatment of tuberculosis..." Missouri RFP, page 8A.

"(c) Tuberculosis services including screening, diagnosis, and treatment. Plan providers shall follow **current CDC/American Thoracic Society Guidelines: Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children, or their equivalent,**

including the use of Mantoux PPD skin test to screen for tuberculosis. The Director of the Department of Health shall provide the plan's medical director with copies of current guidelines upon contract award or at any time upon request.

(1) Plan providers shall assess the risk of non-compliance for each member who requires anti-tuberculosis medications. Those members at risk for non-compliance shall be referred to the local health department's tuberculosis control officer for directly observed therapy (DOT). The local health tuberculosis control officer and the plan provider will coordinate the follow-up and care needed.

(2) All laboratory tests for tuberculosis shall meet the standards established by the CDC/Missouri Department of Health. Sensitivity tests shall be performed on all initial specimens positive for *M. Tuberculosis*. Sputum specimens may be submitted to the Department of Health Tuberculosis Reference Laboratory at the Missouri Rehabilitation Center." Missouri Medicaid Managed Care RFP, page 59.

### *Texas*

#### “6.12 TUBERCULOSIS (TB)

6.12.1 Education, Screening, Diagnosis and Treatment...HMO must consult with the local TB control program to ensure that all services and treatments provided by HMO are in compliance with the guidelines recommended by the American Thoracic Society (ATS), the Centers for Disease Control and Prevention (CDC), and TDH policies and standards. Texas Medicaid Managed Care Contract, pages 47-48.

### **Standards of Care Linked to Performance Measures (Column 4)**

*No relevant contractual language found.*

### **Requirements to Report Drug-Resistant STDs or TB (Column 5)**

### *Texas*

#### “6.12 TUBERCULOSIS (TB)

6.12.4 Coordination and Cooperation with the Local TB Control Program. HMO must coordinate with the local TB control program to ensure that all Members with confirmed or suspected TB have a contact investigation and receive Directly Observed Therapy (DOT). HMO must require, through contract provisions, that providers report any Member who is non-compliant, drug resistant, or who is or may be posing a public health threat to TDH or the local TB control program. HMO must cooperate with the local TB control program in enforcing the control measures and quarantine procedures contained in Chapter 81 of the Texas Health and Safety Code.

6.12.4.1 HMO must have a mechanism for coordinating a post-discharge plan for follow-up DOT with the local TB program.

6.12.4.2 HMO must coordinate with the TDH South Texas Hospital and Texas Center for Infectious Disease for voluntary and court-ordered admission, discharge plans, treatment objectives and projected length of stay for Members with multi-drug resistant TB.

6.12.4.3 HMO may contract with the local TB control programs to perform any of the

capitated services required in Article 6.12." Texas Medicaid Managed Care Contract, pages 47-48.

### *West Virginia*

#### "Reportable Disease Requirements

MCPs must report the following diseases as specified by the Bureau of Public Health. Category I - Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address, age and sex...

...Gonococcal Disease...

Conditions (reportable by public and private laboratories, and by hospital laboratories)

Isolation of **drug-resistant Neisseria gonorrhoea** from any site

Isolation of Neisseria gonorrhoea from female upper genital tract..." West Virginia Medicaid Managed Care RFA, Appendix I, pages I1-I4

### **Coordination of Reimbursement Issues Addressed for Communicable Disease Services (Column 6)**

### *Alabama*

"Section Five: PMP Functions and Duties...

To report to the local public health department notifiable diseases and cooperate with the investigation and follow-up or reported cases. Cases or suspect case of tuberculosis should be reported to the local health department so that their clinical management can be coordinated by the health department and preventive outreach measures can be assured. Similarly, case and suspect cases of sexually transmitted diseases should be reported to the local health department so that partner notification and control activities can be initiated. **Diagnostic and treatment services for tuberculosis and sexually transmitted diseases are without cost to the health department patients.**" Alabama PMP, page 11.

### *Missouri*

Sexually transmitted diseases (STD)

"Services shall include: ...

..."(a) All sexually transmitted disease services including screening, diagnosis, and treatment. Plan providers shall follow current Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines and US Department of Health and Human Services Chlamydia Control Project Screening Criteria, or their equivalent. The State of Missouri Director of the Department of Health shall provide the plan's medical director with copies of current protocols and guidelines upon contract award or at any time upon request.

(1) STD Screening, diagnosis, and treatment services include:

(a) Sexually transmitted disease screening exam.

(b) Screening, diagnosis and treatment for these sexually transmitted diseases: gonorrhea, syphilis, chancroid, granuloma inguinale, lymphogranuloma venereum, genital herpes, genital warts, trichomoniasis, chlamydia (cervicitis), chlamydia (urethritis), hepatitis B, and others as may be designated by the state agency.

(c) Screening, diagnosis, and treatment of vaginal or urethral discharge including non-gonococcal urethritis and mucopurulent cervicitis.

(d) Evaluation and initiation of treatment of pelvic inflammatory disease (PID).

(e) Diagnosis and preventive treatment of plan members who are reported as contacts/sex partners of any person seen at a Local Health Department and diagnosed with a sexually transmitted disease. The individual will be given the option of seeing a health plan provider first.

(f) The local health agency shall encourage plan members to follow-up with their primary care provider, however, if the individual member chooses follow-up care at the local health agency for confidentiality reasons, the agency will be reimbursed for follow-up office visits (not to exceed three visits per episode)." Missouri RFP, page 58.

"10.7.1 Plans are responsible for ensuring the following core services are available to their members and for reimbursing the Department of Health and local health departments as specified.

(a) All sexually transmitted disease services including screening, diagnosis, and treatment. Plan providers shall follow current Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines and US Department of Health and Human Services Chlamydia Control Project Screening Criteria, or their equivalent. The State of Missouri Director of the Department of Health shall provide the plan's medical director with copies of current protocols and guidelines upon contract award or at any time upon request." Missouri RFP, page 34.

"2.1.5 Services shall include...

z. Services provided by local health agencies (may be provided by the health plan or through an arrangement between the local health agency and the health plan)." Missouri RFP, page 19.

"k. Local Health Agencies: While the State will not require inclusion of local health agencies in health plan's networks, the state agency encourages health plans to contract with local health agencies." Missouri RFP, pages 27-28.

"Public Health Programs, Mandated Plan Reimbursements: The Department of Health and Local Health Agencies administer certain public health programs which are critical to the protection of the public's health and, therefore, must be made available to MC+ members." Missouri RFP, page 58.

"Medicaid Managed Care Provider Coordination with Local Health Agencies (LHA) and Missouri Department of Health (DOH)

Immunizations

Lead Screening, Diagnosis and Treatment...

STD Screening, Diagnosis and Treatment

TB Screening, Diagnosis and Treatment

HIV Screening and Diagnosis...

Family Planning.

**LHA/DOH Must Be Reimbursed If they Provide Service.**" Missouri RFP, Attachment Five.

### *Rhode Island*

"2.08.08 Department Of Health Laboratory

The Rhode Island Department of Health operates a reference laboratory and relies on this laboratory to monitor the incidence of lead poisoning and contagious diseases throughout the State. To assist in this monitoring process, Contractor agrees to submit to the Department of Health laboratory all specimens for HIV testing and mycobacteria (TB) analysis. [...] **Contractor shall negotiate fees directly with the Department of Health laboratory.**" Rhode Island 4<sup>th</sup> edition Medicaid Managed Care RFP, page 37.

### *Texas*

"6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

6.15.5 HMO must require providers to report all confirmed cases of STDs, including HIV, to the local or regional health authority according to 25 Texas Administrative Code...

6.15.6 HMO must coordinate with the TDH regional health authority to ensure that Members with confirmed cases of syphilis, chancroid, gonorrhea, chlamydia and HIV receive risk reduction and partner elicitation/notification counseling...**HMO may contract with local or regional health authorities to perform any of the covered services required...**

...6.15.8.3 Partner Referral and Treatment. Members who are named as contacts to an STD, including HIV, should be evaluated and treated according to HMO's protocol...HMO's providers must coordinate referral of non-Member partners to local and regional health department STD staff." Texas 4<sup>th</sup> edition Medicaid Managed Care Contract, pages 51-52.

### Tuberculosis

"6.1 SCOPE OF SERVICES...

6.1.8 **Non-Capitated Services.** The following Texas Medicaid program services have been excluded from the services included in the calculation of HMO capitation rate: ...

**Tuberculosis Services Provided by TDH-approved providers (Directly Observed Therapy and Contact Investigation)... Although HMO is not responsible for paying or reimbursing for these non-capitated services, HMO remains responsible for providing appropriate referrals for Members to obtain or access these services.**" Texas Contract, pages 33-35.

"7.16 COORDINATION WITH PUBLIC HEALTH...

7.16.3 **Non-Reimbursed Arrangements with Public Health Entities.**

7.16.3.1 Coordination with Public Health Entities. HMOs must make a good faith effort to enter into a Memorandum of Understanding (MOU) with Public Health Entities in the service area regarding the provision of services for essential public health care services... MOUs must contain the roles and responsibilities of HMO and the public health department for the following services:

(1) Public health reporting requirements regarding communicable diseases and/or

diseases which are preventable by immunization as defined by state law;  
(2) Notification of and referral to the local Public Health Entity, as defined by state law, of communicable disease outbreaks involving Members;  
(3) Referral to the local Public Health Entity for TB contact investigation and evaluation and preventive treatment of persons whom the Member has come into contact;  
(4) Referral to the local Public Health Entity for STD/HIV contact investigation and evaluation and preventive treatment of persons whom the Member has come into contact;  
Texas 4<sup>th</sup> edition Medicaid Managed Care Contract, pages 72-75.

## Requirements to Engage in Public Health Education Activities Related to Communicable Diseases (Column 7)

### *Hawaii*

"Age appropriate **Health Education** of child and/or parent including ... STD, HIV... Provisions for children aged 12 years and older to be able to discuss sensitive issues alone with the provider or designated staff" Hawaii Medicaid Managed Care RFP, Appendix E, page 6.

### *Massachusetts*

"Section 2.11 Clinical Initiatives and Care Management

A. Clinical Initiatives: ...

4. Care for Enrollees with HIV/AIDS

No later than July 1, 1999, the Contractor shall develop and implement an HIV/AIDS program designed to proactively manage adult and pediatric Enrollees with HIV/AIDS. At a minimum, components of the Contractor's HIV/AIDS Clinical Initiative shall include, but not be limited to:

- a. A process to identify Enrollees with HIV/AIDS to assure appropriate care, including early intervention and treatment consistent with this section and with Care Management in Section 2.11.B.;
- b. A written protocol for pre-and post-HIV/AIDS test counseling;
- c. Case management which includes the provision of **health education** specific to the needs of Enrollees with HIV/AIDS;
- d. Identified specialists in the areas of infectious disease, nutrition and mental health and substance abuse including a protocol which defines the procedures and processes that PCPs utilize for referral to specialty care providers;
- e. The ongoing development of clinical guidelines/protocols specific to the treatment of Enrollees with HIV/AIDS..." Massachusetts Medicaid Managed Care Contract, pages 61-64.

### *Montana*

"FAMILY PLANNING SERVICE- for purposes of self referral, family planning services are defined as the following: ...

5. Screening, testing, and treatment of pre- and post-counseling for...HIV..." Montana Medicaid Managed Care Contract, page 28.

"2.5 PROVISION OF SERVICES

2.5.1 COVERED SERVICES...

HMO COVERED SERVICE/Description...

Family Planning (all persons)/per Social Security Act 1905(a)(2)(C); Medicaid beneficiaries are given the freedom to self refer for family planning services. Family Planning Service for purposes of self referral are as defined as the following: ...

2. Patient counseling and **education** for the following:...sexually transmitted disease,



HIV/AIDS...

5. Screening, testing, and treatment of and pre-and post- test counseling for sexuality transmitted diseases and HIV... ARM 46.12575 &576." Montana Medicaid Managed Care Contract, page 41.

### *New Hampshire*

"Covered Services...

F. Care for Enrollees with HIV/AIDS: The Contractor shall operate a program to provide access to a high quality continuum of care for Enrollees with HIV/AIDS. Services for this population shall include, but not be limited to:

1. a process to identify Enrollees with HIV/AIDS;
2. a written protocol for pre- and post-HIV/AIDS test counseling;
3. a Case Management approach which includes the provision of **health education** and coordination of health services;
4. identified specialists in the areas of infectious disease, nutrition and mental health and substance abuse including a protocol which defines the procedures and processes that Contractor Providers utilize for referral to specialty care physicians; and
5. evaluation of satisfaction with care by Enrollees or members of the Contractor's membership who have HIV/AIDS." New Hampshire Medicaid Managed Care General Service Agreement, Exhibit A.3., page 6.

### *New Jersey*

"10.23 The contractor shall implement a program to educate, test and treat pregnant women with HIV/AIDS to reduce prenatal transmission of HIV from mother to infant. All pregnant women must receive **HIV education** and counseling and HIV testing with their consent as part of their regular prenatal care. A refusal of testing must be documented in the patient's medical record. Additionally, counseling and **education** regarding perinatal transmission of HIV and available treatment options (the use of Zidovudine [AZT] or most current treatment accepted by the medical community for treating this disease) for the mother and newborn infant should be made available during pregnancy and/or to the infant within the first months of life..." New Jersey Medicaid Managed Care Contract, page 62.

### *South Carolina*

"COMMUNICABLE DISEASE SERVICES...

#### A. Communicable Disease

An array of communicable disease services are available to help control and prevent diseases such as...TB, HIV. Communicable disease services include examinations, assessments, diagnostic procedures, **health education** and counseling, treatment, and contact tracing, according to the Centers for Disease Control (SCS) standards...

Every pregnant woman should be given **HIV education** and counseling and informed about the risk of transmission of the virus to the fetus and treatment available to prevent transmission to the fetus. Every pregnant woman should be strongly encouraged to

receive a test for the presence of the HIV infection. Any newborn whose mother's HIV testing status is undocumented should receive testing for the presence of maternal HIV antibodies, with parental consent only.

Eligible recipients should be encouraged to receive...HIV services through their primary care provider or by appropriate referral to promote the integration/coordination of these services with their total medical care...Eligible recipients have the freedom to receive...HIV testing and counseling services from any public health agency without any restrictions to services." South Carolina Medicaid Managed Care Contract, Appendix C, Tab 1, pages 3-4.

### *Texas*

#### "6.7 FAMILY PLANNING - SPECIFIC REQUIREMENTS...

The following initial Member education content may vary according to the educator's assessment of the Member's current knowledge: ...

##### 6.7.4.7 information on HIV/STD infection and prevention and safer sex discussion."

Texas Contract, pages 40-41

#### "6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HMO must provide STD services that include STD/HIV prevention, screening, counseling, diagnosis, and treatment. HMO is responsible for implementing procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV.

...6.15.4 HMO must make education available to providers and Members on the prevention, detection and effective treatment of STDs, including HIV..." Texas Medicaid Managed Care Contract, pages 51-53.

#### "6.12 TUBERCULOSIS (TB)

6.12.1 Education, Screening, Diagnosis and Treatment. HMO must provide Members and providers with education on the prevention, detection and effective treatment of tuberculosis (TB). HMO must establish mechanisms to ensure all procedures required to screen at-risk Members and to form the basis for a diagnosis and proper prophylaxis and management of TB are available to all Members, except services referenced in Article..." Texas Medicaid Managed Care Contract, page 47.

### *Utah*

#### "AA. HIV Prevention

The CONTRACTOR must have in place the following:

##### 1. General Program

The CONTRACTOR must have educational methods for promoting HIV prevention to Enrollees. HIV prevention information, both primary (targeted to uninfected Enrollees), as well as secondary (targeted to those Enrollees with HIV) should must be culturally and linguistically appropriate. All Enrollees should be informed of the availability of both in-plan HIV counseling and testing services, as well as those available from Utah State-operated programs.

Utah Medicaid Managed Care Contract, Attachment C, page 12.

*West Virginia*

## "5.1.2.4 Reporting of Required Reportable Diseases

...c) Division of Surveillance and Disease Control, Communicable Disease Program. As per WV Legislative Rules Title 6-4, Series 7, cases of communicable disease noted as reportable in West Virginia must be reported to the local health departments in the appropriate time frame and method outlined in legislative rules. This both provides for disease surveillance and allows appropriate public health action to be undertaken - patient **education and instruction** to prevent further spread, contact identification and treatment, environmental investigation, outbreak identification and investigation." West Virginia Medicaid Managed Care RFA, pages 37-38.

**Requirements for HIV Counseling and Testing (Column 8)***Arizona*

## "AA. HIV Prevention

The CONTRACTOR shall have in place the following:

## 1. General Program

The CONTRACTOR must have educational methods for promoting HIV prevention to Enrollees. HIV prevention, both primary (targeted to uninfected Enrollees), as well as secondary (targeted to those Enrollees with HIV) should must be culturally and linguistically appropriate. All Enrollees should be informed of the availability of both in-plan **HIV counseling and testing services**, as well as those available from Utah State-operated programs.

## 2. Focused Program for Women

Special attention should be paid identifying HIV+ women and engaging them in routine care in order to promote treatment including, but not limited to, antiretroviral therapy during pregnancy." Arizona Medicaid Managed Care Contract, page C11.

*Iowa*

## "4.10 Public Health Issues

The HMO shall submit to the Department an annual report addressing public health issues, such as immunization, tuberculosis control, **HIV counseling and testing**, and family planning. The annual report shall be provided no later than April 1st of the Contract year. The Department may share these reports with state and/or local health departments." Iowa Contract, page 28.

*Maryland*

## "10.09.65.10...

J. An MCO shall provide HIV **counseling**, including a risk assessment and information about possible transmission of HIV to the fetus.

K. An MCO shall offer its pregnant and postpartum enrollees voluntary **HIV counseling and testing** following the requirements of COMAR 10.52.08...

.10 Special Needs Populations--Individuals with HIV/AIDS.

A. An MCO shall meet the standards set forth in this regulation for treating individuals with HIV/AIDS.

B. AIDS Case Management Services.

(1) An MCO shall ensure that an enrollee with HIV/AIDS receives case management services that:

(a) Link the enrollee with the full range of available benefits;

(b) Link the enrollee with any additional needed services including:

(vi) **Counseling** services, Maryland Medicaid Managed Care COMAR 10.09.65.08-10.

### *Massachusetts*

"Section 2.11 Clinical Initiatives and Care Management

A. Clinical Initiatives: ...

4. Care for Enrollees with HIV/AIDS

No later than July 1, 1999, the Contractor shall develop and implement an HIV/AIDS program designed to proactively manage adult and pediatric Enrollees with HIV/AIDS. At a minimum, components of the Contractor's HIV/AIDS Clinical Initiative shall include, but not be limited to:

a. A process to identify Enrollees with HIV/AIDS to assure appropriate care, including early intervention and treatment consistent with this section and with Care Management in Section 2.11.B.;

b. A written protocol for **pre-and post-HIV/AIDS test counseling**;

c. Case management which includes the provision of health education specific to the needs of Enrollees with HIV/AIDS;

d. Identified specialists in the areas of infectious disease, nutrition and mental health and substance abuse including a protocol which defines the procedures and processes that PCPs utilize for referral to specialty care providers;

e. The ongoing development of clinical guidelines/protocols specific to the treatment of Enrollees with HIV/AIDS..." Massachusetts Medicaid Managed Care Contract, pages 61-64.

### *Montana*

"FAMILY PLANNING SERVICE- for purposes of self referral, family planning services are defined as the following: ...

5. Screening, testing, and treatment of **pre- and post-counseling for...HIV...**" Montana Medicaid Managed Care Contract, page 28.

"2.5 PROVISION OF SERVICES

2.5.1 COVERED SERVICES...

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Family Planning (all persons)/per Social Security Act 1905(a)(2)(C); Medicaid beneficiaries are given the freedom to self refer for family planning services. Family Planning Service for purposes of self referral are as defined as the following: ...

2. Patient counseling and education for the following:...sexually transmitted disease,

HIV/AIDS...

5. Screening, testing, and treatment of and pre-and post- test counseling for sexuality transmitted diseases and HIV... ARM 46.12575 &576." Montana Medicaid Managed Care Contract, page 41.

### *New Mexico*

"2.C.10.c Shared Responsibility between MCO and Public health Offices:

The CONTRACTOR shall coordinate with the public health offices regarding the following services:

- (A) Sexually transmitted disease services including screening, diagnosis, treatment, follow-up and contact investigations;
- (B) HIV prevention counseling, testing, and early intervention;
- (C) Tuberculosis screening, diagnosis, and treatment;
- (D) Disease outbreak prevention and management including reporting according to state law requirements, responding to epidemiology requests for information, and coordination with epidemiology investigations and studies..." New Mexico Medicaid Managed Care Contract, pages 30-31.

### *New Hampshire*

"Covered Services...

F. Care for Enrollees with HIV/AIDS: The Contractor shall operate a program to provide access to a high quality continuum of care for Enrollees with HIV/AIDS. Services for this population shall include, but not be limited to:

- 1. a process to identify Enrollees with HIV/AIDS;
- 2. a written protocol for pre- and post-HIV/AIDS test counseling;
- 3. a Case Management approach which includes the provision of health education and coordination of health services;
- 4. identified specialists in the areas of infectious disease, nutrition and mental health and substance abuse including a protocol which defines the procedures and processes that Contractor Providers utilize for referral to specialty care physicians; and
- 5. evaluation of satisfaction with care by Enrollees or members of the Contractor's membership who have HIV/AIDS." New Hampshire Medicaid Managed Care General Service Agreement, Exhibit A.3., page 6.

### *New Jersey*

"10.23 The contractor shall implement a program to educate, test and treat pregnant women with HIV/AIDS to reduce prenatal transmission of HIV from mother to infant. All pregnant women must receive HIV education and counseling and HIV testing with their consent as part of their regular prenatal care. A refusal of testing must be documented in the patient's medical record. Additionally, counseling and education regarding perinatal transmission of HIV and available treatment options (the use of Zidovudine [AZT] or most current treatment accepted by the medical community for treating this disease) for the mother and newborn infant should be made available during pregnancy and/or to the

infant within the first months of life..." New Jersey Medicaid Managed Care Contract, page 62.

### *South Carolina*

"COMMUNICABLE DISEASE SERVICES...

#### A. Communicable Disease

An array of communicable disease services are available to help control and prevent diseases such as...TB, HIV. Communicable disease services include examinations, assessments, diagnostic procedures, health education and **counseling**, treatment, and contact tracing, according to the Centers for Disease Control (SCS) standards...

Every pregnant woman should be given HIV education and **counseling** and informed about the risk of transmission of the virus to the fetus and treatment available to prevent transmission to the fetus. Every pregnant woman should be strongly encouraged to receive a **test** for the presence of the HIV infection. Any newborn whose mother's HIV testing status is undocumented should receive testing for the presence of maternal HIV antibodies, with parental consent only.

Eligible recipients should be encouraged to receive...HIV services through their primary care provider or by appropriate referral to promote the integration/coordination of these services with their total medical care...Eligible recipients have the freedom to receive...HIV testing and counseling services from any public health agency without any restrictions to services." South Carolina Medicaid Managed Care Contract, Appendix C, Tab 1, pages 3-4.

### *Texas*

"6.15 SEXUALLY TRANSMITTED DISEASES (STDs) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HMO must provide STD services that include STD/HIV prevention, screening, **counseling**, diagnosis, and treatment. HMO is responsible for implementing procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV.

### *Utah*

"AA. HIV Prevention

The CONTRACTOR must have in place the following:

#### 1. General Program

The CONTRACTOR must have educational methods for promoting HIV prevention to Enrollees. HIV prevention information, both primary (targeted to uninfected Enrollees), as well as secondary (targeted to those Enrollees with HIV) should be culturally and linguistically appropriate. All Enrollees should be informed of the availability of both in-plan **HIV counseling and testing** services, as well as those available from Utah State-operated programs.

Utah Medicaid Managed Care Contract, Attachment C, page 12.

## Requirements for TB Control and Education (Column 9)

### Texas

#### Tuberculosis

##### "6.12 TUBERCULOSIS (TB)

6.12.1 Education, Screening, Diagnosis and Treatment. HMO must provide Members and providers with education on the prevention, detection and effective treatment of tuberculosis (TB). HMO must establish mechanisms to ensure all procedures required to screen at-risk Members and to form the basis for a diagnosis and proper prophylaxis and management of TB are available to all Members, except services referenced in Article 6.1.8 as non-capitated services... HMO must consult with the local TB control program to ensure that all services and treatments provided by HMO are in compliance with the guidelines recommended by the American Thoracic Society (ATS), the Centers for Disease Control and Prevention (CDC), and TDH policies and standards.

6.12.2 Reporting and Referral. HMO must implement policies and procedures requiring providers to report all confirmed or suspected cases of TB to the local TB control program within one working day of identification of a suspected case...Referral to state-operated hospitals specializing in the treatment of tuberculosis should only be made for TB-related treatment...

6.12.4 Coordination and Cooperation with the Local TB Control Program. HMO must coordinate with the local TB control program to ensure that all Members with confirmed or suspected TB have a contact investigation and receive Directly Observed Therapy (DOT). HMO must require, through contract provisions, that providers report any Member who is non-compliant, drug resistant, or who is or may be posing a public health threat to TDH or the local TB control program. HMO must cooperate with the local TB control program in enforcing the control measures and quarantine procedures contained in Chapter 81 of the Texas Health and Safety Code.

6.12.4.1 HMO must have a mechanism for coordinating a post-discharge plan for follow-up DOT with the local TB program." Texas Medicaid Managed Care Contract, page 47.