Passport Advantage
Provider Manual
Section 4.0
Office Standards

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4.0 Office Standards

PCPs are required to provide coverage for Passport Advantage members 24 hours a day, seven days a week. When a PCP is unavailable to provide services, the PCP must ensure that he or she has coverage from another participating provider. Hospital emergency rooms or urgent care centers are not substitutes for coverage from another participating provider. Participating providers can consult their Passport Advantage Provider Directory, or contact Provider Services with questions regarding which providers participate in the Passport Advantage network.

Passport Advantage will contact providers on a quarterly basis to confirm or update contact information including street address, phone number, office hours and other information that affects provider availability. Providers will be contacted through mail, email and phone calls to collect this information.

4.1 Appointment Scheduling Standards

Providers must adhere to the following appointment scheduling standards to ensure timely access to quality medical care. Compliance with these standards will be audited by periodic on-site review of provider offices and chart sampling.

1. Appointments with primary care providers (PCP) and specialists must be scheduled within 30 days for routine care and preventive care visits.

2. Appointment standards for other situations that might confront a PCP or specialist are as follows:
   - Appointments for urgent care services must be scheduled within 48 hours.
   - Non-urgent appointments requiring more immediate attention must be scheduled within 7 days.
   - Appointments for emergency care must be immediately provided.
   - Appointments for laboratory and radiology services must be scheduled within 30 days for routine care and 48 hours for urgent care.

3. Appointments with Behavioral Health Care providers must:
   - Be scheduled within 10 business days for routine care visits.
   - Be scheduled within 6 hours for non-life threatening emergencies.
   - Be scheduled within 48 hours for urgent care visits.

4.2 After-Hours Telephone Coverage

A PCP's office telephone must be answered in a way that the member can reach the PCP or another medical practitioner whom the practitioner has designated. Their telephone must be:

- Answered by an answering service that can contact the PCP or another designated medical practitioner who can return the call within a maximum of 30 minutes; OR

- Answered by a recording directing the member to call another number to reach the PCP or another medical practitioner whom the practitioner has designated to return the call within a maximum of 30 minutes; OR
- Transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner who will return the call within a maximum of 30 minutes.

Unacceptable after-hours telephone coverage in a PCP's office includes:

- No answer after office hours.
- Telephone answered after hours by a recording that tells members to leave a message.
- Telephone answered after hours by a recording that directs members to go to the emergency room for any services needed.
- Not returning calls within 30 minutes

4.3 Member to Practitioner Ratio Maximum

PCP ratios are not to exceed 1500 to 1. If any PCP is concerned about his or her panel size or prefers a ratio smaller than 1500 to 1, he or she should notify Provider Network Management in writing at the following address:

Passport Advantage
5100 Commerce Crossings Drive
Louisville, KY 40229
Attention: Provider Network Management

Passport Advantage will set the maximum panel size at 1500 members per practitioner. However, the ratio can be adjusted for practices that employ physician extenders, such as physician assistants. Passport Advantage will consider exceptions to the 1500 to 1 ratio upon PCP request. Exceptions will be allowed based on an analysis of the practice capacity and geographic availability of other PCP practices contracted with Passport Advantage.

4.4 Provider Office Standards

- The provider must not differentiate or discriminate in the treatment of any member because of the member's race, color, national origin, ancestry, religion, health status, sex, marital status, age, political beliefs, or source of payment.
- The office waiting time should not exceed 45 minutes.
- Appointments for members should be scheduled at the rate of 6 or less per hour per provider.
- Health assessments/general physicals should be scheduled within 30 days.
- Providers should have a "no show" follow-up policy. For example, the provider might send two notices of missed appointments to the member, followed up by a telephone call to the member. Any actions for missed appointments should be documented in the member's medical record.
- Provider Network Management must be notified of all PCP planned and unplanned absences of more than four days from the practice.

- Member medical records must be maintained in an area that is not accessible to persons not employed by the practice. When releasing a member's medical record to another practice or provider, providers are required to first obtain written consent from the member.
- Any provider's office administering care that can have an adverse effect must obtain the member's signature on a form that describes the treatment and includes the medical indication and the possible adverse effects.
- Providers must complete appropriate consent forms, as required by state and federal regulations and laws.

4.5 Medical-Record-Keeping, Continuity & Coordination of Care Standards

Passport Advantage has adopted the following medical-record-keeping standards, which cover confidentiality, organization, documentation, access, and availability of records. These standards are based on the National Committee for Quality Assurance (NCQA) and can be revised as needed to conform to new NCQA and/or federal recommendations. Compliance with these standards will be audited by periodic on-site review of practitioner's offices and chart samplings. Practitioners must achieve an average score of 80% or higher on the medical records review. Passport Advantage will assist practitioners' scoring less than 80% through corrective action plans and re-evaluation.

4.5.1 Confidentiality of Records

- Staff receive periodic training in member information confidentiality.
- Records are stored securely and maintained in an area that is only accessible to practitioner office staff.
- Ensure that medical records are NOT accessible to those not employed by the practice.
- Post notice of privacy practices (NPP) in a prominent area of the office.
- Ensure that HIPAA policies and procedures are easily accessible for all staff members.
- Provide disclosures of PHI, patient's right to request restriction of the use of PHI, and
- include a contact person within the practice.
- Locate copier and fax machines in an area that restricts unauthorized access or viewing.
- Password protect all computer screen savers.
- Protect all staff members' computer access by requiring unique log-ins and time-limited
- passwords.
- Ensure that office staff shall send all emails containing PHI marked secured or encrypted.

4.5.2 Organization of Records

- There is only one medical record per patient.
- The medical record is bound or pages fastened to prevent loss of medical information, for providers using EMRs, records are protected on a secure server with a protected back-up.
- Each and every page in the record contains the member's name or ID number.
- The medical record is organized in chronological order with the most recent information

appearing first. The record includes separate sections for progress notes, lab results, x-ray and other imaging studies, hospital records (ER report and discharge summaries), home health nursing reports, physical therapy reports, etc.

- All charts contain flow sheets for health maintenance.

4.5.3 Documentation

- The record is legible.
- Personal data includes date of birth, age, height, gender, home and work addresses, employer, home and work telephone numbers, marital status, emergency contact information, school name and telephone numbers (if no phone contact name and number), race, ethnicity, guardianship/custodial arrangements, and identifies preferred language.
- Entries are done in non-smearable, non-erasable ink.
- Medication allergies, adverse reactions, and known allergies are prominently noted in the record.
- There is a completed immunization record in all pediatric records and/or appropriate history in all adult records.
- All charts contain a problem list, a medication list, and a treatment plan. Significant illnesses and medical conditions are indicated on the problem list, including working diagnoses.
- Medical history (for members seen three or more times) is easily identified and includes medical, surgical, and obstetric histories. For children and adolescents (18 years of age and younger), medical history includes prenatal care, birth, operations, and childhood illnesses
- Documentation of physical examination.
- Documentation of clinical findings and evaluation for each visit.
- All entries in the medical record are signed or initialed and dated and all providers are identified by name, for providers using EMRs, the record include a time and date stamp.
- Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls, or visits. The specific time of return is noted in weeks, months, or PRN.
- Documentation will reflect assessment of and counseling for tobacco, alcohol, substance abuse, and risk of sexually transmitted diseases.
- If a consultation is requested, there is a note from the consultant in the record.
- Consultation, lab, and x-ray reports filed in the chart are initialed by the practitioner to indicate review. Consultation and abnormal lab and imaging study results have a specific notation in the record of follow-up plans.
- Emergency care provided is documented in the medical record, as well as follow-up visits provided secondary to reports of emergency room care.
- Evidence of reportable diseases and conditions are documented and reported appropriately to local or state health departments.
- There is evidence that preventive screenings and services are offered in accordance with Passport Advantage's Clinical Practice Guidelines. Use of risk assessments, disease maintenance, and preventive health sheets are encouraged (see Section 19,

"Forms and Documents," for samples).

- Copies of consent forms, when applicable, are maintained in the record.
- The medical record also contains an indication of the adult (over 18 years old) member has executed an advance directive and a copy of the member's advance directive, as applicable.
- Written denials for service and the reason for the denial is documented in the medical record.
- Hospital discharge summaries are included in the medical record.

4.5.4 Access and Availability of Records

- Hospital/Provider shall maintain a complete and accurate permanent medical record for each member to whom Hospital/Provider renders services. Provider permits Passport Advantage, on request via letter, fax or phone, access to member medical records at no cost, to inspect, review, and copy within ten working days of receipt of request.
- Members have the right to all information contained in the medical record as required by law. Medical records must be made available to a member upon request at no cost to Passport Advantage or the member for first copy.
- When a member changes PCPs, the medical records or copies of medical records shall be forwarded to the new Provider of Choice within ten (10) business days from receipt of request at no cost to Passport or member.
- When releasing records to an entity other than the Passport Advantage, providers are first required to obtain written consent from the member.
- Providers must maintain medical records for ten (10) years.

4.5.5 Continuity and Coordination of Care

While there are some indicators of continuity and coordination of care included within the documentation standards, Passport Advantage will also assess medical records for evidence of continuity and coordination of care using the following criteria:

- The record is legible to someone other than the writer. Any record determined illegible by one reviewer shall be evaluated by a second reviewer.
- At each office visit, the history and the physical performed are documented and reflect appropriate subjective and objective information for presenting complaints, including any relevant psychological and social conditions affecting the patient's medical/behavioral health.
- The working diagnosis is consistent with the clinical findings.
- Passport Advantage of action and treatment is consistent with the diagnosis and includes medication history, medications prescribed; including the strength, amount, and directions for use, as well as any therapies or other prescribed regimen.
- Lab and other studies are ordered as appropriate.
- There is a review for the under- and over-utilization of consultations.
- Age or disease-appropriate direct access services must be documented in the medical record, for example, immunizations, diabetic retinal eye exams, family planning, and cancer
- Screening services.

There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic problem.

Follow-up plans including consultations, referrals, directions, and time to return.

4.6 Hospital Care

Practitioners must have admitting privileges to a Passport Advantage network hospital or facility for all patient groups for whom they are providing care. With prior written approval from Passport Advantage's Utilization Management department, a practitioner can arrange for another participating practitioner to provide inpatient coverage.

4.7 Communication Guidelines

As discussed in Section 2.9, Title VI Requirements: Translator & Interpreter Services, federal law requires providers to ensure that communications are effective. Please review the federal requirements.