

Provider Manual

Section 3.0

Provider Roles and Responsibilities

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3.0 Provider Roles and Responsibilities

3.1 Confidentiality

In accordance with federal and state laws, Lighthouse has established confidentiality policies and practices for its own operation and to outline expectations to our provider network. To obtain a copy of Lighthouse's Notice of Privacy Practices (NPP) please visit our website at www.lighthousehealthplan.com.

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

All providers are to treat enrollees' 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 the Health Insurance Portability and Accountability Act (HIPAA). It is the provider's responsibility to obtain the enrollee's written consent for the purpose of sharing enrollee health information.

Providers are authorized to share enrollees' protected health information with Lighthouse for the purposes of treatment, payment, and health care operations, including requesting Lighthouse to process claims and administer reimbursement for the same.

Providers rendering services to Lighthouse enrollees are required to obtain special consent (authorization) from enrollees for any uses or disclosures of protected health information beyond the uses of payment, treatment, and health care operations, unless otherwise permitted or required by law. Enrollees 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 enrollee being contacted by another organization for marketing purposes, and data used in research studies.

In cases where consent is required from enrollees who are unable to give it or who lack the capacity to give it, Lighthouse and its providers will accept special consent or authorization from persons designated by the enrollee. Designated persons, such as parents or guardians, may authorize the release of personal health information and may obtain access to information about the enrollee.

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

policies and procedures and in compliance with state and federal privacy laws and regulations.

Provider agrees to cooperate with Lighthouse Health Plan's Quality Management Program and all other quality management activities, including the use of performance data. Provider performance data may include, but is not limited to, medical records, provider experience, patient experience, and claims. The data received will be used in the development or in the improvement of activities and initiatives, credentialing activities, and public reporting to consumers. Lighthouse will use enrollee information for quality studies, health outcomes measurements, and other aspects of health operations and will de-identify the information as required by law.

Lighthouse enrollees are permitted to access, copy, and inspect their medical records upon request. Florida records custodians may charge a patient the reasonable cost of copying a record. Fla. Stat. 456.057. Recipients can get a copy of the relevant medical records during a benefit fair hearing for free.

3.2 The Role of the Primary Care Provider (PCP)

A participating provider practicing as a general or family provider, internist, pediatrician, obstetrician, gynecologist, advanced registered nurse provider, physician assistant, or other specialty approved by AHCA furnishes primary care and patient management services to an enrollee. The PCP must have admitting privileges at a hospital or a formal referral agreement with a provider possessing admitting privileges, and the PCP agrees to provide primary health care services to individuals twenty-four (24) hours per day, seven (7) days per week.

Lighthouse will monitor the PCP's actions to ensure he/she complies with Lighthouse and AHCA policies including, but not limited to, the following:

- Maintaining continuity of the enrollee's health care;
- Exercising primary responsibilities for arranging and coordinating the delivery of medically-necessary health care services to enrollees;
- Making referrals for specialty care and other medically necessary services, both in and out of network, if such services are not available within Lighthouse's network;
- Maintaining a current medical record for the enrollee, including documentation of all PCP and specialty care services, including periodic preventive and well-care services, and providing appropriate and timely reminders to enrollees when services are due;
- Discussing Advance Medical Directives with all enrollees as appropriate. See Section 3.4.4. Advanced Directives;
- Providing primary and preventative care, recommending or arranging for all necessary preventive health care, and adhering to the EPSDT periodicity schedule

and the Vaccines For Children (VFC) immunization schedule for each Lighthouse enrollee younger than twenty-one (21) years of age. Documenting all care rendered in a complete and accurate medical record that meets AHCA specifications including entering immunizations into Florida Shots (<http://flshotsusers.com/healthcare-providers>);

- Screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems;
- Arranging and referring enrollees 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 4.0 – Office Standards;
- Arranging and/or providing necessary inpatient medical care at participating hospitals; and
- Providing health education and information.

It is the responsibility of all PCPs to manage the care of their Lighthouse panel enrollees and to direct the enrollees to specialty care services when necessary.

Each PCP receives a monthly enrollee panel list of enrollees who have either selected or been assigned to him or her. It is advisable to verify eligibility at, or before, the time of service using the online eligibility tools on our website www.lighthousehealthplan.com or by calling Provider Services at 844-243-5181. Even with this verification, there are times when AHCA retroactively terminates eligibility for certain enrollees. In these circumstances, Lighthouse may recoup any amounts paid to providers for these patients.

Lighthouse PCPs shall ensure Well-Child Visits are performed, as applicable, following the schedule laid out by AHCA. PCPs shall indicate on claims following protocols laid out in the billing section of the provider portal www.lighthousehealthplan.com if the visit performed qualified as a Well-Child visit. Well-Child visits do not require prior authorization.

Well-Child

- (1) Adolescent Well Care Visits
- (2) Childhood Immunization Status – Combination 3
- (3) Immunizations for Adolescents – Combination 1
- (4) Well-Child Visits in the First 15 Months of Life – 6 or More Visits
- (5) Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- (6) Lead Screening in Children

If Well-Child visits are not performed Lighthouse staff shall reach out to providers and enrollees to communicate about the need for Well-Child visits and will follow all steps outlined in 409.975(5), F.S.

3.3 The Role of Specialists and Consulting Providers

Specialty care providers provide care to enrollees referred to him/her by the enrollee's PCP. The specialty care provider 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 Lighthouse's UM department.

Except for Direct Access Services and for a few other services (see Section 6.1, "Enrollee Self-Referral Direct Access"), all enrollees must obtain a valid referral from the PCP prior to receiving services from most specialty care providers/providers.

Specialty providers 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 that the specialty care provider communicates regularly with the PCP regarding any specialty treatment. Specialists are to report the results of their services to the enrollee'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 enrollee's central medical record and take steps to ensure that any required follow-up care or referrals are provided.

For electronic referral submission guidelines via Lighthouse Provider Manual, please refer to Section 6.3.

3.4 Responsibilities of All Providers

3.4.1 Provider and Enrollee Communications

It is the provider's responsibility to provide appropriate and adequate medical care to Lighthouse enrollees, and no action of Lighthouse or any entity on the Plan's behalf, in any way, absolves, relieves, or lessens the provider's responsibility and duty to provide appropriate and adequate medical care to all patients under the provider's care. Lighthouse agrees that regardless of the coverage limitations of the plan, the provider may freely communicate with enrollees regarding available treatment options and that nothing in this Provider Manual shall be construed to limit or prohibit open clinical dialogue between the provider and the enrollee.

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 enrollee. The enrollee record shall be signed by the provider of service.

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

If an enrollee changes PCPs, medical records should be forwarded to the new PCP within ten (10) days of receipt of a signed request.

See Section 4.4 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 enrollee as required by the State of Florida. A copy of the appropriate treatment consent form must be maintained in the enrollee's record. The following original treatment consent forms must be sent to the Plan, along with a copy of the claim, as required by state and federal laws. In accordance with Title VI, all vital documents (i.e. treatment and consent forms) must be translated into the patient's preferred language. These treatment consent forms are available in Section 19 of this Provider Manual:

- MAP-250 Consent for Sterilization
- Hysterectomy Consent Form
- Certification Form for Induced Abortion or Induced Miscarriage

For additional information on completion of the above forms, please contact Lighthouse UM at 844-824-8846 or www.lighthousehealthplan.com. Additional information on family planning services is located in Section 13.

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. State and federal laws also provide guidance to these policies since Advance Directive rights may differ between states.

An enrollee who is 18 years of age or older and who is of sound mind may make a written advance 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; or

- 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.

3.4.4.1 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.

3.4.4.2 No Directive. If an adult enrollee does not have decisional capacity and has not executed an advance directive, Florida statutes authorize the following persons, in the order given, to make such decisions:

- A judicially-appointed guardian of the enrollee;
- Spouse of the enrollee;
- Adult child of the enrollee (or the majority of the children);
- Parents of the enrollee;
- An adult sibling (or the majority of the adult siblings);
- An adult relative;
- A close friend of the patient; or
- A clinical social worker licensed pursuant to chapter 491.

3.4.4.3 Conscientious Objections. If the provider or the health care facility does not want to comply with an enrollee's advance directive because of matters of conscience, the provider should notify the enrollee and cooperate with the enrollee in transferring the enrollee, with all of his or her medical records, to another provider. The provider must also clarify any differences between institutional conscientious objections and those raised by individual providers. Also, the provider must describe the range of medical conditions or procedures affected by the conscientious objection.

3.4.4.4 Provider's Responsibilities. Provider's responsibilities include the following:

- Discussing the enrollee's wishes regarding advance directives for care and treatment at the first visit, as well as during routine office visits when appropriate;
- Documenting in the enrollee's medical record the discussion and whether the enrollee has executed an advance directive;
- Providing the enrollee with information about advance directives, if asked;
- Filing the advance directive in the enrollee's record upon receipt from the enrollee;
- Not discriminating against an enrollee because he or she has or has not executed an advance directive; and,
- Communicating to the enrollee if the provider has any conscientious objections to the advance directive as indicated above.

3.4.5 Suspected Child or Adult Abuse or Neglect

Cases of suspected child or adult 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.

Suspected cases of abuse or neglect must be reported to the **Adult Protective Services Unit (APS)**. APS are services designed to protect elders and vulnerable adults from abuse, neglect, or exploitation. The Department of Elder Affairs (DOEA) and DCF have defined processes for ensuring that elderly victims of abuse, neglect, or exploitation in need of home and community-based services are referred to the aging network, tracked, and served in a timely manner. Requirements for serving elderly victims of abuse, neglect, and exploitation can be found in s. 430.205 (5)(a), F.S.

To report suspected abuse, neglect, or exploitation of children or vulnerable adults, Providers should call the Florida Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) (TDD 1-800-453-5145) twenty-four (24) hours a day, seven (7) days a week. If a provider sees a child or vulnerable adult in immediate danger, he/she should call 911.

Human Trafficking, under both federal and Florida law, is defined as the transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport for the purposes of forced labor, domestic servitude, or sexual exploitation using force, fraud and/or coercion.

If you believe you have identified a victim of Human Trafficking or suspect an adult is a victim of human trafficking, please visit the [National Human Trafficking Resource Center](#), or call 1-888-373-7888.

3.4.6 Fraud, Waste, and Abuse

The Federal False Claims Act and the Federal Administrative Remedies for False Claims and Statements Act are specifically incorporated into § 6032 of the Deficit Reduction Act. These Acts outline the civil penalties and damages against anyone who knowingly submits, causes the submission, or presents a false claim to any U.S. employee or agency for payment or approval. In this regard, U.S. agency means any reimbursement made under Medicare or Medicaid, including Lighthouse. The Acts prohibit anyone from knowingly making or using a false record or statement to obtain approval of a claim.

Knowingly is defined in the statute as meaning not only actual awareness that the claim is false or fraudulent, but also situations in which the person acts in deliberate ignorance of, or in reckless disregard of, the truth or falsity of the claim.

The following are some examples of billing and coding issues that can constitute false claims and high-risk areas under this Act:

- Billing for services not rendered;

- Billing for services that are not medically necessary;
- Billing for services that are not documented;
- Upcoding; and
- Participation in kickbacks.

Penalties (in addition to amount of damages) may range from \$11,181 to \$22,363 per false claim, plus three times the amount of money the government is defrauded. In addition to monetary penalties, the provider may be excluded from participation in the Medicaid and/or Medicare programs.

Lighthouse has developed a Program Integrity plan of internal controls, policies, and procedures for preventing, identifying, and investigating enrollee and provider fraud, waste, and abuse. Our plan includes:

- Enforcement of standards through disciplinary guidelines;
- Provisions for internal monitoring and auditing of both the enrollee and the provider;
- Provisions for internal monitoring and auditing of subcontractors (Should issues be identified, the subcontractor shall be placed on a corrective action plan (CAP). AHCA will be notified of the CAP.);
- Processes to collect outstanding debt from providers;
- Procedures for appeals; and
- Programs that run algorithms and edits on Claims data to identify outliers, patterns, and trends.

Lighthouse's **Program Integrity Unit (PIU)** conducts fraud, waste, and abuse investigations for Lighthouse. The PIU is comprised of staff from a broad range of Lighthouse departments. All Lighthouse fraud, waste, and abuse activity is reported to AHCA.

Providers are required to cooperate with the investigation of suspected fraud, waste, and abuse. If you suspect fraud, waste, or abuse by either a Lighthouse enrollee or a provider, it is your responsibility to report this information immediately. Please contact:

Lighthouse Compliance Hotline: 800-653-7101 code LTHP

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form that is available online at: (website below)

apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx.

To meet federal regulation standards specific to fraud, waste, and abuse (§ 423.504), providers and their employees must complete an annual fraud, waste, and abuse training.