

# 8

## Health Partners Provider Manual Provider Practice Standards & Guidelines



**Purpose:** This chapter provides an overview of the current provider practice standards and guidelines used by Health Partners.

- Topics:**
- Access & Appointment Standards
  - Provider Office Practice Standards



# Module Contents

<b>Overview</b>	<b>8-5</b>
Access & Appointment Standards	8-5
Telephone Availability Standards	8-6
Practice Changes	8-7
Confidentiality	8-7
How Does Health Partners Protect Member Health Information?	8-7
Notice of Privacy Practices	8-8
How We Use or Share Information	8-8
What are Your Rights?	8-10
Exercising Your Rights	8-11
Member Confidentiality	8-12
Provider Confidentiality	8-12
Confidentiality of Other Information	8-13
Credentialing/Recredentialing	8-13
Provider Preclusion	8-15
Health Partners Medical Record Documentation Standards	8-16
Additional Medical Records Requirements	8-17
Flow Sheet Guidelines	8-17
Pediatric, Adolescent, and Adult/Well Elderly Flow Sheets	8-18
Pediatric Asthma Action Plan	8-18
Advance Directives	8-18
Americans with Disabilities Act (ADA)	8-19
Provider Office Practice Standards	8-19
Mandatory Standards	8-19
Recommended Emergency Procedures	8-20
Office Practice Standards	8-21
Preventive Care and Clinical Guidelines	8-23



# Overview

Providers that participate in Health Partners and KidzPartners networks must adhere to certain standards and guidelines in order to remain a participating provider. This chapter provides documentation of these contractual requirements.

## Access & Appointment Standards

The following table specifies the office access and appointment standards Health Partners requires provider practices to meet.

Table 1: Provider Access & Appointment Standards

Criteria	PCP	OB-GYN	Specialist
Routine Office Visits	Within 7 days	OB - Initial prenatal visit within 24 hours of identification of high risk by Health Partners or maternity care provider, or immediately if emergency exists. First prenatal visit (pregnant 1-3 months): Within 10 days First prenatal visit (pregnant 4-6 months): Within 5 days First prenatal visit (pregnant 7-9 months): Within 4 days GYN: Within 10 days OB/GYN: Within 5 days of effective date of enrollment	Within 10 days of referral
Routine Physical	Within 3 weeks	Within 3 weeks	N/A
Preventive Care	Within 3 weeks	N/A	N/A
Urgent Care	Within 24 hours	Within 24 hours	Within 24 hours of referral
Emergency Care	Immediately and/or refer to ER	Immediately and/or refer to ER	Immediately upon referral
First Newborn Visit	Within 2 weeks	N/A	N/A

Table 1: Provider Access & Appointment Standards

Criteria	PCP	OB-GYN	Specialist
Patient with HIV Infection	Within 7 days of enrollment for any member known to be HIV positive unless the member is already in active care with a PCP or specialist regarding HIV status.		
EPSDT	Within 45 days of enrollment unless the member is already under the care of a PCP and the member is current with screening and immunizations.	N/A	N/A
SSI Recipient	Within 45 days of enrollment unless the enrollee is already in active care with a PCP/ specialist.	N/A	N/A
Office Wait Time	30 minutes, or up to one hour if urgent situation arises.	30 minutes, or up to one hour if urgent situation arises.	30 minutes, or up to one hour if urgent situation arises.
Weekly Office Hours	At least 20 hours per site.	At least 20 hours per site.	At least 20 hours per site.
Maximum Appointment per Hour	6	N/A	N/A

## Telephone Availability Standards

Telephone availability standards are closely monitored through the Health Partners/KidzPartners Member Satisfaction Surveys, site reviews, and member complaints. These standards include:

- All PCPs must be available to members for consultation regarding an emergency medical condition 24 hours a day, seven days a week.
- After regular office hours, the PCP will return member calls within one hour of when the member called. Coverage may be shared with another PCP participating with Health Partners/KidzPartners.
- If a PCP uses an answering service, the assigned service person must be capable of taking a message, and contacting the physician directly and immediately.
- An appointment system for scheduling all routine visits is also a requirement. At a minimum, this includes an appointment book and written notice given to patients stating date and time of next appointment. Evidence of compliance with these minimum access standards is sought at the time of initial credentialing, at recredentialing, and at interim periods if non-compliant activity is noted.

- For any missed appointment, the PCP or specialist should send two notices of the missed appointment and make a follow-up telephone call to the member. Documentation of the notices and telephone call should be placed in the medical record.
- The PCP or specialist should ensure that the average office waiting time does not exceed 30 minutes, or up to one hour when the physician encounters an unanticipated urgent visit or is treating a patient with a difficult medical need.

## Practice Changes

The Network Management Department must be immediately notified in writing when any of the following occurs:

- additions/deletions of providers
- change in payee information
- change in hours of operation
- provider practice name change
- change in practice ownership
- telephone number change
- site relocation
- change in patient age restrictions
- Tax ID change (must be accompanied by W9)

## Confidentiality

Issues of confidentiality are addressed in Health Partners' Notice of Privacy Practice.

This notice is distributed to all Health Partner/KidzPartners members as required by the federal government. It describes how medical information about members may be used, and how members can access this information. This policy is also posted on [www.healthpart.com](http://www.healthpart.com), under "Notice of Privacy Practices."

## How Does Health Partners Protect Member Health Information?

Health Partners must make reasonable efforts to protect member privacy regarding Protected Health Information (PHI). We use appropriate safeguards to limit PHI used or disclosed to the minimum necessary to accomplish the intended purpose. We will identify the persons or departments within Health Partners that require access to PHI to carry out their job responsibilities. We also review the categories or types of PHI that each person or department requires access to, and under what conditions they require this access. This is done before allowing any access to PHI.

In addition, all Health Partners employees must read and sign a Confidentiality Statement of Understanding before starting work at Health Partners. They must also sign a new statement once a year. This requirement ensures that each employee is reminded of the importance of always maintaining confidentiality. We also require all Health Partners staff to undergo confidentiality training every year.

As a general rule, Health Partners will not use the entire health record of a member. Access to the entire health record will be allowed only if this is specifically identified as reasonably necessary to satisfy the purpose. When Health Partners receives an internal request for PHI, we will share information on a “need-to-know” basis. This helps to protect confidentiality and ensure a member’s privacy. Management is responsible to enforce and document the minimum necessary standard for such uses. Any questions about PHI or the access to such information by the workforce will be directed to Health Partners’ Privacy Official or designee.

## Notice of Privacy Practices

At Health Partners, we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

When we talk about “information” or “health information” in this notice we mean the following:

- Any kind of information about you and your health care
- Claims information
- Your address and phone number
- Your social security number

## How We Use or Share Information

The following are ways we may use or share information about you:

- We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
- We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.
- We may use or share your information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- We may share your information with others who help us conduct our business operations.

**Note:** *We will not share your information with these outside groups unless they agree to keep it protected.*

- We may use or share your information for certain types of public health or disaster relief efforts.
- We may use or share your information to send you a reminder if you have an appointment with your doctor.
- We may use or share your information to give you information about alternative medical treatment and programs or about health related products and services that may interest you. For example, we might send you information about smoking cessation or weight loss programs.



There are also state and federal laws that may require us to release your health information to others. We may be required to provide information for the following reasons:

- We may report information to state and Federal agencies that regulate us, such as the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services and the Pennsylvania Departments of Health, Insurance and Public Welfare.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).
- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person.
- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with a funeral director as necessary to carry out his/her duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.

There may be other times that we may share information that is not mentioned above; however, if these reasons do not apply, we must get your written permission to use or disclose your health information. If you give us written permission and change your mind, you may take back that written permission at any time. Once you give us the proper authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

We are also not allowed to use or disclose your health information as follows:

Health Partners must ensure that we do not disclose any confidential information in accordance with all laws, regulations, and policies of the Pennsylvania Department of Health and the Pennsylvania Insurance Department. In addition, we must comply with all rules governing the disclosure of information related to HIV/AIDS, Drug and Alcohol and Mental Health services.

## What are Your Rights?

The following are your rights with respect to your health information. If you would like to exercise the following rights, please contact Health Partners Member Relations at **1-800-553-0784** or KidzPartners Member Relations at **1-888-888-1211**.

- You have the right to ask us to restrict or limit how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request, we are not required to agree to these restrictions.
- You have the right to ask to receive confidential communication of information.  
For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to a different or additional address. We will work with you on any reasonable requests by you as explained above.
- You have the right to inspect and obtain a copy of information that we maintain about you in your designated record set. A “designated record set” is a group of records maintained by or for Health Partners that is (1) the medical records and billing records about you; (2) the enrollment, payment, claims adjudication, and case or medical management record; (3) and any information we use to make decisions about you and your health care.

However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information:

- Contained in psychotherapy notes;
- Gathered for possible use for or in connection with a civil, criminal or administrative action or proceeding; and
- Subject to certain federal laws governing biological products and clinical laboratories.

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

- You have the right to ask us to amend information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 30 days after we receive it. If we are unable to act within 30 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete the action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to contest (argue) your statement. However, you have the right to request that your written request, our denial and your statement of disagreement be included with your information for any future disclosures.

- You have the right to receive an “accounting” or a summary/report of certain disclosures of your information made by us during the six years prior to your request.

Please note that we are not required to provide you with an accounting of the following information:

- Any information collected before April 14, 2003;
- Information disclosed to be used for treatment, payment, and health care operations purposes;
- Information disclosed to you or pursuant to your authorization;
- Information that is incidental to a use or disclosure otherwise permitted;
- Information disclosed for a facility directory or to persons involved in your care or other nonfiction purposes;
- Information disclosed for national security or intelligence purposes;
- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies; and
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We require that your request be in writing. We will act on your request for an accounting within 30 days. We may need additional time to act on your request, and therefore, may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide to you one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

## Exercising Your Rights

You have a right to receive a copy of this notice upon request at any time.

You can also view a copy of the notice on our website at <http://www.healthpart.com>. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you by direct mail and post it on our website.

If you have any questions about this notice or about how we use or share information, please contact Health Partners Member Relations at 1-800-553-0784 or KidzPartners Member Relations at 1-888-888-1211. You can call anytime, 24 hours a day, seven days a week. You can also send us questions by E-mail at [www.healthpart.com](mailto:www.healthpart.com).

If you believe your privacy rights have been violated, you may file a complaint with us by contacting Health Partners Member Relations at 1-800-553-0784 or KidzPartners Member Relations at 1-888-888-1211. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

We will not take any action against you for filing a complaint.

If members need help reading policies, they can call our 24-hour Member Relations line (**1-800-553-0784** or **215-849-9600** for Health Partners; **1-888-888-1211** or **215-967-4540** for KidzPartners). TTY/TDD: **1-877-454-8477** or **215-849-1579**.

Health Partners' policy on Confidentiality protects both members and providers. It encompasses the following guidelines and legal restrictions.

## Member Confidentiality

All Health Partners contracts with health care providers contain a provision titled “Safeguarding of Information.” This provision states that the provider shall not use or disclose any information concerning a Health Partners member in a manner prohibited by law. When disclosing member information, legal restrictions include those mandated by:

- The Pennsylvania Act 1998-68, The Quality Health Care Accountability and Protection Act, Section 2131.
- The Department of Public Welfare regulations (5100.31 through 5100.39).
- Pennsylvania Act 148, The Confidentiality of HIV-Related Information Act.
- The Code of Federal Regulations Title 42, Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records.
- Health Insurance Portability and Accountability Act (HIPAA).

It is Health Partners' policy that:

- Privacy of any information that identifies a particular member must be safeguarded. Information from, or copies of, records may be released only to authorized individuals, and providers must ensure that unauthorized individuals cannot gain access to or alter member records. Original records must be released only in accordance with federal or state laws, court orders, or subpoenas. Providers must have policies and procedures on safeguarding, releasing, and office procedures on patients' confidential medical records.
- Records and information must be maintained in an accurate, confidential, and timely manner.
- Members must be given timely access to their records and information. (If requested, the provider must supply the member with a copy of his/her paper medical record, at no charge, unless the provider believes that supplying such record is not medically advisable.)
- All federal and state laws regarding privacy, confidentiality and disclosure for mental health records, medical records, other health information, and member information must be adhered to.

## Provider Confidentiality

All of Health Partners' Credentialing department policies specify that all provider information is maintained in strict confidence, and that all provider files are maintained in a secured storage area and are shredded before disposal.

All health care information presented to Health Partners' peer review committees (Utilization Management/ Pharmacy & Therapeutics, and Quality Management) is blinded prior to presentation to the committee members in order to protect the identity of the individual health care provider.

Health care provider information will be disseminated as required by law, in response to a court order or subpoena. This process is handled in conjunction with Health Partners' Legal Affairs department and follows the rules established by state law.

When disclosing provider information, legal restrictions include those mandated by:

- Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986.
- The Peer Review Protection Act.

## Confidentiality of Other Information

Health Partners participating providers may not disclose (by oral, written, electronic or other means) any financial or other proprietary information except as required by the Department of Public Welfare, the Pennsylvania Insurance Department or by law.

## Credentialing/Recredentialing

As part of the Health Partners Quality Management program, as well as National Committee for Quality Assurance (NCQA), DPW, DOH and PID guidelines, participating PCP, specialist, allied health, ancillary and hospital providers undergo an initial credentialing process. Practitioners are recredentialed every three years and must show evidence of satisfactorily meeting Health Partners' quality of care and service measures for their members.

Health Partners has partnered with Ingenix/Aperture to manage the primary source verification (PSV) function of our credentialing/re-credentialing process. In addition we accept and prefer the use of the CAQH (Council for Affordable Quality Healthcare) application, but will also accept the Pennsylvania standard paper application.

Providers who wish to be credentialed by Health Partners must submit a complete application and a signed data collection Provider Data Collection form to release information. Health Partners, Inc. currently uses the Council for Affordable and Quality Healthcare (CAQH) application. Other documents and information required to be submitted are as follows:

- Current State Medical License
- Current DEA Certificate
- Board Certification Certificate or Residency Certificate, as applicable
- Official documentation of ongoing CME activity (Note: this only applies to Nurse Midwives and Physician Assistants)
- Current copy of professional liability insurance coverage face sheet
- Malpractice history, if applicable
- W-9
- Medical Assistance Identification Number (To obtain an active Medical Assistance identification number, contact DPW's Provider Enrollment Department at 717-772-6140 or 717-772-6456)
- NPI Number (Individual and Billing)
- VFC Pin Number (PCPs who see members 0-18 years of age only)
- ECFMG Certificate, if applicable
- Curriculum Vitae
- Education and Training
- Work History (for previous 5 years)
- Hospital Privileges (need signed hospital attestation for a participating Health Partners hospital) All specialist need to have admitting privileges, PCPs can have covering arrangement with participating provider.
- Cross Coverage for Practice

- Signed and dated agreement or exhibit C if provider is joining existing group agreement.
- Accreditation Certificate (ancillaries and hospitals)
- Group Roster for ancillary providers
- Site visits and Medical Record Reviews needed for all PCP and Hi Volume Specialist addresses
- Medicaid Sanctions (Medicheck, OIG&EPLS/GSA)

The process for providers due for recredentialing is initiated six (6) months prior to their recredentialing due date. Ingenix/Aperture will use the CAQH application to verify and update information for recredentialing purposes. If a CAQH application is not on file, Ingenix/Aperture will outreach to the provider to obtain an updated application.

Information that will be required/verified at the time of redcredentialing is as follows:

- Signed and dated Provider Data Collection form
- Signed and dated Provider Questionnaire and Attestation Statement.
- Current State Medical License
- Current DEA Certificate
- Recertification of board certificate, as applicable
- Official documentation of ongoing CME activity (for Nurse Midwives and Physician Assistants only)
- Current copy of professional liability insurance face sheet
- Malpractice history, if applicable
- Accreditation Certificate (ancillaries and hospitals)
- Hospital Privileges (need signed hospital attestation for a participating Health Partners hospital) All specialist need to have admitting privileges, PCPs can have covering arrangement with participating provider.
- Medicaid Sanctions (Medicheck, OIG&EPLS/GSA)
- Medical Assistance Identification Number (To obtain an active Medical Assistance identification number, contact DPW's Provider Enrollment Department at 717-772-6140 or 717-772-6456)

For all participating PCPs, obstetrician/gynecologists, and high-volume specialists (such as cardiologists, general surgeons, and orthopedic surgeons), Health Partners will send a Health Partners representative to conduct an on-site review and medical record audit every two years to assess compliance with medical record keeping practices and practice site standards. Compliance with appointment availability standards will also be assessed. Quality review audits are completed every two years and are incorporated into the credentialing and recredentialing process.

Primary source verifications are constructed as applicable, after which Health Partners' Medical Director will review all the information gathered, including the results of quality monitoring, and present a recommendation to the Credentialing Committee for consideration, discussion, and action. The Credentialing Committee then makes a recommendation to the Quality Management Committee. All final decisions are rendered by Health Partners' Quality Management Committee.

The decision of the Quality Management Committee to accept or deny a practitioner into the network will be communicated in writing by Health Partners' Medical Director. If a provider is denied, information regarding the appeal process is noted in the denial letter.



Health Partners offers each practitioner the right to review any of the information submitted in support of their credentialing/recredentialing application. Additionally, the practitioner has the right to correct any erroneous information by supplying the corrected information in writing to the Credentialing department.

In compliance with DPW and PID regulations, Health Partners will not employ or contract with any provider who is excluded from participating in Medicaid or Medicare for the provision of any of the following: health care, utilization review, medical social work, and/or administrative services.

## Role of the Primary Care Provider

The Primary Care Provider (PCP) is usually the starting point for a member to receive medical care and acts as the gatekeeper for all future care provided. It is important for the PCP to stay connected with all of their members and encourage them to utilize the primary care services available to them.

While we expect that much of our members' needs can and will be addressed by their PCP, we also acknowledge the need for more specialized services and that the members' PCP will use their education, experience and best medical judgment to refer members out for additional care when needed.

Health Partners stresses to our members the need to stay connected to their PCP and in cases where they are receiving care from other medical professionals, including, but not limited to prescription care, that they continue to maintain the relationship with their PCP and ensure they have access to their most current medical condition and services received.

Access to PCP care is vitally important to maintaining the health of our members and when possible steering them away from the use of emergency rooms when their condition can more appropriately be managed in a PCP office environment. A PCP is required to provide access to care as outlined in the Access and Appointment Standards section of this manual. In addition, a PCP must be accessible 24 hours per day, 7 days a week.

Each PCP must follow all periodicity schedules and use appropriate health assessments/documentation and maintain an individual medical record for all patients. In addition, any PCP providing care to members up to the age of 18 years of age must participate in the Vaccine for Children (VFC) program.

## Provider Preclusion

Health Partners utilizes the Department of Public Welfare Medical Assistance Program's (OMAP) Medichex List to ensure that providers in our network are eligible to participate in Medicaid and Medicare programs. If any participating provider is identified as ineligible upon review of the Medichex List, Health Partners will terminate his/her contract effective immediately.

The List of Excluded Individuals/Entities (LEIE), maintained by the Department of Health and Human Services, Office of Inspector General (DHHS/OIG), is a database of all individuals or entities that have been excluded nationwide from participation in any federal health program, including Medicaid and Medicare. Although DPW makes best efforts to identify federally excluded individuals/entities who practice in Pennsylvania, it encourages health plans to also use the LEIE to ensure that the individual/entity is eligible to participate in the MA Program.

Providers are not automatically reinstated in the MA Program at the end of a preclusion period. In accordance with 55 Pa. Code Section 1101.82(a), providers who reach the end of their preclusion period must request and be re-enrolled by the Department in order to participate.

**Note:** *In addition, Health Partners also utilizes the Excluded Parties List System (EPLS) to access the Government Service Administration (GSA) precluded list. This list is reviewed for sanction activity at the time of credentialing and recredentialing.*

## Health Partners Medical Record Documentation Standards

Consistent and complete documentation in the medical record is an essential component of quality patient care. Health Partners standards have been developed utilizing the standards of the National Committee for Quality Assurance (NCQA), DPW, PID, CMS, and the Pennsylvania Medical Society Guidelines for documentation. As the Health Partners staff completes the site evaluation process, the standards with an asterisk (\*) following the measure are weighted more highly within the measurement tool.

- Each page in the record contains the patient's name or I.D. number
- Each record contains appropriate biographical/personal data
- Each author is identified on each entry
- All entries are dated
- The record is legible to someone other than the writer
- There is a completed problem list\*
- A listing of medications is easily found and lists all medications currently used
- Allergies and adverse reactions to medications are prominently noted\*
- There is an appropriate past medical history\*
- There is documentation of tobacco habits for members > 11 years
- There is documentation of alcohol use for members > 11 years
- There is documentation of substance abuse for members > 11 years
- There is a pertinent history and physical exam
- Lab and other studies are ordered as appropriate
- Working diagnoses are consistent with findings\*
- Plans of action/treatment are consistent with findings\*
- There is evidence of patient teaching
- There are dates for return visits or other follow-up plans
- There is documentation and follow-up of “no-shows”
- Problems from previous visits are addressed
- There is evidence of appropriate use of consultants
- There is continuity and coordination of care between PCPs and specialists
- Consultant summaries, lab and imaging study results, and surgical procedure summaries reflect PCP review
- Care appears medically appropriate for the diagnosis/conditions\*
- There is a completed immunization record\*
- Preventive services are appropriately used\*



- There is documentation of discussion of a living will or advance directives
- Discuss domestic violence and if member is safe at home
- Phone calls to and from the patient are documented
- Evidence of hospital discharge summary in medical record
- Evidence of review of hospital discharge by physician
- Evidence of communication between home care agency and physician in medical record

## Additional Medical Records Requirements

- In order to meet all regulatory requirements related to retention of medical records, all medical records must be legible, signed and dated and must be maintained for a minimum of seven (7) years from expiration of a provider's participating agreement with the plan.
- The provider shall, at his/her own expense, make all records available for audit, review or evaluation by any and all regulatory entities and its designated representatives or federal agencies, in such detail as is reasonably necessary for the determination of the member's eligibility for medical services and for utilization management and quality improvement. Access shall be provided either on-site at Health Partners or at the provider's office during normal business hours, or through the mail or secured fax. All records to be sent by mail shall be sent to the requesting entity in the form of accurate, legible paper copies, unless otherwise indicated, within fifteen (15) calendar days of such request and at no expense to the requesting entity.
- Each member is entitled to have access to his/her medical records in accordance with federal and state laws. Members also have a right to have a copy of their medical record. Members may be charged a nominal fee to have medical records copied. Members can call Health Partners Member Relations (**800-553-0748** or **215-849-9600**) or KidzPartners Member Relations (**888-888-1211** or **215-967-4540**) for help, or call their physician's office directly. The Member Relations staff will advise members that they must sign a release to obtain their medical record or have a copy sent to a new doctor. Health Partners/KidzPartners providers cannot charge the member for a copy of his/her medical record sent directly to another provider.

## Flow Sheet Guidelines

Health Partners has observed that offices using flow sheets are more successful in documenting ongoing preventive care. These sheets serve as a reminder to the physician that it is time to reorder diagnostic studies or reconsider continuing a specific medication regimen.

The flow sheets are designed to provide the physician with a central reference for significant information such as a record of allergies, a problem list, a medication list, an immunization record, and a log of preventive screening dates. It saves the physician time otherwise spent reviewing progress notes for this data. The tool assists the physician in attaining compliance with Health Partners' documentation standards.

Health Partners flow sheets are available for participating physicians upon request by contacting the Provider Services Helpline at **215-991-4350** or **888-991-9023**. They may also be accessed online at [www.healthpart.com](http://www.healthpart.com), under **Clinical Info**. Completed flow sheets should be incorporated into the medical records of each Health Partners/KidzPartners member and updated with each visit. If a member's flow sheet indicates he/she has not been seen recently and needs preventive screenings, an effort should be made to contact the member.

## Pediatric, Adolescent, and Adult/Well Elderly Flow Sheets

The Pediatric and Adolescent Flow Sheets and the Pediatric/Adolescent Problem and Medication List place special emphasis on immunizations and other important screening procedures. For more information, see Appendix page 15.

If the flow sheet indicates that a child/adolescent is not up-to-date with necessary preventive screenings or immunizations, including EPSDT scheduled screenings, an effort should be made to contact the parent(s) or guardian about the missed treatment or procedure.

## Pediatric Asthma Action Plan

The Asthma Management Flow Sheet assists the physician in organizing the care of the member with asthma. For your convenience, we have designed a separate flow sheet for care of the asthma patient. Additional sheets will be provided upon request.

The Philadelphia Allies Against Asthma (PAAA) Pediatric Asthma Action Plan is designed to help pediatric members with asthma follow the physician's recommended treatment program. The action plan, developed jointly by PAAA and the HealthChoices plans in the Southeast region, is available in both English and Spanish versions on our website, [www.healthpart.com](http://www.healthpart.com).

## Advance Directives

Advance Directives are written documents designed to allow competent patients the opportunity to guide future health care decisions in the event that they are unable to participate directly in medical decision making. The Patient Self-Determination Act requires that patients are informed about their right to participate in health care decisions, including their right to have an advanced directive.

The Health Partners and KidzPartners member handbooks contain information concerning advance directives. Providers must note the presence of an advance directive in the member's medical record, and follow all applicable state and federal laws regarding the execution of these directives.

Each state has different regulations for the use of advance directives. Two common forms used for advance directives are the Living Will and the Durable Power of Attorney for Health Care Decisions. Health Partners requires participating providers to document discussion of a living will or advance directive.

If you require more information regarding advance directives, there are several sources of information available:

- American Academy of Family Physicians at <http://www.aafp.org>
- University of Washington School of Medicine, Ethics in Medicine website at <http://depts.washington.edu/bioethx/topics/advdir.html>
- Patient information at <http://www.familydoctor.org>
- American College of Physicians Tips on Talking to Your Patients at <http://www.acponline.org/journals/news/mar99/advdir.htm>
- Advance Care Planning: A Practical Guide for Physicians. Available through the American Medical Association at <http://www.ama-assn.org/>

## Americans with Disabilities Act (ADA)

Section 504 of the Rehabilitation Act of 1973 states that: “No otherwise qualified handicapped individual in the United States . . . shall, solely by reason of . . . handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” Section 504 applies to programs or activities that receive Federal financial assistance. Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc.), including licensing. For more information regarding the ADA, go to the U.S. Dept. of Health and Human Services website at [www.os.dhhs.gov](http://www.os.dhhs.gov).

Health Partners requires practitioners to abide by ADA requirements for office accessibility. Health Partners will perform a visual assessment of the location to review for:

- Handicapped parking spaces with curb cuts, if applicable.
- Handicapped accessible restrooms.
- Access ramps where applicable.
  - Access ramps to entrance of the building.
  - Access ramps to provider office, if different entrance than building (i.e., hospital).

If a practitioner's site does not meet ADA standards, there are reasonable alternatives to accommodate those with disabilities. These include:

- Home visits.
- Access at another site that meets ADA requirements.
- Bathroom facilities elsewhere in the building that meet ADA requirements, or portable bathroom facilities.

## Provider Office Practice Standards

On the following pages you will find a table listing Health Partners' mandatory and recommended Provider Office Standards. :



Please first note the Mandatory and Recommended Emergency Procedures.

### Mandatory Standards

Staff members who are licensed or administer patient care must be CPR-trained and available during patient hours.

Emergency equipment and supplies must be present and appropriately maintained.

All primary care and specialty practices that administer injectable medications with a potential for anaphylactic reaction must maintain adrenaline or epinephrine, and an appropriate means and qualified staff to administer mechanical ventilation (i.e. Ambu bag or Resuscitation Mouthpiece). Exceptions include offices connected to hospitals where CPR/code teams respond to medical emergencies.

Staff must be able to describe who is responsible and the frequency with which emergency supplies are checked for availability and expiration. Offices must schedule supply checks as a routine office procedure, rather than as optional or random events.

Offices that perform stress tests must have a defibrillator. At minimum, there should be documentation of quarterly inspection.

For offices that have a defibrillator, the staff must be able to produce a record of daily defibrillator checks and communicate that staff have been trained on proper use of the equipment.

Other equipment and supplies should be available for practice location, specialty, patient population/ environment, and accessibility to advanced medical care.

If the practice performs cardiac stress tests, the following must be available:

- Calibrated defibrillator
- “Banyon” kit, or Nitroglycerin
- IV Furosemide (Lasix)
- 50% Glucose
- Sodium bicarbonate
- Lidocaine
- Atrophine
- Epinephrine (Adrenaline)
- IV set-up
- Oxygen equipment

Operating manuals for equipment such as EKGs must be available, and the equipment must be maintained per the manual.

## Recommended Emergency Procedures

Recommended emergency procedures include the following:

- There should be written or verbal emergency procedures.
- There should be periodic training for staff in emergency procedures.
- The practice should have oxygen available and personnel trained to administer it.

## Office Practice Standards

The following table provides an overview of Office Practice Standards used by Health Partners provider network.

Table 2: Office Practice Standards

Standards	Mandatory Requirements	Recommended Standards
Infection Control	<ol style="list-style-type: none"> <li>1. Infectious material is separated from other trash and disposed of appropriately</li> <li>2. Medical instruments used on patients are disposable or properly disinfected and/or sterilized after each use</li> <li>3. Needles and sharps are disposed of directly into rigid, sealed container(s) that cannot be pierced and are properly labeled</li> </ol>	<ol style="list-style-type: none"> <li>1. Standard precautions are reviewed with staff and documented annually</li> <li>2. The practice site has an OSHA manual</li> <li>3. Handwashing facilities or antiseptic</li> <li>4. Hand sanitizers are available in each exam room.</li> </ol>
Medication Management	<ol style="list-style-type: none"> <li>1. Pharmaceuticals, including samples and needles/ syringes, are stored in a secure location away from patient access</li> <li>2. Controlled substances are located in space with access restricted to authorized individuals</li> <li>3. A dispensing log is maintained for controlled substances</li> <li>4. Expiration dates of all medications, including vaccines and samples, are checked on a regular basis</li> <li>5. Prescription pads are controlled and kept secure from unauthorized use</li> </ol>	<ol style="list-style-type: none"> <li>1. Expired items are disposed of appropriately</li> <li>2. There is a separate refrigerated area for medications</li> <li>3. Refrigerator temperatures are logged daily</li> </ol>

Table 2: Office Practice Standards

Standards	Mandatory Requirements	Recommended Standards
Fire Safety	<ol style="list-style-type: none"> <li>1. Fire extinguisher(s) is appropriately located, clearly identified and properly maintained</li> <li>2. Exits are clearly marked and are unobstructed</li> </ol>	There are functioning smoke detectors and/or building alarms
Office Layout & Design	<ol style="list-style-type: none"> <li>1. The physical layout safeguards confidentiality of patient information</li> <li>2. Patient treatment rooms are designed to safeguard patient privacy</li> <li>3. There is one exam room per practitioner seeing patients at any given time</li> </ol>	<ol style="list-style-type: none"> <li>1. There is adequate seating in the reception area</li> <li>2. Patient education materials are available</li> <li>3. The practice site is clean, well maintained, uncluttered, well lit and free of danger areas</li> </ol>
Physical Accessibility	<ol style="list-style-type: none"> <li>1. The office meets the minimum standards of accessibility for those individuals with physical disabilities</li> <li>2. OR there are reasonable alternatives to accommodate those members with disabilities. Accommodations include: home visits, access at other sites, additional bathroom facilities, portable bathroom facilities, other as approved by the Credentialing Committee</li> <li>3. OR the office has proof of ADA Title III exemption (U.S. Dept. of Justice <b>1-800-514-0301</b>)</li> </ol>	

Table 2: Office Practice Standards

Standards	Mandatory Requirements	Recommended Standards
Patient Access to Appointments and Medical Advice	<ol style="list-style-type: none"> <li>1. There is 24-hour coverage of the practice by comparably qualified physicians</li> <li>2. There is a defined system for medical record keeping</li> <li>3. There is a preventive health recall system to ensure timely member follow-up for preventive screenings.</li> </ol>	<ol style="list-style-type: none"> <li>1. The practice has standard procedures regarding scheduling appointments (See “Access Standards” in Health Partners' Provider Manual)</li> <li>2. The practice has standard for a maximum patient load per hour, per provider: (6)</li> <li>3. There are written and/or verbal guidelines for telephone answering</li> <li>4. There is a recall system for missed appointments to include documentation in the medical record of 3 outreaches, 2 of which must be written notice.</li> </ol>
Written Key Policies and Procedures	<ol style="list-style-type: none"> <li>1. Patient confidentiality</li> <li>2. Release of patient information</li> </ol>	

These standards are to be used in conjunction with guidelines for Pennsylvania Site Visit Protocol, which were developed in coordination with the Pennsylvania Medical Society.

## Preventive Care and Clinical Guidelines

Health Partners' Quality Management Committee periodically reviews preventive care standards for members, and approves/updates them according to the most current guidelines published by nationally recognized medical and professional societies. The guidelines are mailed to all Health Partners/KidzPartners participating PCPs. They are also available on our website, <http://www.healthpart.com>.

Provider offices without internet access, or those that need extra copies of the guidelines, can call the Provider Services Helpline at **215-991-4350** or **888-991-9023**. The copies will be printed out and mailed to the requesting provider office.

The Preventive Care Guidelines include:

- Pediatric Preventive Care
- Childhood and Adolescent Immunization Schedules
- Adolescent Preventive Care

- Adult Preventive Care
- Adult Preventive Immunization Schedule
- Well Elderly Care
- Obstetric Care

Clinical guidelines are also reviewed and/or updated by Health Partners' Quality Management Committee on a regular basis, in accordance with the most current information from nationally recognized medical and professional societies. The guidelines are mailed to all Health Partners/KidzPartners participating PCPs. They are also available on our website, <http://www.healthpart.com>.

Provider offices without internet access, or those that need extra copies of the guidelines, can call the Provider Services Helpline at **215-991-4350** or **888-991-9023**. The copies will be printed out and mailed to the requesting provider office.

The Clinical Guidelines include:

- Adult Asthma
- Pediatric Asthma
- Adult Congestive Heart Failure
- Diabetes
- Pediatric/Adolescent Diabetes
- Adult HIV Clinical Practice Guideline (HealthChoices Guideline)
- Adult Hypertension
- Sexually Transmitted Diseases Treatment Recommendation

Confidential, free testing and treatment are available for partners of infected individuals through the Department of Public Health STD Clinics. Below are numbers of STD control programs by county:

- Philadelphia County  
1400 Lombard Street  
(Broad and Lombard Streets)  
**215-685-6737**
- Bucks County  
**215-345-3318**
- Chester County  
**610-344-6225**
- Montgomery County  
**610-278-5117**
- Delaware County  
**610-447-3250**