

**Passport Advantage  
Provider Manual  
Section 3.0  
Provider Roles and Responsibilities**

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## 3.0 Provider Roles and Responsibilities

### 3.1 Confidentiality

Passport Advantage endeavors to ensure both Passport Advantage and any participating providers conduct business in a manner that safeguards patient/member information in accordance with state and federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In accordance with federal and state laws, Passport Advantage has established confidentiality policies and practices for its own operation and to outline expectations to its provider network. To obtain a copy of Passport Advantage's Notice of Privacy Practices, please visit <http://www.passportadvantage.com/>

All providers must comply with state and federal laws and regulations and Passport Advantage's policies on the confidential treatment of member information in all settings.

All providers are to treat members' protected health information (PHI), including medical records, confidentially and in compliance with all federal and state laws and regulations, including laws regarding mental health, substance abuse, HIV and AIDS, as well as HIPAA. It is the provider's responsibility to obtain the member's written consent to share member health information when required.

Providers are authorized to share members' protected health information with Passport Advantage for the purpose of treatment, payment, and health care operations.

Passport Advantage and its providers/practitioners are required to obtain special consent (authorization) from members for any uses or disclosures of protected health information beyond the uses of payment, treatment, and health care operations. Members have the right to specifically approve or deny the release of personal health information for uses other than payment, treatment, and health care operations. Examples of uses and disclosures that require special consent or authorization include data requested for workers' compensation claims, release of information that could result in the member being contacted by another organization for marketing purposes, and data used in research studies.

In cases where consent is required from members who are unable to give it or who lack the capacity to give it, Passport Advantage and its providers/practitioners will accept special consent or authorization from persons designated or appointed by the member. Designated persons, such as parents or guardians, can authorize the release of personal health information and can obtain access to information about the member.

Passport Advantage requires only the minimum necessary member information to accomplish its purpose. Passport Advantage can request member information for treatment, payment, or health care operations. When Passport Advantage requests information or medical records, the information should be sent timely in accordance with the request.

Member information transferred from Passport Advantage to another organization as permitted by routine or special consent will be protected and secured according to Passport Advantage's privacy

policies and procedures.

Provider agrees to cooperate with Passport's Quality Management Program and all other quality management activities, including the use of performance data. Practitioner performance data may include, but is not limited to, medical records, practitioner experience, patient experience, and claims.

Passport Advantage members have the right to appeal any Plan decision that involves issues of information confidentiality and privacy.

Passport Advantage members are permitted to access, copy, and inspect their medical records upon request. One copy of a member's complete medical record must be made available from the provider upon request at no charge and in accordance with state administrative regulations.

### **3.2 The Role of the Primary Care Provider (PCP)**

A primary care provider (PCP) is a licensed or certified health care practitioner, including a doctor of medicine, doctor of osteopathy, advanced practice registered nurse (including a nurse practitioner, nurse midwife and clinical specialist), physician assistant, or clinic (including a FQHC, primary care center and rural health clinic), that functions within the scope of licensure or certification, has admitting privileges at a hospital or a formal referral agreement with a provider possessing admitting privileges, and agrees to provide primary health care services to individuals twenty-four (24) hours per day, seven (7) days a week.

Additionally, an Obstetrician/Gynecologist can serve as a PCP to a member with obstetrical or gynecologic health care needs, disability or chronic illness provided the OB/GYN agrees to provide and arrange for all appropriate primary and preventive care. Passport Advantage provides instructional materials that encourage members to seek their PCP's advice before accessing medical care from any other source except for direct access services and emergency services. It is imperative the PCP's staff fosters this idea and develops a relationship with the member that will be conducive to continuity of care.

Primary care physician residents can function as PCPs. The PCP serves as the member's initial and most important point of contact with Passport Advantage. This role requires a responsibility to both Passport Advantage and the member. Although PCPs are given this responsibility, Passport Advantage will retain the ultimate responsibility for monitoring PCP actions to ensure they comply with Passport Advantage policies and CMS requirements.

Specialty providers can serve as PCPs under certain circumstances, depending on the member's needs. The decision to utilize a specialist as the PCP shall be based on agreement among the member, appointed representative, appointed family, the specialist, and Passport's medical director. The member has the right to appeal such a decision in the formal appeals process.

Passport Advantage will monitor the PCP's actions to ensure he/she complies with Passport Advantage and CMS policies including but not limited to the following:

- Maintaining continuity of the member's health care;

- Exercising primary responsibility for arranging and coordinating the delivery of medically-necessary health care services to members;
- Making referrals for specialty care and other medically necessary services, both in and out of network, if such services are not available within Passport's network;
- Maintaining a current medical record for the Member, including documentation of all PCP and specialty care services, including periodic preventive and well-care services, and providing appropriate and timely reminders to members when services are due;
- Discussing Advance Medical Directives with all members as appropriate. See Section 3.4.4.
- Advanced Directives;
- Screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders;
- Arranging and referring members when clinically appropriate, to behavioral health providers;
- Providing periodic physical examinations as outlined in the Preventive Health Guidelines;
- Providing routine injections and immunizations;
- Providing or arranging 24-hours a day, seven days a week access to medical care. For additional information, see Section 3.2 ;
- Arranging and/or providing necessary inpatient medical care at participating hospitals.
- Providing health education and information; and,
- Passport Advantage members have the right to a second opinion. If the member requests a second opinion, the PCP should complete a referral to a participating specialist. If there is not a specialist within the network, the PCP must call Passport Advantage's Utilization Management department at (866) 813-1721 to request an authorization for a non-participating specialist.

The PCP should perform routine health assessments as appropriate for a member's age and gender and maintain a complete individual medical record of all services provided to the member by the PCP, as well as any specialty or referral services. PCPs are required, with the assistance of Passport Advantage, to integrate into the member's medical records any services provided by school-based health services or other external service providers.

It is the responsibility of all PCPs to manage the care of their Passport Advantage panel members and direct the members to specialty care services when necessary. It is the responsibility of the specialist practitioner to work closely with the PCP in this process.

Each PCP receives a monthly member panel list of those members who have selected or been assigned to him or her. It is advisable to verify eligibility at, or before, the time of service using one of the online eligibility tools at [www.passportadvantage.com](http://www.passportadvantage.com). Even with this verification, there are times when CMS retroactively terminates eligibility for certain members. In these circumstances, Passport Advantage can decide to recoup any amounts paid for these patients.

Coordination between Primary Care and Behavioral Health providers is a critical component of promoting health and wellness for Passport Advantage members. Members never need a referral for behavioral health services. If you need assistance establishing behavioral health services for a Passport Advantage member, we encourage you to call our Behavioral Health Services, (800) 866-816-1722.

## **3.3 The Role of Specialists and Consulting Providers**

Specialty care practitioners provide care to members referred by their PCP. The specialty care practitioner must coordinate care through the PCP and must obtain necessary prior authorization for hospital admissions or specified diagnostic testing procedures. Refer to Section 5.3, “Authorization Requirements,” for a complete listing of procedures requiring prior authorization from Passport Advantage’s Utilization Management department.

Except for Direct Access Services and a few other services (see Section 6.2 “Member Self-Referral (Direct Access),” all members must obtain a valid referral from the PCP prior to receiving services from most specialty care providers/practitioners.

Specialty practitioners must review the referral section of the PCP referral form to determine which services have been referred. The specialist must contact the PCP if he or she intends to provide services in excess of those initially requested. In these cases, the PCP must generate a second referral to cover the additional services.

It is important for the specialty care provider to communicate regularly with the PCP regarding any specialty treatment. Specialists are to report the results of their services to the member’s PCP just as they would for any of their patients. The specialist should copy all test results in a written report to the PCP. The PCP is to maintain referrals and specialist reports in the member’s central medical record and take steps to ensure that any required follow-up care or referrals are provided.

## **3.4 Responsibilities of All Providers**

### **3.4.1 Professional Manner**

The provider must provide services in a manner consistent with professionally recognized standards of care and in a culturally competent manner.

### **3.4.2 Provider and Member Communications**

Providers must provide appropriate and adequate medical care to all Passport Advantage members. No action of Passport Advantage, or any entity on Passport Advantage’s behalf in any way absolves, relieves, or lessens the provider’s responsibility and duty to provide appropriate and adequate medical care to all members under the provider’s care. Passport Advantage agrees that regardless of the coverage limitations of Passport Advantage, the provider can freely communicate with members regarding available treatment options and nothing in this Provider Manual shall be construed to limit or prohibit open clinical dialogue between the provider and the member.

### **3.4.2 Medical Records**

Documentation in the medical record shall be timely, legible, current, detailed and organized to permit effective and confidential patient care and quality review. Complete medical records include, but are not limited to, medical charts, prescription files, hospital records, provider specialist reports, consultant and other health care professionals' findings, appointment records, and other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided to the member. The member record shall be signed by the provider of service.

Medical record confidentiality policies and procedures shall comply with state and federal guidelines, HIPAA and Passport Advantage policy. HIPAA privacy and security audits will be performed to assure compliance as required by Passport Advantage's contract with the CMS.

If a member were to change PCP's, medical records should be forwarded to the new PCP within ten (10) days of receipt of a signed request.

See Section 4.5 for additional detail regarding Medical Record Keeping

### **3.4.3 Treatment Consent Forms**

Treatment consent forms for specific procedures must be completed and signed by the member. A copy of the appropriate treatment consent form must be maintained in the member's record. Providers must comply with all state and federal laws regarding treatment consent. In accordance with Title VI, all vital documents (i.e. treatment and consent forms) must be translated into patient's preferred language.

### **3.4.4 Advance Directives**

*Living will, living will directive, advance directive, and directive* are all terms used to describe a document that provides directions regarding health care to be provided to the person executing the document. In Kentucky, advance directives are governed by the Kentucky Living Will Directive Act codified in KRS 311.621 to 311.643, and as otherwise defined in 42 CFR 489.100. Matters regarding application of advanced directives and related legal matters are defined in Kentucky Statutes, some of which are outlined in greater detail below; however, these should not be considered exhaustive lists. State and federal laws also provide guidance to these policies. Policies will be updated as soon as possible after guidance from these organizations is received.

A member who is 18 years of age or older and who is of sound mind can make a written living directive that does any or all of the following:

- Directs the withholding or withdrawal of life-prolonging treatment.
- Directs the withholding or withdrawal of artificially provided nutrition or hydration.
- Designates one or more adults as a surrogate or successor surrogate to make health care decisions on his or her behalf.
- Directs the giving of all or any part of his or her body upon death for any of the following reasons: medical or dental education, research, advancement of medical or dental science, therapy, or transplantation.

A living will form is included in KRS 311.625. The form can be reviewed at <http://www.lrc.ky.gov/krs/311%2D00/625.pdf>.

A copy of the living will can also be obtained through the Office of the Attorney General website at <http://ag.ky.gov/civil/consumerprotection/livingwills/Pages/default.aspx>. Advance directives can be revoked in writing, by an oral statement, or by tearing up the written living will.

The revocation is effective immediately.

**Health Care Surrogates.** If a health care surrogate is appointed in the advance directive, the surrogate is required to consider the recommendations of the attending physician and to honor the requests made by the grantor in the advance directive.

**No Directive.** What happens if an adult patient does not have decisional capacity and has not executed an advance directive? Kentucky statutes authorize the following persons, in the order given, to make such decisions:

- A judicially-appointed guardian of the patient.
- Spouse of the patient.
- Adult child of the patient (or the majority of the children).
- Parents of the patient.
- Nearest living relative.

**Conscientious Objections.** What happens if the practitioner or health care facility does not want to comply with a member's advance directive because of matters of conscience? The provider/practitioner should notify the member and cooperate with the member in transferring the member, with all his or her medical records, to another provider/practitioner. The provider/practitioner must also clarify any differences between institutional conscientious objections and those that may be raised by individual practitioners. Also, the provider/practitioner must describe the range of medical conditions or procedures affected by the conscientious objection.

**Provider's Responsibilities.** In addition to reviewing the Kentucky Living Will Directive Act, providers should:

- Discuss the member's wishes regarding advance directives for care and treatment at the first visit, as well as during routine office visits when appropriate;
- Document in the member's medical record the discussion and whether the member has executed an advance directive;
- Provide the member with information about advance directives, if asked;
- File the advance directive in the member's record upon receipt from the member;
- Not discriminate against a member because he or she has or has not executed an advance directive; and,
- Communicate to the member if the provider has any conscientious objections to the advance directive as indicated above.

### 3.4.5 Sanctions Under Federal Health Programs and State Law

Participating providers must ensure that no management staff or other persons who have been convicted of criminal offenses related to their involvement in Medicaid, Medicare, or other Federal Health Care Programs are employed or subcontracted by the participating provider.

As stated in your contract, participating providers must disclose to Passport Advantage whether the provider or any staff member or subcontractor has any prior violation, fine, suspension, termination, or other administrative action taken under Medicare or Medicaid laws; the rules or regulations of Kentucky; the federal government, or any public insurer. Participating providers must notify Passport Advantage immediately if any such sanction is imposed on the provider, a staff member, or subcontractor.

The following resources are available to providers to facilitate their compliance with the above requirements:

- The Health and Human Services Office of Inspector General (HHS OIG) List of Excluded Individuals and Entities (LEIE) lists individuals and entities that are excluded from participating in the Medicare, Medicaid, and all other Federal health care programs. The LEIE can be accessed at <https://exclusions.oig.hhs.gov/>
- The System for Award Management(SAM) web site maintains a list of individuals and entities that have been excluded throughout the U.S. Government from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and non- financial assistance and benefits. The Excluded Parties List System (EPLS), housed on the GSA web site is accessible at <https://www.sam.gov/portal/SAM/>

### **3.4.6 Suspected Child or Adult and Elder Abuse or Neglect**

Cases of suspected child or adult and elder abuse or neglect might be uncovered during examinations. Child abuse is the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury. Abuse is an act of commission or neglect.

If suspected cases are discovered, an oral report should be made immediately, by telephone or otherwise, to a representative of the local Department for Social Services office, local law enforcement agency, Kentucky State Police, the Commonwealth's Attorney, or the County Attorney.

To facilitate reporting of suspected child abuse and neglect cases, legislation affecting the reporting of child abuse (KRS 620.030) is printed on the reverse of the Child Abuse Reporting Form (DSS-115). These forms may be obtained from the local Department for Social Services office.

Adult abuse is defined by KRS. 209.020 as “the infliction of physical pain, mental injury, or injury of an adult.” The statute describes an adult as “(a) a person 18 years of age who because of mental or physical dysfunction is unable to manage his [or her] own resources or carry out the activity of daily living or protect himself [or herself] from neglect or a hazardous or abusive situation without assistance from others and who may be in need of protective services; or (b) a

person without regard to age who is the victim of abuse and neglect inflicted by a spouse.”

### **3.4.7 Balance Billing**

As outlined in the Passport Advantage Provider Agreement, providers are prohibited from billing or charging Passport Advantage members, except as required in relation to supplemental charges, copayments, or non-covered services.