

VII. ANCILLARY & ALLIED PROVIDERS

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VII. ANCILLARY AND ALLIED PROVIDERS

Ancillary and Allied Providers include pharmacy, home health, durable medical equipment, infusion care, vision, dental, therapy, transportation, laboratory, home and community based service Providers and other non-physician professional Providers. Missouri Care has developed a comprehensive ancillary Provider network that PCPs, PCOs, and specialist physicians are required to utilize.

7.1 ANCILLARY AND ALLIED PROVIDER'S RESPONSIBILITIES:

Missouri Care contracted ancillary and allied Providers are responsible for:

1. Rendering covered services to Missouri Care members in accordance with the specific contract.
2. Maintaining sufficient facilities, equipment and personnel to provide timely access to medically necessary covered services.
3. Maintaining all licenses, certifications, permits or other prerequisites required by law to provide covered services and submitting evidence they are in good standing upon the request of Missouri Care.
4. Rendering services to members who are diagnosed as having human immunodeficiency virus (HIV) in the same manner and to the same extent as other members and under the compensation terms set forth in his/her Agreement.
5. Rendering covered services to all Missouri Care members in an appropriate, timely, and cost effective manner. The Provider will cooperate and participate in Missouri Care quality management, utilization review, and grievance procedures.

6. Adhering to the Missouri Care managed care philosophy and principles, including the sharing of each member's relevant medical information with the member's PCP.
7. Adhering to appointment standards as outlined by MC+ and Missouri Care.
8. Identifying and billing other third-party carriers or insurers first. Missouri Care is the payor of last resort.

7.2 ANCILLARY AND ALLIED PROVIDER'S OFFICE VISIT CHECKLIST

1. Verify the member's enrollment via Interactive Voice Response system (IVR) prior to initiating services and before rendering subsequent services.
2. Check the member's Missouri Care ID card each time the member presents for service. The ID card does not guarantee that the member is still enrolled with Missouri Care.
3. Verify the identity of the person presenting the ID card with some other form of identification, i.e., driver's license or other photo identification.
4. Fax a copy of the referral form, if necessary for service provided, to the Missouri Care Prior Authorization department. Indicate the referral or prior authorization number on the referral form if appropriate and in the appropriate field on the billing form.
5. Bill all services provided to a Missouri Care member on an HCFA-1500 or via electronic means (in an approved format). Refer to Chapter XI for billing procedures.
6. Send to the member's PCP all medical information relevant to the covered services provided to the member.
7. Remember that Missouri Care is the payor of last resort. If there is a primary insurer, that explanation of benefits must be attached to any claim submitted to Missouri Care.

7.3 RECORDS MAINTENANCE AND RETENTION

Providers, in accordance with Missouri Care and MC+ standards, will maintain records and books relating to the provision of services to Missouri Care members. Specifically:

- (a) Appointment sign-in sheets must be retained for at least one (1) year for members; and
- (b) A master appointment schedule must be retained for a minimum of one (1) year; and
- (c) All books and records (including medical records) shall be retained for a period of five (5) years from the date of final payment if the records are in direct relation to a paid claim. If any litigation, claim, negotiation, audit, or other action involving the record(s) has begun before the expiration of the five (5) year period, the record(s) shall be retained until the completion of the action and resolution of all issues which arise from it until the end of the regular five (5) year period, whichever is later.
- (d) Patient records remaining under the care, custody and control of the physician will be maintained by the physician or the physician's designee, for a minimum of seven (7) years from the date of when the last professional service was provided.

Providers will make available access to all members' medical records within thirty (30) days should MC+ request any or all of them. MC+ is not required to obtain written approval from a member before requesting the member's record from the Provider or other Provider agency. The Provider will also make medical records available within five (5) calendar days of date received of written request for a single or small volume of records. Immediate access to the records shall be afforded for on-site reviews of records. Upon written request of a member or legal guardian, the Provider shall make a copy without charge of the medical record of the member's health history and treatment rendered.

7.4 CONFIDENTIALITY

All Providers shall treat members' records as confidential and shall comply with all applicable federal and State laws, rules, and regulations governing said records. Confidential information shall be safeguarded pursuant to 42 CRF part 431, Subpart F and 42 C.R.F. part 2, HIPPA, and State rules and regulations.

7.5 ADVANCE DIRECTIVES (PATIENT SELF DETERMINATION ACT)

The Patient Self-Determination Act of 1990 that became effective December 1, 1991, requires health professionals and facilities serving those covered by Medicare and Medicaid to give adult members written information about the members' right to have an Advance Directive. Advance Directives are written statements either outlining a member's choices for medical treatment or naming a person who should make choices if the member temporarily or permanently loses the ability to make decisions.

The member handbook includes information about Advance Directives. Providers may be asked questions related to the printed information. If you would like a copy of the Advance Directives information, please contact your Provider Relations Representative.

Missouri Care Providers are required to follow all federal and State Advance Directive policies and procedures.

7.6 RELEASE FOR ETHICAL REASONS

Missouri Care does not require a Provider to perform any treatment or procedure that is contrary to the Provider's conscience, religious beliefs, or ethical principles or policies. Missouri Care does not prohibit a Provider from making a referral to another contracted Provider licensed to provide care appropriate to the member's medical condition.

If a Provider feels he/she has an ethical impediment to performing a covered service or procedure, Missouri Care will make every effort to assist the Provider in referring the member to an alternate Provider. At no time will any Missouri Care Provider or employee suggest, authorize or prescribe an unlawful procedure or service.

7.7 NON-DISCRIMINATION

To ensure mainstreaming of members, Providers certify that covered services are provided without regard to race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, health status, or physical or mental handicap or veteran's status, except where medically indicated; they do not maintain nor provide for their employees any segregated facilities, nor will the Providers perform services at any location where segregated facilities are maintained. Providers will comply with values honoring a member's beliefs, being sensitive to cultural diversity, and fostering attitudes and interpersonal communication styles that respect each member's cultural diversity.

7.8 FRAUD AND ABUSE

To report a possible fraud and abuse situation, call the Missouri Care Compliance Program Hotline at 1-877-436-5288. This toll-free hotline is available twenty-four (24) hours a day, seven (7) days a week. All reports received through the hotline will be reviewed according to Compliance Program policies and procedures and appropriate corrective actions will be taken. Providers may also report a compliance issue in writing to Missouri Care Compliance Program, 2404 Forum Blvd., Columbia, MO 65203.