Section 3 - CCHCA Physician Responsibilities

Responsibilities of a CCHCA Primary Care Physician (PCP)

Patients of CCHCA contracted health plans are required to select a primary care physician from CCHCA's network of primary physicians. Primary insurance enrollees may select different PCPs from dependents on the same policy.

The CCHCA PCP is responsible for:

- Providing covered services to patients as medically necessary
- Assuring reasonable access and availability to primary care services
- Making referrals to in-network or out-of-network specialists when medically necessary
- Providing 24 hour coverage for medical advice and/or access to care for patients
- Communicating authorization decisions (approvals and denials) to patients

Patients may require services that go beyond the scope of their PCP. When this occurs the PCP refers the patient to an appropriate CCHCA specialist. In the event where CCHCA does not have physicians under the needed specialty, the PCP must request prior authorization from CCHCA's Utilization Management Department for an out-of-network specialist using a **CCHCA Authorization Request Form**. In the case of an emergency, service authorization from CCHCA should be obtained on the next working day following the emergency.

Responsibilities of a CCHCA Specialist Physician (Specialist)

Patients may be referred to a CCHCA Specialist Physician (Specialist) by a CCHCA PCP or another CCHCA Specialist. When a member has been referred to a Specialist, the Specialist is responsible for diagnosing the patient's condition and managing treatment of the condition as necessary.

CCHCA Specialist Physicians, are responsible for:

- Providing covered services to patients as medically necessary
- Informing the patient's PCP of the patient's condition with a consultation report
- Obtaining concurrence from the patient's PCP and/or prior authorization from CCHCA's Utilization Management Department for medically necessary services as needed
- Notify the patient's PCP when the member requires services from other specialists or ancillary providers for further diagnosis, specialized treatment, or if the patient requires admission into a hospital
- Providing 24 hour coverage for medical advice and/or access to care for patients

When a CCHCA PCP or Specialist identifies the need to refer a patient to another in-network Specialist, provide clinical notes to the referring office is recommended. In the

event where CCHCA does not have an appropriate Specialist physicians under the needed specialty, a prior authorization must be requested from CCHCA's Utilization Management Department for an out-of-network specialist using a **CCHCA Authorization Request Form**. In the case of an emergency, service authorization from CCHCA should be obtained on the next working day following the emergency.

****Important Note**: OB/GYN specialists may provide care to female patients without referral from a PCP; consistent with California law.****

Responsibilities of All CCHCA Physicians

1. **Verifying Member Eligibility**

   Verification of patient eligibility and benefits must be completed before rendering medical services. As member eligibility and medical benefits (i.e. copayments, coinsurance, etc.) are subject to change, both must be verified prior to providing medical services to the patient. Physician offices should contact the patient's respective health plan/insurance company directly for the most accurate information. All health plans offer online eligibility verification on their website. Physicians may contact the health plans for information on accessing online eligibility and benefits or contact the respective health plan's customer service line.

   Please ask patients to present their insurance ID card each time, prior to their appointment. ID cards will contain information to assist you in verifying the patient's eligibility. An insurance ID card is **NOT** proof of eligibility.

2. **Collecting Copayments**

   Co-payments should be collected from the patient based on the patient's health insurance benefits. It is important to verify patient eligibility and benefits prior to providing medical services. When a claim is paid by CCHCA, the co-payment is deducted from the payable amount. A CCHCA Explanation of Benefits (EOB) or Remittance Advice (RA) will accompany each payment and will indicate the applicable copay deduction. Patients are obligated to pay any applicable copayment according to their insurance benefits. Any over-payments made by a patient in excess of the allowed amount needs to be refunded to the patient.

   Depending on a patient's health benefits, copayments may be waived for preventive services. Physicians must check patient eligibility and benefits to determine the appropriate copayment when performing preventive services. Physicians are expected to review a patient's chart to determine if and when they need to receive preventive services. Preventive service guidelines are recommended by the United States Preventive Services Task Force (USPSTF). For the most up-to-date information, please go to: http://www.uspreventiveservicestaskforce.org

3. Notification of Authorization Approvals

Decisions to approve service authorization requests for authorization requested prior to, or concurrent with the provision of health care services shall be communicated by the Utilization Management Department to the requesting provider within 24 hours of the decision. It is the responsibility of the requesting provider to communicate to the member the specific health care service(s) that was approved and document that the approved service was communicated to the member. Patients may be notified by telephone, written notice, email or in person.

4. Documenting Language Assistance

CCHCA physicians must document the language preference of patients who may be Limited English Proficient (LEP) in the patient's medical records. It is the physician's responsibility in notifying and documenting an LEP member's right to language assistance. The following requirements are to be followed at all times:

- A qualified interpreter should always be offered to Limited English Proficient (LEP) patients as a preferred option.
- If the patient declines the use of a qualified interpreter, and prefers to use a friend or family member for interpretation, they have the right to do so. When the patient declines the services of a qualified interpreter, this must be documented in the patient's medical records.
- Minors should only be used as interpreters in an emergency.

The following is a list of language interpreter services offered through the patient's respective health plans:

Health Plan	To Request Interpretation or Translation Services
San Francisco Health Plan	Interpreter services are available through CCHCA. Please call our Member Relations Department at: 1-415-590-7418

5. Reporting the Use of Mid-level Practitioners within Practice

Mid-level Practitioners are defined as and include the following certifications:

- Certified Nurse Practitioner
- Physician Assistant
- Certified Nurse Midwife
- Advance Practice Nurse
- Clinical Mental Health Nurse Specialist
- LCSW
- Certified Clinical Nurse Specialist
- Audiologist
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Psychologist
- Psychiatric Nurse
- MFCC
- Optometrist

Physicians who employ mid-level practitioners must adhere to the following requirements:

- All mid-level practitioners and/or licensed providers rendering care to CCHCA patients must be report to CCHCA and complete CCHCA's credentialing process
- Services provided by mid-level practitioners or licensed providers must be billed using their individual National Provider Identifier (NPI) number
- Only services provided by an CCHCA physician can be billed under the physician's name and NPI

The credentialing process includes a request for the name(s), license number(s), and the completion of a Credentialing Application for Mid-level Practitioners employed by CCHCA physicians. If you are not sure whether a practitioner in your office has completed CCHCA's credentialing process, please contact CCHCA's Credentialing Department.

6. Providing Patients with Grievance Information

If a patient is dissatisfied with a decision or action made by CCHCA, their Health Plan, or physician, CCHCA physicians must inform the patient of their right to file a grievance and offer to provide the patient with a copy of their HMO's Member Grievance and Appeal forms. Please see below for additional information for your patient's respective Health Plan:

San Francisco Health Plan (SFHP) – Member Appeals & Grievances
Patient Service Center: 7 Spring St., San Francisco, CA 94104
Website: https://www.sfhp.org/about-us/grievance-info/
Phone: (415) 777-9992 or (800) 288-5555; TDD: 711

California DHCS Fair Hearing (Medi-Cal)
California Department of Social Services Public Inquiry and Response
Website: www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx
Phone: (800) 743-8525; TDD: (800) 952-8349

7. Training Requirements for Physicians and Staff

CCHCA requires that all physicians and their respective staff must complete the following trainings and attest to have completed the trainings on an annual basis. Trainings listed below are required by the Centers for Medicare and Medicaid Services (CMS) for all physicians and entities involved with the administration of care to patients enrolled under Part C Medicare Advantage Plans (MA) and Part D Medicare Prescription Drug Plans (PDP):

- Health Insurance Portability and Accountability Act (HIPAA)
- Fraud, Waste and Abuse (FWA)
- Workplace Harassment
- Cultural Competency
- Any trainings as required by contracted health plans

CCHCA provides training materials and attestation form on our website. To access the training materials, please go to: http://www.cchca.com/compliancetraining.html

Physicians and their staff only need to complete compliance trainings (see list of required trainings above) once a year. If the physician has already completed the required trainings through a different organization (i.e. health plan, medical group, etc.), an attestation indicating the completion of such trainings must be submitted to CCHCA to satisfy this requirement. All attestations must be submitted to CCHCA using one of the following methods:

By Mail: CCHCA, Human Resources Department
827 Pacific Ave.
San Francisco, CA 94133

By Fax: CCHCA, Human Resources Department
(415) 216-0081

By Email: Human.Resources@cchca.com

****Important Note:** Physicians who do not complete the required compliance training and submit an attestation to CCHCA for filing will not be eligible to receive their withhold payments (based on contracted fee schedule) of the respective year.**

New physicians need to complete the New Provider Training (NPT) and all the required paperwork including Medi-Cal Attestation form within one week of receiving the NPT training materials. Physicians who do not return the paperwork in a timely manner will not be uploaded to the health plan.

8. Participation in all CCHCA Contracted Health Plans

CCHCA requires that all contracted physicians participate in all CCHCA contracted Health Plans (refer to Section 1 Introduction of this Handbook). Should a physician wish to close their panel from accepting new patients for one CCHCA contracted Health Plan, the physician's panel will be considered closed to for all CCHCA contracted Health Plans.

9. Advance Directive

Patients are not obligated to complete an Advance Directive if they do not wish to. If they choose to complete an Advance Directive, it is important that patients, their physician, receive a copy to place in their medical record. The Advance Directive form is available on CCHCA website: https://www.cchca.com/advance-health-care-directives.html.