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Palladian Health Awarded NCQA Certification for Utilization Management & Credentialing

We are pleased to announce that the National Committee for Quality Assurance (NCQA) has awarded Palladian Health its NCQA Certification in Utilization Management and Credentialing.



NCQA Certification is governed by the Standards for Certification in Utilization Management and the Standards for Certification in Credentialing, developed with the

assistance of representatives from the Standards Committee, the Review Oversight Committee, and input from other organizations.

"We are honored to receive these prestigious accreditations," said Michael Giaquinto, Chief Executive Officer at Palladian. "NCQA recognition demonstrates our commitment to provide the best access for clinically excellent and affordable musculoskeletal health. We would like to thank NCQA for their valuable role in recognizing and promoting high-quality care within the health care industry."

Members Rights & Responsibilities

Palladian Health, LLC ('Palladian') is committed to treating members in a manner that respects their rights and its expectations of member's responsibilities. Palladian distributes its member rights and responsibilities statement to new practitioners, when they join the network and existing practitioners annually. Palladian notifies members of the availability of its Member Rights and Responsibilities Statement when delegated by Sponsors of Programs.

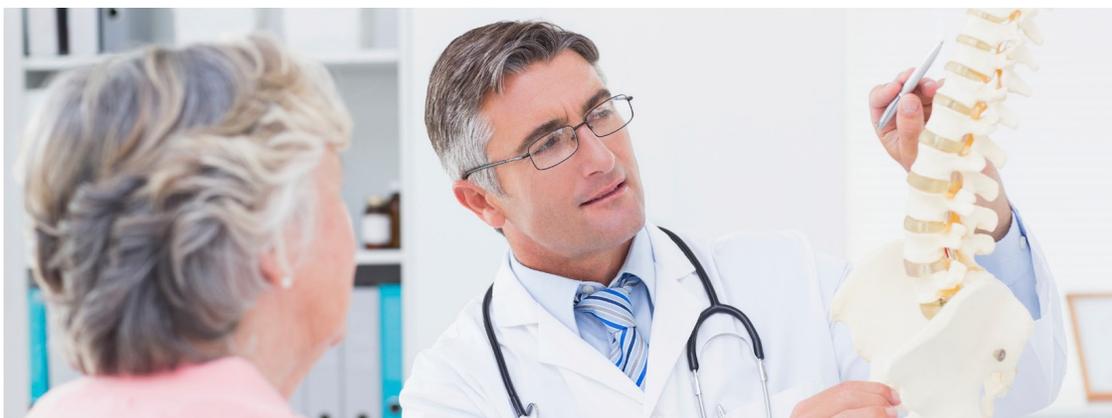
Members have a right to:

- Receive information about the organization, its services, its practitioners and providers, its policies and procedures, and members' rights and responsibilities.
- Be treated with respect and with recognition of their dignity and right to privacy.

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Members Rights—continued

- Participate with practitioners and providers in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice Complaints or Appeals about the organization or the care it provides.
- Make recommendations regarding the organization's Member Rights and Responsibility policy.
- Information about available services, including how to obtain Urgent, Emergency and After Hours care.
- Confidentiality of their medical records.
- Know the system for resolving Complaints, including their right to Appeal to the appropriate Department of Health or Department of Insurance.
- A choice of specialists among participating practitioners and providers, subject to their availability to accept new patients.
- Obtain assistance and referral to participating practitioners and providers with experience in the treatment of members with chronic disabilities.
- Prompt notification of termination or other changes to the practitioner/provider network.
- Payment of appropriate benefits, when medically necessary.
- Patients have a right to expect the following from their practitioners and providers:
 - Participation in decisions concerning their health care.
 - The right to refuse treatment to the extent permitted by law, and be informed of the medical consequences of that action.
 - To obtain complete and current information concerning a diagnosis, treatment or prognosis in terms they can reasonably understand. **Note:** *When it is not advisable to give such information to the member, the information shall be made available to an appropriate person on the member's behalf.*
 - To receive information from the practitioner or provider necessary to give informed consent prior to the start of any procedure.
 - To know the name and qualifications of all caregivers. This information can be obtained from the practitioner or provider or the administrator of any health care facility.
 - If a patient feels that their practitioner or provider has not given the kind of service that they have the right to expect, the patient has the right to follow the Complaint procedure.
 - To be free from balance billing by participating practitioners and providers for medically necessary services that were authorized or covered, except for co-payments, coinsurance and deductibles.



Members have a responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instruction for care that they have agreed to with their practitioners.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Establish themselves as a member with the practitioner or provider they have selected.
- Provide honest and accurate information concerning their health history and status.
- Ensure that their primary care physician coordinates any health care that the member receives in order to receive the highest level of benefits.
- Carefully follow their plan's policies and procedures as described in their contract and rider(s).
- Carry their insurance identification card and present it when seeking health care services.
- Advise their insurance carrier of any changes, which affect their family such as birth, change of address or marriage.
- Submit all bills from non-participating practitioners and providers in a timely manner, within plan parameters.
- Notify their insurance carrier when anyone included in their coverage becomes eligible for Medicare or any other group health care insurance.
- Keep their insurance carrier informed of their concerns about medical care received.
- Pay appropriate co-payments, coinsurance and deductibles to participating practitioners and providers when services are received.
- Pay charges incurred for non-covered services.
- Formulate and have Advance Directives implemented.

Palladian Health notifies participating practitioners annually that the rights and responsibilities statement is available on the Palladian Health web page.

Practitioner notification may occur by fax, email, or direct mail.

Member communications regarding rights and responsibilities is not delegated to Palladian. If member distribution is delegated, Palladian notifies member through direct mail.



Florida Patient's Bill of Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. Florida Statute requires that the Florida Patient's Bill of Rights and responsibilities and the Florida Consumer Assistance Notice be prominently displayed in their office waiting room and/or common area.



A summary of your rights and responsibilities follows. A patient has the right to...

- Be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- Express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

Florida Patient's Bill of Rights and Responsibilities - Continued

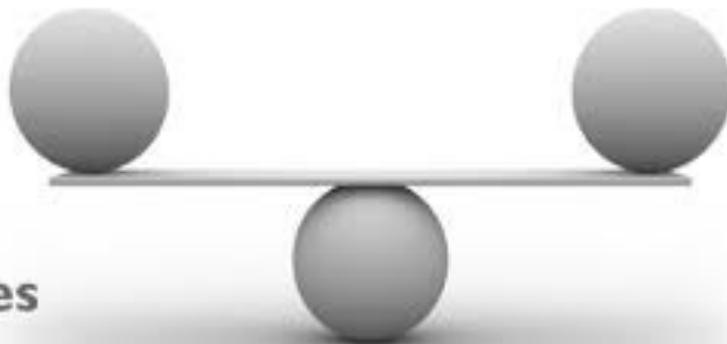
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Florida Consumer Assistance Notice

Statewide Consumer Call Center
1-888-419-3456
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 27
Tallahassee, FL 32308
M – F 8:00 AM – 5:00 PM (EST)

Department of Financial Services (formally Department of Insurance)
1-800-342-2762
Division of Consumer Services
200 E. Gaines Street
Tallahassee, FL 32399-0322

**Rights and
Responsibilities**



Provider Directory

Per the CMS Memorandum dated Nov. 13, 2015, in an effort to keep our Provider Directories up to date with the most current information we are reaching out to our Network Providers quarterly as a reminder to ensure your information in the Provider Directory is accurate.



Please notify Palladian Health of any changes needed at:

Palladian Health Phone: 716-888-266-9041 ext. 2744 Fax 716-712-2791
Chiro Alliance Corp Phone: 727-319-6199 Fax 727-395-0071

CMS Reopening

For Medicare cases, CMS' current regulations require that the request to reopen a decision **MUST** be submitted in writing and clearly state that it is a request for a reopening with the reason for requesting the re-opening.

CMS Requirements Reminder: General Compliance / Fraud Waste and Abuse

Please remember that General Compliance and Fraud Waste and Abuse (FWA) training must be completed within 90 days of initial hire for contracted providers and staff, and annually thereafter. Effective 2016, CMS has broadened the availability of the CMS training. There are two (2) options for ensuing contracted providers and staff satisfy the General Compliance and FWA training requirements.

1. Contracted providers and staff can complete the General Compliance and/or FWA training modules located on the CMS Medicare Learning Network (MLN). Once the individual completes the training, the system will generate a certificate of completion. Palladian must accept the CMS certificate of training.
2. Contracted providers and staff can complete the General Compliance and/or FWA training modules (CMS standardized training) located on the Palladian Provider Portal page at <https://portal.palladianhealth.com/>; for CAC providers at [insert CAC web link]. Contracted providers may download, view or print the content for inclusions in their practice's existing training materials. This content cannot be modified but can be added to your office specific training.

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CMS Requirements Reminder—continued

Palladian will accept either the MLN system generated certificates of completion, or the attestation, included on the Palladian/CAC portal as documentation of completion. If choosing to implement option (2) the training provides CMS content without modification. Your office must maintain documentation of completed training for all staff which must be furnished upon request. Documentation may include certificates of completion, training logs, spreadsheets. Logs or spreadsheets must include at least employee names, dates of employment, dates of completion, passing scores, if captured, to clearly document training completion. All records must be retained for a period of 10 years of time.



CMS's Medicare Learning Network (MLN) at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/>

Training Link: <http://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html>

See also (42 C.F.R. §§ 422.503(b)(4)(vi)(C)(3) and 423.504(b)(4)(vi)(C)(4)).

CMS Requirements Reminder: Exclusions Monitoring

Federal law prohibits payment by a Medicare, Medicaid or any other federal health care program for an item or service furnished by a person or entity who is excluded from participating in these federal programs. Therefore, Palladian and its First Tier, Downstream and Related Entities (FDRs) are also prohibited from contracting with, or doing business with any person or entity that is excluded from participating in any of these programs.

Medicare regulations and CMS rules clearly define that providers who contract with Palladian to furnish health care services to Medicare Advantage beneficiaries are designated as "First Tier Entities." (See 42 C.F.R. 422.500 & 423.501). A chart is also provided in Section 40, Chapter 9/21 of the CMS Manual which indicates that entities providing health services and hospital groups are considered first tier entities. Each first tier entity must perform a check to confirm that its employees (permanent, temporary, volunteers and governing bodies) and downstream entities performing administrative or health care services for Palladian Medicare lines of business are not excluded from participation in federally-funded health care programs according to the OIG, SAM exclusion list screening. This check must be conducted prior to hire and/or contract and monthly thereafter. You must also maintain evidence of checks of these exclusion lists (i.e., logs or records) to document that each employee and downstream entity has been queried through the exclusion lists in accordance with current laws, regulations and CMS requirements. Exclusion list requirements can be found in 1662(e)(1)(B) of the Social Security Act, 42 C.F.R. 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901, and the CMS Care Manuals, Chapters 9 and 21.



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