

Official Notice of Provider Responsibilities

Notify Chorus Community Health Plans (CCHP) in writing of the following events:

- Any changes in practice ownership, name, address, phone or federal tax ID numbers
- Adding a new physician — in order to treat a Medicaid/BadgerCare Plus patient, you must be a certified Medicaid provider
- Loss or suspension of your license to practice
- Bankruptcy or insolvency
- Any suspension, exclusion, debarment or other sanction from a state or federally funded healthcare program
- Any indictment, arrest or conviction of a felony or any criminal charge related to your practice
- Material changes in cancellation or termination of liability insurance
- When a provider is no longer available to provide care to CCHP members

Send written notification of any of the above events to: CCHP Provider Relations
P.O. Box 1997, MS 6280,
Milwaukee, WI 53201-1997

Providers with locum tenens have the following responsibilities:

- Notify us in advance when locum tenens will be providing services.
- Locum tenens must have Medicaid certification.

Referrals

In-network specialist: CCHP does not require written referrals for its members to any in-network provider.

Out-of-network: ! Providers must fully complete our Authorization Request form (available on our website on the Provider Forms page) and fax to 414-266-4726

- CCHP will notify the provider of the approval or denial
- For referral status, call 800-482-8010

Prior Authorizations

- Prior authorizations are required for some CCHP covered services. Please refer to the Prior Authorization list on our website.
- For network providers, prior authorizations should be submitted using the CCHP Authorization Request tool, which can be accessed through our Provider Portal at chorushealthplans.org.

Providers not accepting new patients

Providers closing their panel to new patients must submit a written notice to CCHP Provider Relations 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 Member Advocate at 877-900-2247

No-show policy (cont.)

- The CCHP Member 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
- The CCHP Member Advocate will counsel Medicaid/BadgerCare Plus members regarding the importance of keeping appointments
- Letters regarding termination of patient care must be sent, along with our Missed Appointment form (available on our website), to the CCHP Member Advocate *prior* to notifying the member

Mail termination of patient care letter
and Missed Appointment form to:

Chorus Community Health Plans
Attn.: CCHP Member Advocate
P.O. Box 1997, MS6280
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 CCHP credentialing process

Member notification of physician departure from CCHP provider network

When a provider leaves the CCHP network:

- The provider is required to notify CCHP as outlined in the CCHP 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, the provider must participate in the transition of the patient to ensure timely and effective care
- 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 a patient's 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
- 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 the CCHP Customer Service Center to select a new primary care physician. As a primary care physician, you should contact the CCHP Customer Service Center if you're not able to be the member's primary care physician because of a conscientious objection to an advance directive.

Medical records

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

- Maintain a single, permanent medical record for each patient that is available at each visit
- Protect patient records from destruction, tampering, loss or unauthorized use
- Maintain medical records in accordance with state and federal regulations
- Maintain patient signature of consent for treatment/screening

General Documentation Guidelines

Chorus Community Health Plans 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 known 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, including cessation counseling
- Immunization record
- Family and social history
- Preventive screenings and services
- Blood pressure, height, and weight

To document these items —

The patient medical record should include:

Demographic information

- 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
- Health insurance information

Patient hospitalization

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

To document these items —**The patient medical record should include:****Patient encounters**

- 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 care 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

Member rights and 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.

Chorus Community Health Plans members have the right to:

- Receive information about CCHP, its services, its practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in making decisions about their healthcare
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about CCHP or the care it provides.
- Make recommendations regarding CCHP's members' rights and responsibilities policy
- A full copy of member's medical record

At the same time, CCHP expects members to cooperate by fulfilling certain responsibilities.

Chorus Community Health Plans members are responsible for:

- Supplying information, to the extent possible, that CCHP and its practitioners and providers need in order to provide care
- Following plans and instructions for care that they have agreed to with their practitioners
- Presenting their ID card in order to identify themselves as CCHP members before receiving healthcare services
- Understanding their health problems and participating 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 chorushealthplans.org.