

216.910 Powers and duties of network.

- (1) Any licensed network shall be permitted to establish one (1) extension site per full-time physician on the staff of the network. Extension sites shall not be required to have a separate license but shall conform to administrative regulations promulgated by the Cabinet for Health and Family Services and shall be inspected on a regular basis.
- (2) Each network shall establish protocols for the treatment of the twenty (20) most common patient problems. At a minimum, the protocols shall identify for each problem a working definition, patient symptoms, diagnostic techniques, acceptable values for laboratory findings, conditions under which a physician shall be consulted, and treatment methods. These protocols shall be approved by the board. The protocols shall be listed in a handbook provided to each midlevel health-care practitioner and shall be available to patients upon request.
- (3) Each network shall have a system of patient and family medical records which employs the problem-oriented medical record format.
- (4) A network shall employ a primary-care physician who has admitting privileges at a local hospital. The network shall hire ancillary personnel as necessary to provide the basic services of the network. The network may hire midlevel health-care practitioners to assist the physician but there shall be one (1) physician on staff for each midlevel health-care practitioner.
- (5) A physician shall see each patient for whom services are provided by a midlevel health-care practitioner not less than twice a year. A medical chart auditor shall review the medical record entries for each patient encounter on the day of the encounter and will refer to the physician immediately any deviation from protocol.
- (6) Each network shall develop a quality assurance program which shall be approved by the board. At a minimum, the quality assurance program shall address:
 - (a) Program goals and objectives;
 - (b) Program organization, including identification of responsible parties, the nature of their responsibilities, and the persons to whom they report; and
 - (c) Identification of the patient care process.
- (7) Each network shall establish a process by which it regularly evaluates the health-care needs of its community and the services it provides in response to those needs.
- (8) Each network shall provide the following educational opportunities:
 - (a) Ninety (90) minutes each week of continuing education to its health-care providers on topics relating to patient care needs; and
 - (b) One and one-half (1.5) days leave and fifty percent (50%) of expenses up to three hundred dollars (\$300) per year to its midlevel health-care practitioners for approved continuing education outside of the network.
- (9) Each network shall either provide directly for twenty-four (24) hour, seven (7) day per week access to care for its patients or have formal written agreements with local providers to insure twenty-four (24) hour, seven (7) day per week access to care for its patients.

- (10) No network may charge or collect more money for the services of any midlevel health-care practitioner than is allowable under Medicaid for other nonphysician practitioners.

Effective: June 20, 2005

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