Chapter 2

Rights and Responsibilities of Physicians/Providers

NOTE: *For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at* MHCP Provider Manual *South Country Health Alliance (South Country) may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines, please review the following detail for specific processes and expectations with South Country.*

Overview

This chapter outlines the rights and responsibilities of contracted physicians and providers.

South Country has adopted certain rules for contracted providers in order to protect our members and to be in compliance with the requirements of federal and state regulatory agencies and accrediting bodies. South Country's contracted providers agree to the following rights and responsibilities; note this is not an all-inclusive list, as additional responsibilities are presented elsewhere in this manual as well as in the provider's Participation Agreement with South Country.

- Contracted providers must be enrolled with the state of Minnesota Department of Human Services as MHCP providers.
- Providers are required to verify eligibility and enrollment in South Country when requesting service authorization and before services are rendered.
- Demonstrate evidence of a professional degree and have a current, unrestricted license to practice medicine in the state in which the services are regularly provided.
- Services must be provided to members by trained health care professionals acting within the scope of an appropriate license, certification, or registration.
- Complete the necessary credentialing by South Country or a delegated entity as applicable.
- Document their experience, background, training, ability, malpractice claims history, and disciplinary actions or sanctions for credentialing purposes.
- Possess a current, unrestricted Drug Enforcement Administration (DEA) certificate, if applicable.
- Medical staff should remain in good standing with a contracted hospital(s), and have no record of hospital privileges being reduced, denied, or restricted; or if so, provide an explanation that is acceptable to South Country.
- Inform South Country in writing within 24 hours of any revocation or suspension of their Bureau of Narcotics and Dangerous Drugs number, and/or of suspension, limitation, or revocation of their license, reduction or denial of hospital privileges, certification, Clinical Laboratory Improvement Amendment certificate, or other legal credential authorizing him/her to practice in that state.
- Inform South Country immediately of changes in licensure status, tax identification numbers, telephone numbers, addresses, status at contracted hospitals, provider status (additions or deletions from physician/provider practice), loss or decrease in amounts of liability insurance, and any other change which would affect their status with South Country.

- Not differentiate or discriminate in the treatment of members because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability (including physical or mental impairment), marital status, sex (including sex stereotypes and gender identity), political beliefs, medical condition, health status, receipt of health care services, claims experience, medical history, or genetic information.
- Inform members regarding follow-up care or provide training in self-care as required, regardless of benefit coverage.
- Provider agrees that, to the extent feasible, services will be made available and accessible to members promptly and in a manner which assures continuity of care. Refer South Country members with problems outside their normal scope of practice for consultation and/or care to appropriate specialists contracted with South Country and will do so in a timely manner.
- Refer members to South Country's contracted providers, except when they are not available or in an emergency.
- Admit members only to contracted hospitals, skilled nursing facilities (SNF) and other inpatient care facilities, except in an emergency, and/or work with hospital-based physicians in possible cases for acute hospital care.
- Refrain from billing, charging, or otherwise seeking reimbursement from members other than for co-payments and/or deductibles, or fees for non-covered services furnished on a fee-for-service basis, unless the member has signed an Advance Recipient Notice of Non-covered Service prior to the service. Non-covered services are services not included in the member's Member Handbook.
- Providers shall make every effort to notify South Country at the earliest possibility when they are or know of when they will be experiencing a significant disruption to normal operations that materially affects the ability to conduct business in a normal manner and to submit claims on a timely basis.
- Provide information regarding treatment options in a culturally competent manner, including member's rights to accept or refuse treatment and, if applicable, execute an Advance Directive. Provider must ensure that individuals with disabilities and limited English Proficiency have effective communications with physicians and health care professionals in making decisions regarding treatment options.
- Provide or arrange for continued treatment to all members, including but not limited to medication therapy, upon expiration or termination of their Agreement with South Country.
- Retain all contracts, books, documents, papers, and medical records related to the provision of services to plan members as required by state and federal laws.
- Treat all member records and information in a confidential manner and not release such information without the written consent of the member, except as needed for compliance with state and federal law, including HIPAA regulations.
- Transfer copies of medical records to other South Country contracted providers upon request and at no charge to South Country, the member, or the requesting party, unless otherwise agreed upon.
- Provide access to South Country or its designee to examine the provider office's patient billing records and/or medical records without charge. This is necessary in order for South Country to guarantee compliance with all financial, operational, quality assurance, HEDIS, and peer review obligations, as well as any other provider obligations stated in an Agreement with South Country.

- The sponsoring physician will assume full responsibility to the extent of the law when supervising PAs, ARNPs, and individuals other than physicians whose scope of practice should not extend beyond statutory limitations.
- Meet the requirements of all applicable state and federal laws and regulations including Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, Health Insurance Portability and Accountability Act of 1996, and the Rehabilitation Act of 1973.
- Notify South Country on admission of any inpatient hospitalization on admission and notify South Country of subsequent discharge.
- Notify South Country of all residential substance use disorder (SUD) and mental health admissions and discharges. Upon discharge provide South Country the discharge summary for aide in care management programs.
- Notify South Country on admission and discharge of nursing facility stay, both skilled and non-skilled stays and changes throughout stay as indicated on the NH communication form.
- Notify South Country of any material change in performance of delegated functions, if applicable.
- Notify South Country of provider terminations in a timely manner prior to the effective date of termination.
- Cooperate with an independent review of the organization's activities pertaining to the provision of services for Medicaid and Minnesota Care members. Respond promptly to South Country's requests for medical records or any other documents in order to comply with regulatory requirements, utilization management provide any additional information about a case in which a member has filed a grievance or appeal.
- Abide by the rules and regulations and all other lawful standards and policies of South Country plans.
- Understand and agree that nothing contained in the South Country Participation Agreement, or this manual is intended to interfere with or hinder in any way the communication between the provider and the member regarding a member's medical condition or available treatment options, nor to dictate medical judgment.
- Comply with all federal and state confidentiality, privacy and enrollee record accuracy laws and regulations.

Dismissal of Care

If a provider chooses to discontinue care for a South Country member, the provider is responsible for notifying South Country Provider Network and the member in writing, providing a 30-day notice that includes the effective date and reason care will be discontinued. South Country's responsibility is to ensure that members have access to medical care. South Country will furnish the member with names, addresses, and telephone numbers of other participating providers in the same area of medical specialty, and a care manager will assist the member in locating a new medical home.

A provider may terminate care of a member for any of the following reasons:

1. The member behaves in a manner that seriously impairs the provider or the provider's ability to furnish health care services to the member or to other members; or
2. The member is uncooperative or abusive toward the provider;

3. The member incurred unpaid bills before enrollment with South Country; or unpaid co-payments or co-insurance or

4. Inability of the member and provider to agree on an appropriate course of treatment.

Please send notification to South Country at the following address:

South Country Health Alliance
Attention Provider Network
6380 West Frontage Road
Medford, MN 55049

Notification may also be faxed (507) 444-7774; Attention Provider Network or send a secure email to Provider Network at providerinfo@mnscha.org

These circumstances do not give a South Country contracted provider the unilateral right to terminate care of a member but is to be used after all reasonable efforts have been made with the member to resolve the dispute.

Healthcare Directives

Providers are required to inform all adult patients (18 and older) about their right to accept or refuse medical or surgical treatment as well as the right to execute a healthcare advance directive. Providers must:

- Document in a prominent part of the member's current medical record whether or not the member has executed a healthcare directive. If not executed, there is documentation that healthcare directive information was offered.
- Not condition treatment or otherwise discriminate on the basis of whether an individual has executed a healthcare directive.
- Update information to reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the State law.
- Comply with State law, whether statutory or recognized by the courts of the State, on advance directives, as defined in 42 CFR §489.100.
- Inform patients they may file a complaint with the Minnesota Department of Health Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994 regarding noncompliance with a healthcare directive requirement.

Record Retention and Preservation

- Retain clinical record information for ten (10) years after member discharge and must make provision for the maintenance of such records in the event that the provider is no longer able to treat patients.

Confidentiality/Release of information

- Ensure that facility staff receives periodic training in confidentiality of protected health information.
- Authorization must be present to release private information. Information obtained from outside sources must also be documented in the medical record.

Record Identity/Storage

- Medical records are stored in a secure area that is inaccessible to unauthorized individuals.

- Electronic medical records must be accessed by authorized users only and follow facility security guidelines.
- Clinics with more than one practitioner have a tracking system in place to ensure chart availability.
- There is a separate medical record for each patient.
- Each medical record is clearly marked with the patient's name and/or medical record number.

Record Format

- All entries and medical notes must be dated and identify the author.
- The record is legible to someone other than the writer.
- Contents of the medical record are affixed and organized in a consistent manner.

Record Content

- Personal biographical data includes member address; employer, home, and work phone numbers; and marital status.
- Member demographic data includes preferred language, sex, race, ethnicity, and date of birth.
- Problem List (Significant illnesses and medical conditions are indicated on the problem list.)
- Past Medical History (For patient seen three or more times) is easily identified and includes serious accidents, operations, and illnesses, for children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations, and childhood illnesses.)
- The Record of a laboratory or x-ray service must document the Vendor’s order for service.
- History and Physical exam identify appropriate subjective and objective information pertinent to member’s presenting complaints.
- Medication Allergies and adverse reactions are prominently noted in the records. If the patient has no known allergies or history of adverse reactions, this is appropriately noted in the record.
- Prescribed Medications are clearly visible in the health record. The record must show the quantity, dosage, and name of prescribed drugs ordered for or administered to recipient.
- Health Care Directives Documentation (For all adult members 18 and older) there is a notation in the medical record that the individual has or has not executed a Health Care Directive. If not executed, there is documentation that healthcare directive information was offered.

Preventive Screening and Services

- There is evidence that preventive screening and services are offered in accordance with the organization's practice guidelines.

- For patients who are 10 years or older, there is an appropriate notation concerning the use of alcohol and other substances (Patients who have been seen three or more times, check for substance abuse history.)
- For members aged 12 and over, Screening and Brief Intervention (SBI) to identify unhealthy substance use is conducted annually utilizing a standardized tool.
- Body Mass Index (BMI) for all ages is documented within the current audit year.
- Members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs. If screened, members offered a corresponding intervention if they screen positive.

Assessment, Plan and Follow-up

- Unresolved problems from previous visits are addressed in subsequent visits.
- Consultations (the record must contain reports of consultations that are ordered for the member.)
- Plan of Care, Individual Treatment Plan, or Individual Program Plan (The record must contain the member's plan of care, individual treatment plan, or individual program plan.
- Follow-up-care is documented in the medical records. (Encounter forms or notes include information about follow-up care, calls or visits when indicated.) The specific time of return is noted in weeks, months or as needed.
- Evidence of coordinated care with other relevant mental health providers and/or medical professionals must be documented.
- Appropriate follow-up care is documented in the medical record. Encounter forms or notes include information about follow-up care, calls or visits when indicated. Specific time of return is noted in weeks, months or as needed.
- Patient hospitalization records are placed in the medical record within six weeks of discharge, which include the discharge summary and operative reports, as appropriate.

Behavioral Health Record Content

- A psychiatric history is documented, including previous treatment dates, provider identification, therapeutic interventions and responses, sources of clinical data and relevant family information.
- Presenting problem(s), along with relevant psychological and social conditions affecting the member’s medical or psychiatric status, are documented.
- Results of a mental status exam are documented.
- Substance use assessment, level of care determined, referrals and interventions. Special status situations, when present, are prominently noted.
- Evidence of coordination of care with other relevant behavioral health providers and/or medical professionals must be documented.
- Progress notes describe member strengths and limitations in achieving treatment plan goals and objectives.
- For members 12 and older there is appropriate notation concerning past and present use of tobacco and alcohol as well as illicit prescribed and over the counter drugs, as well as present caffeine use.

Retain copy of court ordered treatment Organizational Policies

- There is a written policy that ensures the organization's compliance with patient rights and a patient complaint system.
- There is a written policy that ensures confidentiality of patient medical information.
- There is a written policy that addresses the procedure regarding release of information.
- There is a written policy addressing HIPAA requirements.
- There is a written policy addressing retention of medical records for a minimum of 10 years.
- There is a written policy and procedure in place to monitor fraud, waste and abuse.
- There is a written policy to support the organization's Quality Management program, including a written program description and work plan.
- There is a written policy in place documenting the process of discussing advance directives/health care directives with patients.