

Provider Responsibilities

Provide Official Written Notice

Providers must notify Children's Community Health Plan, in writing of the following events. Notification can be sent to Provider Relations, MS 6280, PO Box 1997, Milwaukee, WI 53201-1997.

1. Any changes in practice ownership, name, address, phone or federal tax id numbers;
2. Adding a new physician – in order to treat a Medicaid/BadgerCare patient you must be a certified Medicaid provider;
3. Loss or suspension of your license to practice;
4. Bankruptcy or insolvency
5. Any suspension, exclusion, debarment or other sanction from a State or Federally funded healthcare program;
6. Any indictment, arrest or conviction for a felon or any criminal charge related to your practice;
7. Material changes in cancellation or termination of liability insurance;
8. When a provider is no longer available to provide care to CCHP members;
9. When locum tenens are providing services, locum tenens must be credentialed by CCHP.

Physician Assistants

CCHP welcomes Physician Assistants (PAs) to participate in the provider network. If the PA's supervising physician is credentialed with CCHP, the PA is not required to complete the credentialing process. The physician assistant will receive a provider number that needs to be used when billing for the PA services.

Locum Tenens

CCHP requires providers to notify us in advance when locum tenen will be providing services. Providers working as locum tenens must first be credentialed by CCHP in order to assist the provider on a locum tenen basis. A provider who utilizes a CCHP credentialed locum tenen must notify CCHP of the expected coverage time involved. This must be done prior to the locum tenen providing services to CCHP members.

Referrals

Written referrals to in-network specialists are not required for CCHP members. If a physician requests an out-of-network referral, a referral form must be fully completed and faxed to (608) 836-6516. CCHP will notify the provider of the approval or denial. Providers can also call 1-800-482-8010 to check the status of a referral.

Prior Authorizations

Prior authorizations are required for some CCHP covered services. Please refer to the prior authorization section of this manual.

Requests to Terminate Patient/Doctor Relationships

If a provider wants to request the termination of a patient/doctor relationship, it must be sent in writing to Provider Relations stating the reasons for the request. Children's Community Health Plan will review the request and notify the provider of the determination to approve or deny the request. To avoid concerns of abandonment, the provider is requested to continue seeing the patient for 30 days from the termination notice if the patient seeks urgent or emergent care. This will give the member time to choose a new primary care practitioner.

Not Accepting New Patients

Providers closing their panel to new patients must submit the request in writing to CCHP that they are not accepting new patients.

No Show Policy

A provider cannot bill a CCHP member for a no show appointment. If a member does not show up for a scheduled appointment and does not notify the provider in advance of the cancellation, the provider should contact the CCHP Medicaid Advocate. The Medicaid Advocate will counsel Medicaid/BadgerCare members regarding the importance of keeping appointments. The CCHP Medicaid Advocate **must** be contacted if: a pattern has developed for missed appointments by a member; or a provider plans on terminating a patient's care. Letters regarding termination of patient care must be sent to the Medicaid Advocate prior to notifying the member. The Medicaid Advocate will ensure standards set by Department of Health and Family Services (DHFS) are met. Your letter may be addressed to:

Medicaid Advocate
Children's Community Health Plan
MS 6280
P.O. Box 1997
Milwaukee, WI 53201-1997

Arranging Substitute Coverage

When a physician is out of the office and another facility or location covers his/her practice, CCHP requests notification to include the duration of coverage, name, and location of the covering facility or practitioner. The covering practitioner must be a CCHP provider and have completed the credentialing process.

Member Notification of Physician Departure from CCHP Provider Network

When providers leave the CCHP network, the provider is required to notify CCHP as outlined in the provider agreement. At least 30 days prior to the effective date of

termination, CCHP will send members a letter notifying them of the change, provided CCHP was notified timely of the change.

Transition of Patient Care Following Termination of Provider Participation

For any reason, if a CCHP provider terminates, providers must participate in the transition of the patient to ensure timely and effective care. As a result, this may include providing service(s) for a reasonable time, at the contracted rate.

Advance Directives

The federal Patient Self-Determination Act (PSDA) gives individuals the legal right to make decisions about their medical care in advance of an incapacitating illness or injury through an advance directive. Physicians and providers, including home health agencies, skilled nursing facilities and hospices must provide patients with written information on state law about patients' right to accept or refuse treatment, and the provider's own policies regarding advance directives. As a provider, you must inform patients about their right to have an advance directive. Providers must document in the patient's medical record any results of a discussion on advance directives. If a patient has, or completes an advance directive their patient file should include a copy of the advance directive.

If you are unable to implement the member's advance directive due to an objection of conscience you must inform the member. The member should contact Customer Service to select a new primary care physician. As a primary care physician you should contact customer service and tell them you will be unable to be the member's provider care physician because of a conscionable objection to an advance directive.

Medical Records

As a contracted provider with CCHP, we expect that you have policies to address the following:

1. Maintain a single, permanent medical record for each patient that is available at each visit.
2. Protect patient records from destruction, tampering, loss or unauthorized use.
3. Maintain medical records in accordance with state and federal regulations.
4. Maintain patient signature of consent for Treatment/Screening.

General Documentation Guidelines

CCHP expects you to follow these commonly accepted guidelines for medical record information and documentation:

- Date all entries, and identify the author.
- Make entries legible.
- On a problem list site significant illnesses and medical condition. Include dates of onset and resolution..
- Make notes on medication allergies and adverse reactions. Also note if the patient has no know allergies or adverse reactions.

- Make it easy to identify the medical history, and include serious illnesses, injuries and operations for patients seen three or more times.

Document these items:

- Alcohol use, tobacco habits and substance abuse for patients age 11 and older.
- Immunization record
- Family and social history
- Preventive screenings and services
- Blood pressure, height, and weight.

Demographic Information

The medical record for each patient should include:

- Patient name and/or member ID number on every page
- Gender
- Age or date of birth
- Address
- Marital status
- Occupational history
- Home and work phone numbers
- Name and phone number of emergency contact
- Name of spouse or relative
- Insurance information

Patient Encounters

When you see a patient, document the visit by noting:

- Patient's complaint or reason for the visit
- Physical assessment
- Unresolved problems from previous visit(s)
- Diagnosis and treatment plans consistent with your findings
- Growth chart for pediatric patients
- Development assessment for pediatric patients
- Patient education, counseling or coordination of care with other providers
- Date of return visit or other follow-up care
- Review by the primary physician (initialed) on consultation, lab, imaging, special studies, outpatient and inpatient records
- Consultation and abnormal studies including follow-up plans
- Discharge note for any procedure performed in the physician's office
- Reasons for referrals documented

Patient Hospitalization

When a patient is hospitalized, your records should include:

- History and physical
- Consultation notes
- Operative notes
- Discharge summary
- Other appropriate clinical information

Member Rights & Responsibilities

CCHP is committed to maintaining a mutually respectful relationship with its members. To promote effective health care, CCHP makes clear its expectations for the rights and responsibilities of its members, to foster cooperation among members, practitioners and CCHP.

Children's Community Health Plan members have the right to:

1. Be treated with respect and recognition of their dignity and right to privacy.
2. Receive a listing of CCHP participating practitioners in order to choose a Primary Care Practitioner/Clinic.
3. Present a question, complaint or grievance to CCHP, about the organization or the care it provides, without fear of discrimination.
4. Receive information on procedures and policies regarding their health care benefits.
5. Timely responses to requests regarding their care plan.
6. Request information regarding Advance Directives.
7. Participate with practitioners in making decisions about their health care.
8. A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
9. Receive information about the organization, its services, its practitioners and providers, and members' rights and responsibilities.
10. Make recommendations regarding the organization's members' rights and responsibilities policies.

Children's Community Health Plan members have the responsibility to:

1. Read and understand the materials provided by CCHP concerning their health care benefits. CCHP encourages members to contact the Plan if they have any questions.
2. Notify their local county/tribal social or human service agency of any enrollment status changes such as family size or address.
3. Present their ID Card in order to identify themselves as CCHP members before receiving health care services.
4. Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
5. Follow plans and instructions for care that they have agreed on with their practitioners.
6. Understand their health problems and participate in developing mutually agreed upon treatment goals to the highest degree possible.

These rights and responsibilities are available for you to access on our website at www.childrenschp.com.