

## **Primary Care Providers (PCP)**

All Humana – CareSource members choose or are assigned to a PCP upon enrollment in the plan. PCPs 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 member services. PCP changes are effective on the first day of the month following the requested change.

## **Provider Education**

Humana – CareSource will conduct an initial educational orientation for all newly contracted providers within 30 days of becoming active. Providers receive periodic and/or targeted education as needed.

## **PCP Roles and Responsibilities**

Primary care providers shall:

1. Be responsible for supervising, coordinating and providing initial and primary care to members;
2. Be responsible for initiating referrals for specialty care;
3. Be responsible for maintaining the continuity of patient care 24 hours per day, seven days a week;
4. Have hospital admitting privileges or a formal referral agreement with a primary care provider who has hospital admitting privileges.

In addition, Humana – 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.

PCP care coordination responsibilities include at a minimum, the following:

- Treating Humana – CareSource members with the same dignity and respect afforded to all patients. This includes high standards of care and the same hours of operation.
- Maintaining continuity of the member’s health care.
- Identifying the member’s health needs and taking appropriate action.
- Providing phone coverage for handling patient calls 24 hours a day, seven days a week.
- Making referrals for specialty care and other medically necessary services, both in- and out-of-network if such services are not available within the Humana – CareSource network.
- Following all referral and prior authorization policies and procedures as outlined in this manual.
- Complying with the quality standards of Humana – CareSource and the

- commonwealth of Kentucky as outlined in this manual.
- Discussing advance medical directives with all members as appropriate.
  - Providing 30 days of emergency coverage to any Humana – CareSource patient dismissed from the practice.
  - Maintaining clinical records, including information about pharmaceuticals, referrals, inpatient history and documentation of all PCP and specialty care services, etc., in a complete and accurate medical record that meets or exceeds the Department of Medicaid Services' specifications.
  - Obtaining patient records from facilities visited by Humana – 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.
  - Referring members to behavioral health providers and arranging appointments, when clinically appropriate.
  - Assisting with coordination of the member's overall care, as appropriate for the member.
  - Serving as the ongoing source of primary and preventive care, including ESPDT for persons under the age of 21.
  - Recommending referrals to specialists, as required.
  - Participating in the development of case management care treatment plans and notifying Humana – CareSource of members who may benefit from case management.

### **Kentucky Lock-In Program (KLIP)**

KLIP is a program designed for individuals enrolled in Medicaid in Kentucky who need help managing their health care needs. It is intended to limit overuse of benefits and reduce unnecessary costs to Medicaid while providing an appropriate level of care for the enrollee. Humana – CareSource members who meet the program criteria will be locked in to:

- One primary care physician (PCP)
- One controlled substance prescriber, if needed
- One pharmacy

KLIP is required by the Kentucky Department for Medicaid Services.

Humana – CareSource monitors claim activity for signs of misuse or abuse in accordance with state and federal laws. If a review of a member's claim activity reveals an unusually large number of claims for medically unnecessary treatment, services or medications, the member is considered a candidate for KLIP.

Members identified to be enrolled in KLIP receive written notification from Humana – CareSource, along with the designated lock-in provider's information and the member's right to appeal the plan's decision.

Members are initially locked-in for a total of 24 months, during which the member can only request a change from their designated lock-in provider one time.

Following the member's 24 month enrollment, utilization review for KLIP members is conducted at 12-month intervals to determine the member's continued need for the program.

Primary care providers with KLIP members shall do the following:

- Provide services and manage the KLIP member's necessary health care needs

- Complete and forward the Lock-in Recipient Referral Form (hyperlink to form) to a referred provider, including any provider covering for the PCP, when the lock-in member needs a Medicaid-covered service other than the services of the designated primary care provider
- Participate in the member's periodic utilization review to determine continued lock-in status
- Serve as the lock-in member's designated controlled substance prescriber, if the designated primary care provider is a physician

Referred providers offering services to KLIP members shall:

- Receive and sign the Lock-In Recipient Referral Form, completed by the PCP and delivered by the member
- Submit the signed Lock-In Recipient Referral Form with the claim

Referral to Lock-in Program:

Humana – CareSource will monitor member claims history and utilization to identify members who may benefit from enrollment in the Lock-in Program. Members may also be referred for evaluation for participation in the Lock-in Program by their primary care physician or a specialist who is caring for the member. Excluded from enrollment in the lock-in program are members who:

- reside in a facility reimbursed pursuant to 907 KAR 1:025 or 1:065 or in a personal care home
- are under the age of 18
- receive services through a home- and community-based waiver program or hospice services
- utilized Medicaid services at a frequency that was medically necessary to treat a complex, life-threatening medical condition

For further information or questions about the Kentucky Lock-in Program, please contact Humana – CareSource provider services at 1-855-852-7005.

### **Advanced Directives**

PCPs have the responsibility to discuss advance medical directives with adult members who are 18 years of age or older and who are of sound mind at the first medical appointment and subsequently chart that discussion in the permanent medical record of the member. A copy of the advance directive should be included in the member's medical record inclusive of any mental health directives.

The PCP should discuss potential medical emergencies with the member and document that discussion in the member's medical record.

### **Medical Records**

Providers are required to maintain member records on paper or in an electronic format. Member medical records 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, applicable directives, 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 under the contract. Medical records shall be signed by the provider of service.

The PCP also must maintain a primary medical record for each member that contains sufficient medical information from all providers involved in order to ensure quality of care. The medical chart organization and documentation shall, at a minimum, require the following:

- a. Member/patient identification information, on each page;
- b. Personal/biographical data, including date of birth, age, gender, marital status, race or ethnicity, mailing address, home and work addresses and telephone numbers, employer, school name and telephone numbers (if no phone, contact name and number) of emergency contacts, consent forms, identification of language spoken and guardianship information;
- c. Date of data entry and date of encounter;
- d. Provider identification by name;
- e. Allergies, adverse reactions and known allergies shall be noted in a prominent location;
- f. Past medical history, including serious accidents, operations, illnesses.  
For children, past medical history includes prenatal care and birth information, operations and childhood illnesses (i.e., documentation of chickenpox);
- g. Identification of current problems;
- h. The consultation, laboratory and radiology reports filled in the medical record shall contain the ordering provider's initials or other documentation indicating review;
- i. Documentation of immunizations pursuant to 902 KAR 2:060;
- j. Identification and history of nicotine, alcohol use or substance abuse;
- k. Documentation of reportable diseases and conditions submitted to the local health department serving the jurisdiction in which the patient resides or Department for Public Health pursuant to 902 KAR 2:020;
- l. Follow-up visits provided and (secondary) reports of emergency room care;
- m. Hospital discharge summaries;
- n. Advanced Medical Directives, for adults;
- o. All written denials of service and the reason for the denial; and
- p. Record legibility to at least a peer of the writer. Records judged illegible by one reviewer shall be evaluated by another reviewer.

A member's medical record shall include the following minimal detail for individual clinical encounters:

- a. History and physical examination for presenting complaints containing relevant psychological and social conditions affecting the patient's medical/behavioral health, including mental health and substance abuse status;
- b. Unresolved problems, referrals and results from diagnostic tests including results and/or status of preventive screening services (EPSDT) addressed from previous visits;
- c. Plan of treatment including:
  1. medication history, medications prescribed, including the strength, amount, directions for use and refills;
  2. therapies and other prescribed regimen; and
  3. follow-up plans including consultation and referrals and directions, including time to return.

#### 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, 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/EPSTD Program**

The Well-Child/Early and Periodic Screening, Diagnostic and Treatment (EPSTD) program is a child-health program of early and periodic screening, diagnosis and treatment services for beneficiaries under the age of 21. All Humana – CareSource members under age 21 must receive well-child/EPSTD exams. The program supports two goals: to ensure access to necessary health resources and to assist parents and guardians in appropriate use of those resources. For the complete listing of the American Academy of Pediatrics (AAP) Preventive Health Guidelines visit [www.aap.org](http://www.aap.org).

### **High-Risk Children**

Children at high risk should be tested according to 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 the AAP's recommendations for preventive pediatric health care or presenting need.

### **Blood Lead Level Testing**

The Kentucky Medicaid program requires that all children have at least one blood lead level test by the age of 2. Filter paper testing is an accepted method to obtain blood lead levels and is covered by Humana – CareSource.

### **Immunization Schedule**

Immunizations are an important part of preventive care for children and should be administered during well-child/EPSTD exams as needed. Humana – CareSource endorses the same recommended childhood immunization schedule that is recommended by the Centers for Disease Control and Prevention 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 on the AAP website at [www.aap.org](http://www.aap.org).