
GENERAL PROVISIONS

REGULATIONS SAFEGUARDING CONFIDENTIAL INFORMATION

**C. TYPES OF
INFORMATION
TO BE
SAFEGUARDED**

The information which shall be considered confidential about applicants and recipients which shall be safeguarded except in the administration of the State Plan shall include:

1. Names and addresses;
2. Medical services provided;
3. Social and economic conditions or circumstances;
4. Agency evaluation of personal information;
5. Medicaid data, including diagnosis and past history of disease or disability.
6. Any information received for verifying income eligibility and amount of medical assistance payments. Income information received from SSA or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data.
7. Any information received regarding the identification of legally liable third party resources.

**D. RELEASE OF
INFORMATION**

The Medicaid Agency has established criteria specifying the conditions for release and use of information about applicants and recipients as follows:

1. Information concerning applicants or recipients is subject to disclosure to agencies authorized under Titles IV-A, IV-B, IV-C, IV-D, XX, XVI and other agencies which are Federal or Federally assisted programs which provide assistance, in cash or in-kind, or services, directly to individuals on the basis of need pursuant to appropriately executed data exchange agreements. Access to such information is restricted to those persons or agency representatives who are subject to standards of confidentiality that are comparable to those as set by the Agency.

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2. The applicant or recipient or his authorized representative shall have access to certain information in the applicant's or recipient's case record as set out herein below.
3. Information with regard to absent and putative parents in a medical support case may be subject to disclosure for purposes directly connected with obtaining or enforcing medical support.
4. Information necessary in identifying third party liability and for securing recourse against a legally liable third party whether through settlement efforts with the recipient's attorney, insurance carrier, or the legally liable third party may be made available to the recipient, the recipient's attorney, the recipient's insurance carrier, or to providers of services for the recipient. Any other release for TPL purposes should be cleared through the Legal Unit.
5. Information shall be provided to county and district attorneys or the U. S. prosecuting attorney or the Medicaid Fraud Control Unit of the Attorney General's Office in conducting or assisting in an investigation, prosecution, or civil or criminal proceedings relating to abuse, suspected fraud, or the fraudulent receipt of Medicaid, and in connection with the location of non-supporting parents, the establishment of paternity, and the obtaining of medical support.
6. Information provided to an outside source in matters not relating to the administration of the State Plan, upon the execution of written consent for the release of such information. If, because of an emergency situation, time does not permit obtaining written consent before release, the Agency will notify the family or individual immediately after supplying the information.

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**E. OTHER
INFORMATION
TO BE
DISCLOSED**

The Medicaid Agency is required under Federal and State requirements to publish regularly statistical data about the Medicaid Program. State and Regional staff are authorized to release and to interpret the following information:

1. The number of recipients, the total amount paid for Medicaid services, the total number of applications, the total number of applicants approved, the total number of applications denied, and similar data, compiled monthly, quarterly, or annually.
2. Services available from the Medicaid Agency and the conditions under which the services can be reimbursed, medical support activities and information concerning the collection and distribution of records summarized.

**F. DISCLOSURE
TO ASSISTANCE
AGENCIES**

Agencies which have standards of confidentiality comparable to those of Medicaid and which provide assistance or services applicants and recipients, and with whom information is exchanged for the purpose of the administration of the Medicaid Program are:

1. Department of Human Services
2. The Medicaid Agency's fiscal agent
3. Division of Vocational Rehabilitation, State Department of Education
4. The Social Security Administration and its District Offices
5. The Mississippi State Department of Health and their County Health Offices (only if they are a provider of medical services for which the information is requested).
6. State Department of Mental Health and the Regional Mental Health Centers (only if they are a provider of medical services for which the information is requested).

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7. State Mental Hospitals and general hospitals, the Social Service Department and the reimbursement offices for providers (only as to services each provider rendered to a specific Medicaid recipient).

8. Veterans Administration (only if they are a provider of services and then only for those recipients for whom they provided the service or to confirm benefits).

Generally, the list of names of applicants or recipients shall not be released to these or other agencies, except as specified, but the release of information shall be on request from the agency and the purpose must reasonably relate to the function of the Agency's programs and to the function of the agency requesting the information. When an agency makes a request for information which that agency normally would be ascertaining for itself and which is not in behalf of applicant or recipient, the request will be denied.

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**G. PUBLIC AGENCIES
WITH WHOM LISTS
ARE EXCHANGED**

Formal arrangements have been made for the Agency to supply a printed list of names and addresses or specific information to other public agencies as follows:

1. To the State Department of Human Services and its county offices, to the Disability Determination Services, and to the Vocational Rehabilitation Division of the State Department of Education.
2. Data information exchanged between the Agency, its fiscal agent, State Department of Human Services, the Social Security Administration, including, without limitation through the inclusion, new case cycle data for AFDC, monthly AFDC case data, quarterly reconciliation information, enumeration data, Buy-In data, Bendex data, and SDX data.

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**H. DISCLOSURE TO
APPLICANT,
RECIPIENT OR
REPRESENTATIVE**

An applicant's or recipient's case record is available for examination by the applicant or recipient or his duly authorized representative in the following situations:

1. In connection with a request for a hearing as otherwise provided in the regulations relating to administrative hearings. Refer to Section J, Hearings, "Rights of the Claimant".
2. Information as to the receipt of amounts of Medicaid received by a recipient when requested by a person filing a Federal or State income tax return and when authorized, in writing, by the recipient. Release of information to the Internal Revenue Service shall be granted only upon a signed authorization of the recipient.
3. Information supplied by the applicant or recipient or obtained by the worker that the applicant or recipient needs in order to be able to qualify for benefits which he has requested. This includes medical reports, as the examining physician must release this information to his patient. It includes proof of age, documents relating to real and personal property, and other factual material that will assist an applicant or recipient in obtaining a service or a benefit.
4. The applicant's or recipient's statement of income and resources and other forms which the applicant or recipient has signed which are contained in the case record.
5. Budgets worked to determine eligibility for programs for which the department is responsible.
6. Any case information when the applicant or recipient presents a written request which specifies the material desired and the purpose for which the material will be used.

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When the request is made by a person other than the applicant or recipient, the information will not be made available without the applicant's or recipient's written permission prior to releasing the information. The written statement will be made a permanent part of the case record. The Regional Office will advance the information from the case record or provide copies of the material requested.

I. DISCLOSURE TO PROSECUTING ATTORNEYS

The county or district prosecuting attorneys or the U. S. prosecuting attorneys shall have access to information from the case records for the following purposes:

1. Making an audit or investigation of an alleged violation of the provisions contained in the State or Federal statutes or regulations touching on abuse, fraud, or suspected fraud in the receipt of Medicaid.
2. The locating of deserting or putative parents, establishing paternity, and securing medical support.

When acting in the official capacity in behalf of the Agency, the county and district attorneys or the U. S. prosecuting attorneys are authorized to review without written request, case record material in the case record of the individual involved and other material relating to the individual's case, such as medical assistance records, computer printouts, medical support, fiscal and bookkeeping records.

Before releasing any case record information to a county, district or U. S. prosecuting attorney, contact the Legal Unit of the Division of Medicaid for official clearance in releasing case record material.

J. COURT SUBPOENAS

Any and all court subpoenas for a case record or for any agency representative to testify concerning an applicant or recipient must be issued in the name of the Executive Director of the Division of Medicaid and routed to the Director's office immediately upon receipt. The Regional Office will be notified of appropriate action to take.

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**K. PERSONS
AUTHORIZED TO
DISCLOSE
INFORMATION**

Disclosure of all information, including records of every kind, should be governed by these regulations:

The release of information upon request, unless previously authorized by the Mississippi Medicaid Agency, can be authorized by:

1. The Director of the Mississippi Medicaid Agency or the Deputy Director in his absence the Director's absence.
2. The Regional Office Supervisor, if the information is contained in the Regional Office records.