

# Primary Care Providers



## **Primary Care Provider (PCP) Concept**

All CareSource Members choose or are assigned to a PCP upon enrollment in the plan. PCPs should help facilitate a medical home for Members. This means that PCPs will help coordinate health care for the Member and provide additional health options to the Member for self-care or care from community partners.

Members select a PCP from our health plan's Provider Directory. Members have the option to change to another participating PCP as often as needed. Members initiate the change by calling our Member Services Department.

## **PCP Roles and Responsibilities**

According to the Ohio Administrative Code (OAC) 5101:3-26-03.1(B), PCP care coordination responsibilities include at a minimum, the following:

1. Assisting with coordination of the Member's overall care, as appropriate for the Member.
2. Serving as the ongoing source of primary and preventive care.
3. Recommending referrals to specialists, as required.
4. Triaging Members as described in paragraph OAC 5101:3-26-03.1(A)(2) of the rule.
5. Participating in the development of case management care treatment plans, and notifying CareSource of Members who may benefit from case management. Please see the "Member Support Services and Benefits" section on how to refer Members for case management.

In addition, CareSource PCPs play an integral part in coordinating health care for our Members by providing:

- Availability of a personal health care practitioner to assist with coordination of a Member's overall care, as appropriate for the Member.
- Continuity of the Member's total health care.
- Early detection and preventive health care services.
- Elimination of inappropriate and duplicate services.

## **PCPs are Responsible For:**

- Treating CareSource Members with the same dignity and respect afforded to all patients. This includes high standards of care and the same hours of operation.
- Identifying the Member's health needs and taking appropriate action.
- Providing phone coverage for handling patient calls 24 hours a day, 7 days a week.

*Members select a PCP from our health plan's Provider directory. Members have the option to change to another participating PCP as often as needed.*

*PCPs are Responsible For: Treating CareSource Members with the same dignity and respect afforded to all patients.*

- Following all referral and prior authorization policies and procedures as outlined in this manual.
- Complying with the quality standards of our health plan and the Ohio Department of Medicaid (ODM) as outlined in this manual.
- Providing 30 days of emergency coverage to any CareSource patient dismissed from the practice.
- Maintaining clinical records, including information about pharmaceuticals, referrals, inpatient history, etc.
- Obtaining patient records from facilities visited by CareSource patients for emergency or urgent care if notified of the visit.
- Ensuring demographic and practice information is up-to-date for directory and Member use.

### **Enhanced Reimbursement for After-Hours Care**

CareSource can help you identify Members from your primary care practice who are utilizing the emergency room frequently. We offer this service to help you manage your patients more easily, direct them to the appropriate setting for care and decrease inappropriate emergency room visits. We also offer enhanced reimbursement to primary care offices holding evening or weekend hours.

<b>CPT Code</b>	<b>Days/Hours</b>	<b>Reimbursement</b>
99050	Monday - Friday, 5 p.m. - 10 p.m. Weekends and holidays, 8 a.m. - 10 p.m.	\$16.50, plus office visit rate
99051	Seven days per week, 10 p.m. - 8 a.m.	\$22.00, plus office visit rate

## **MEDICAID Providers**

### **PCPs Providing Prenatal and Postpartum Care**

**Prenatal Risk Assessment Forms (PRAFs)** – CareSource is committed to helping Providers manage the high-risk pregnancies of our Members. We ask prenatal care Providers to use **Prenatal Risk Assessment Forms** to communicate critical information to us about our pregnant Members. In turn, participating Providers receive payment for submission of each Prenatal Risk Assessment Form. Payment is made according to the Ohio Medicaid fee schedule and your Provider agreement with CareSource.

#### **Guidelines When Submitting Prenatal Risk Assessment Forms to CareSource:**

- You may use any form designed for prenatal risk assessment documentation, such as ODJFS Form 3535, the American College of Obstetricians and Gynecologists (ACOG) form, the Hollister form, or forms provided by CareSource. If you don't already have a supply of the CareSource forms, please visit [www.caresource.com](http://www.caresource.com). You may also use your own office's assessment form if you have one that captures the same information.

*In turn, participating Providers receive payment for submission of each Prenatal Risk Assessment Form.*

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- We must receive the forms, filled out completely, no later than four weeks after the Member's first prenatal visit. Please be sure to include the Member's estimated delivery date on the form.
- We accept copies or originals by fax or by mail.

**Fax:** (937) 224-3388

**Mail:** CareSource  
Attn: Claims Department  
P.O. Box 8730  
Dayton, OH 45401-8730

- We accept up to three assessment forms per pregnancy in case additional forms are needed for changes noted at subsequent visits as the pregnancy progresses.
- Please use code H1000 on the associated claim to indicate that an assessment form was submitted. This will help ensure that you are reimbursed appropriately.

### **Prenatal and Postpartum Care Documentation**

To ensure accurate documentation of prenatal and postpartum care, please be sure to document the following in patient records:

- **Evidence of prenatal teaching** – This includes education on infant feeding; Women, Infants, and Children (WIC); birth control, prenatal risk factors, dietary/nutrition information and childbirth procedures.
- **Components of the postpartum checkup** – This includes documenting the pelvic exam, blood pressure, weight, breast exam and abdominal exam.

### **Well-Child Care/EPSDT Program**

Well-Child/EPSDT is a child health program of early and periodic screening, diagnosis and treatment services for beneficiaries under the age of 21. All children of these ages who are CareSource Members must receive a Well – Child/EPSDT exam. It supports two goals: to ensure access to necessary health resources, and to assist parents and guardians in appropriately using those resources. For the complete listing of the American Academy of Pediatrics Preventive Health Guidelines go to [www.aap.org](http://www.aap.org).

### **Well-Child/EPSDT Exam Components**

The screening component of the well-child checkup includes a general health screening, most commonly known as a periodic well-child exam.

The required Well-Child/EPSDT screening guidelines, based on the American Academy of Pediatrics' (AAP) recommendations for preventive pediatric health care include:

- Comprehensive health and developmental history
- Developmental/behavioral assessment
- Age appropriate unclothed physical examination
- Height and weight measurements and age appropriate head circumference
- Blood pressure for children three years of age and older
- Immunization review and administration

*Please use code H1000 on the associated claim to indicate that an assessment form was submitted. This will help ensure that you are reimbursed appropriately.*

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- Health education including anticipatory guidance
- Nutritional assessment
- Hearing, vision and dental assessments
- Blood lead testing for children under six years of age
- Interpretive conference and appropriate counseling for parents or guardians
- Objective testing for developmental/behavioral, hearing and vision screening must be performed within the Medicaid periodicity schedule
- Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic or other needed testing as determined by the physician
- Age appropriate screening, testing and vaccinations

### Well-Child Exam Frequency

The recommended schedule for well-child exams is as follows:

- Birth
- 3-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years
- Annually thereafter through age 20

Primary Care Providers (PCPs) can obtain a list of eligible CareSource Members at any time by accessing our **Provider Portal**. Member rosters are updated at the beginning of each month to reflect Members that have chosen or have been assigned to the PCP as of that date.

### Well-Child/EPSDT Codes

Exams should be coded on claim forms using CPT codes 99381 through 99395, whichever is applicable. Correct codes are required for timely and accurate claims payment and documentation of services provided. Codes should be used along with appropriate ICD-9 diagnosis codes (V20.2 or V70. codes). When updating routine EPSDT status at the time of an acute care visit, the next-higher level Evaluation & Management (E&M) CPT code may be submitted if the appropriate ICD-9 code is also submitted as a secondary diagnosis.

### Well-Child/EPSDT Exam Referrals

If the PCP is unable to provide all of the components of the Well-Child/EPSDT exam or if screenings indicate a need for evaluation by a specialist, a referral must be made to another participating Provider within CareSource's Provider network in accordance with CareSource's referral procedures. The Member's medical record must indicate where the Member was referred.

*Exams should be coded on claim forms using CPT codes 99381 through 99395, whichever is applicable.*

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### High-Risk Children

Children at high risk should be tested according to the AAP guidelines. Problems found or suspected during a well-child visit must be diagnosed and treated as appropriate. Referrals must be made based on standards of good practice and AAP's recommendations for preventive pediatric health care or presenting need.

### Blood Lead Level Testing

The Ohio Medicaid program requires that all children have at least one blood lead level test by the age of two. Filter paper testing is an accepted method to obtain blood lead levels and is covered by CareSource.

### Immunization Schedule

Immunizations are an important part of preventive care for children and should be administered during Well-Child/EPSTDT exams as needed. CareSource endorses the same recommended childhood immunization schedule that is recommended by the Center for Disease Control and approved by the Advisory Committee on Immunization Practices (ACIP), the AAP, and the American Academy of Family Physicians (AAFP). The recommended schedule is included in this section of the Manual. This schedule is updated annually and the most current updates can be found at [www.aap.org](http://www.aap.org).

## CareSource Clinical Practice Registry and Member Profile

### CareSource Clinical Practice Registry

Quick and easy to access on our secure **Provider Portal**, the CareSource Clinical Practice Registry helps PCPs improve patient health outcomes efficiently. The primary use of the Registry is to help PCPs manage their patient population. PCPs can quickly sort their CareSource Membership into actionable groups. The CareSource Clinical Practice Registry is a proactive approach to patient care and helps place emphasis on preventive care.

### Key Benefits of the Registry

- The Registry is color-coded, which provides easy identification of Members in need of tests and/or screenings.
- The information can be downloaded as a PDF or in an Excel spreadsheet format (the Excel spreadsheet contains patient contact information).
- It provides direct access to the CareSource Member Profile feature for individual Members of interest.

### Information Included on the Registry

- Well Baby Visits (0 to 15 months)
- Well Care (2 to 21 months)
- Asthma
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Lead Screening

*Referrals must be made based on standards of good practice and AAP's recommendations for preventive pediatric health care or presenting need.*

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- Diabetes (Cholesterol, Eye Exam, Hematology, Kidney)
- Emergency Room Visits

The CareSource Clinical Practice Registry is located on our secure Provider Portal: <https://providerportal.caresource.com/OH/>

### **Member Profile**

With its comprehensive view of patient medical and pharmacy data, our Member Profile can help you improve health outcomes for your CareSource patients. The Member Profile can also help you determine an accurate diagnosis more efficiently, reduce unnecessary diagnostic tests and minimize emergency room visits.

### **Member Profile Benefits**

- Provides medical history
- Identifies potential prescription non-adherence or abuse
- Identifies duplication of services
- Introduces disease or case management options

**Note:** The Member Profile tool can be found on the “Eligibility” and “Prior Authorization” screens of the Provider Portal.