

SECTION 15 - EXPECTATIONS OF ALL PLAN PROVIDERS

Agreement with Contracting and Subcontracting Entities

If a Plan Provider provides covered services through a subcontract with another individual or entity, the Plan Provider must require the individual or entity to meet the requirements of the Service Agreement between PHP and Plan Provider.

Delivery of Care and Collaboration

To ensure the highest quality of care delivery to Members, PHP expects Plan Providers to agree to and collaborate with the following:

- Provide benefits and services to Members in a manner that is consistent with the Member's health status
- Direct Members for specialty care or second opinions within the PHP provider network when possible or seek approval from the Member's assigned Interdisciplinary Team at PHP when it is felt that care is necessary outside of the PHP network
- Establish and maintain a strong Patient/Provider relationship, assume responsibility for the health care of Members and act in the best interest of Members
- Coordinate and oversee care provided by others and provide advice, opinions and perspectives to Members, family and consultants (e.g. second opinions for elective surgery, chemotherapy, and hospice care)
- Establish a basis for communication between PCP and specialists
- Identify advance directives status in the medical record and implement advance directives per Member's request
- Identify and coordinate Member's participation in case management, disease management and health education
- Become involved in the three care management options:
 - Individual case management for Members with complex conditions or other case management status criteria by working with a PHP case manager
 - Be aware of Members who are enrolled in a PHP disease management program
 - Assist PHP in various wellness and healthy lifestyle programs made available to Members
- Involve the Member in the development of the Member's case management care coordination plan and also assist the Member in the coordination of services, prior authorization of services and if necessary, coordinate care with Plan Providers
- Communicate fully with Members regarding their illness, as well as diagnostic and therapeutic options available to them
- Coordinate care for Members and utilize patient management support staff as needed (e.g. case manager, clinical pharmacist, patient support staff, financial, social and counseling services)
- Participate in utilization management and quality improvement initiatives, including allowing PHP reasonable access to medical records
- Participate in care management educational offerings

- Ensure that the exchange of Member information among treating health care providers is conducted in an appropriate and confidential manner
- Communicate with Members and PHP in a way that assumes that all parties are acting in good faith with the unified goal being quality care for the Member
- Inform the PHP Interdisciplinary Team when decisions are perceived as threatening to the health or well being of the Member
- Recognize that conflict occasionally occurs between Providers and Members or Members and PHP and that these should be resolved within the grievance or appeals processes outlined in the manual
- Ensure those Members with limited English, proficiency or reading skills, diverse culture or ethnic backgrounds and physical or mental disabilities understand the treatment plan
- Refer Members with payment or insurance coverage issues to PHP Claims Specialists
- Have regular office hours as well as on-call arrangements for after-hours care
- Provide Member appeal rights when a service is denied in accordance with PHP policy
- Encourage Members to obtain preventive services in order to meet the PCP quality measures such as yearly physical exams, yearly flu shots, mammograms, etc.
- Ensure that Members receive the information they need to fully participate in their own care including training in self-care measures, medication management, use of medical equipment, potential complications, when they should be reported to the provider, scheduling of follow-up services and patient education as part of discharge planning
- Request the Member's PHP identification card before services are provided and verify that demographic and insurance information is correct
- Contact PHP or its Third Party Administrator, SAS, if benefit verification is needed
- Contact the PHP assigned Team if Provider becomes aware of incorrect Member information

Documentation/Tracking Requirements

Plan Providers must have a system in place to document appointment scheduling times. PHP utilizes statistically valid sampling methods for monitoring compliance with appointment/waiting time standards as part of the required beneficiary survey and reports this to DHFS and CMS as required. PHP requires a corrective action plan and monitors Plan Providers that score less than 70% (or below the benchmarks established by DHFS) in beneficiary satisfaction.

Plan Providers must also have a system in place to document the exchange of client information with the primary care provider if a school-based health center, not serving as the primary care provider, provides health care.

Documentation of Care in Medical Records

Providers are required to maintain medical records for Members. PHP's medical record documentation standards include the following expectations of Plan Providers who maintain Members' medical records:

- Documentation (electronic or paper) of all visits or contacts, including author's signature and date of encounter
- Advance directive status that is placed in a prominent place
- Patient identifying information on each page
- Personal biographical information including address, employer, telephone numbers, emergency contact and marital status
- A problem list including significant illnesses, conditions and medications
- Medication allergies and adverse reactions in a prominent location, including NKDA (no know drug allergies)
- Past medical history is well-organized and easily accessed
- Appropriate notation concerning the use of tobacco, alcohol and substances
- History and physical exam records that must contain appropriate subjective and objective information
- Laboratory test results
- Treatment plans that are consistent with diagnoses
- Note of return visit or follow-up visit time frame is noted
- Addressing the previous visit's problems
- Evidence of appropriate use of consultants and coordination of care between primary care and specialty care
- Consultant summaries and test results reflect review by PCP
- Evidence that Member is not placed at inappropriate risk
- Evidence that preventive screening and services have been provided
- An up-to-date immunization record or history
- Member and/or family education appropriate to Member's diagnoses and risks
- Evidence of age-appropriate testing (e.g., mammograms, pap smears, prostate cancer screening, etc)

Expectations of Accepting New Referrals

PHP expects Plan Providers to accept new referrals of Members for services. PHP understands that not all practitioners may have the ability to accept new referrals into their practice, therefore PHP requests Plan Providers notify PHP Provider Relations Department when a practitioner is not accepting new referrals.

PHP requires this information in order to keep its Provider Network information current and to continue to meet all access requirements of its contractual obligations with DHFS, CMS and the Office of the Commissioner of Insurance (OCI).

Expectations of Specialists/Consultants

PHP holds the following expectations of Specialists and/or Consultants who provide care to Members:

- Encourage continuity of health care through the PCP
- Coordinate patient care with skilled nursing facilities, home health, hospital facilities, therapy services, hospice and other health care professionals as well as PHP case managers and disease management programs through the PCP
- Provide recommendations and advice regarding care to the patient, the patient's family and to the PCP
- Work with PHP to improve quality of patient care and ensure appropriate utilization of health care services
- Establish lines of communication with the PCP to facilitate coordination of care
- Identify and avoid duplication of services such as diagnostic or laboratory testing
- Document in the patient's medical record and communicate to the PCP results of testing, medication changes and any other recommendations
- Accept responsibility for providing appropriate and quality care including, evaluating and treating medical conditions in patients who were sent by the PCP or self-appointed
- Participate in PHP care management educational offerings
- Identify patients who may be eligible for case management or disease management programs and relay information to the PCP or the PHP case manager
- Attempt to coordinate through the PCP should the need arise for consultation with another PHP Plan Provider or Specialist

Notification of Changes

To assure PHP has accurate and the most current information, it is the Plan Provider's responsibility to submit written documentation to PHP for notification of any of the following changes:

- Address/telephone number
- Tax identification number
- Office manager/contact person
- Office location
- Name changes
- Retirement of Provider
- Office hours
- Provider moving out of state
- Liability insurance
- New provider
- Malpractice insurance
- Provider coverage
- Scope of practice

Provider change notifications are recorded on the Provider Credential Information Form (attached as Appendix 3). The form and/or information details can be mailed, faxed or emailed to:

Community Health Partnership, Inc.
Attn: Provider Relations
2240 EastRidge Center
Eau Claire, WI 54701
Fax: 715-838-2910
E-mail: jsadorf@chpmail.net