

## 4: Primary Care Physician (PCP) Services

### 4.1 Background

Members obtain the majority of their health care services either directly from or upon referral by their Primary Care Physician. The PCP is responsible for the coordination of a member's health care needs and access to services provided by hospitals, specialty physicians, ancillary services, and other health care services. All of the member's care (except for those services designated as self-referred) should be provided or referred by the PCP except in a medical emergency. By focusing the majority of a member's medical decisions through their PCP, the physician is able to provide comprehensive and high quality care in a cost-effective manner.

Each member in the family has the freedom to choose any participating PCP, and a member may change to another PCP should a satisfactory patient-physician relationship not develop.

### 4.2 Role of the PCP

Services other than those designated as self-referred or emergent should be provided and arranged by the PCP in accordance with the Primary Care Network Participation Agreement. PCPs must be accessible 24 hours per day, seven days per week. PCPs may arrange for another provider to cover in his/her absence.

#### **PCP responsibilities include, but are not limited to:**

- Providing primary and preventive care and acting as a member advocate in recommending and arranging care, based on Medical Necessity. Determinations of Medical Necessity for covered care and services, whether made on a prior authorization, concurrent review or post-utilization basis, shall be in writing and be compensable under the Ohio Medicaid Program. Unison shall base its determination on medical information provided by the member, the member's family/caretaker and the PCP, as well as any provider, programs, or any other agencies that have evaluated the member. Medical Necessity determinations must be made by qualified and trained providers. The definition of Medical Necessity as defined by OAC 5101:3-26-01(JJ) and 5101:3-1-01 is as follows:
  - Services which are necessary for the diagnosis or treatment of disease, illness or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. A Medically Necessary service must: (1) Meet generally accepted standards of medical practice; (2) Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; (3) Be appropriate to the intensity of service and level of setting; (4) Provide unique, essential, and appropriate information when used for diagnostic purposes; (5) Be the lowest cost alternative that effectively addresses and treats the medical problem; and (6) Meet the general principles regarding reimbursement for Medicaid Covered Services set forth in Rule 5101:3-1-02 of the Ohio Administrative Code. Preventive health care, though not customarily thought of as a "medically necessary" service, is available through the HEALTHCHEK program.
- Maintaining continuity of the member's health care.
- Arranging referrals to Unison participating providers.

- Complying with and coordinating services for Unison HEALTHCHEK program.
- Coordinating behavioral health services.
- Contacting the Utilization Management Department when referring a member to the emergency room.
- Maintaining, copying or forwarding a member's medical record; documenting all services provided to the member. The record must note execution of an advance directive for all adult patients. An advance directive constitutes written instruction such as a living will or durable power of attorney relating to the provision of health care if the patient is incapacitated.
- A willingness and ability to make distinctions between treatment methods consistent with the member's cultural background; and to maintain consistency in providing quality care across a variety of cultures.
- As agreed upon in the Network Participation Agreement, the PCP will (a) not discriminate in providing services to members on the basis of race, color, sex, age, national origin, religion, economic status, source of payment, health status or health care needs; (b) observe, protect and promote the rights of members as patients; (c) maintain a written sexual harassment policy and inform employees of the policy; (d) comply with Title VI of the Civil Rights Act of 1964 in providing Covered Services hereunder; and (e) maintain written procedures as to interpretation and translation services for members requiring such services, including members with Limited English Proficiency.
- Pursuant to regulations implementing the Americans with Disabilities Act ("ADA"), 28 C.F.R. 35.101 et seq., PCP shall not, on the basis of the disability, exclude any individual with a disability from participation herein or from activities provided for hereunder. PCP shall comply with the "General Prohibitions Against Discrimination," 28 C.F.R. 35.130, and similar regulations or guidelines that apply to the State of Ohio.
- PCP must have a process to identify, keep a record of, and report to Unison upon request members requiring oral translation, oral interpretation or sign language services and provide the use of TTY or language assistance all free of charge for members. Unison's Special Needs Unit may be contacted at 877.844.8844 for assistance in arranging these services. Please note that Unison may conduct periodic audits of providers' processes to arrange interpreter services.
- PCP will work with Unison and local school districts to facilitate access to medically necessary services to school age children, ensuring continuity of care and implementing plans to achieve the ODJFS' goals in this area.
- PCPs are prohibited from advising or recommending to an eligible individual that s/he select membership in a particular MCP.

#### 4.3 Monthly Member Rosters

PCPs receive a monthly roster, identifying members who have chosen their practice for primary care services. Although member eligibility with Unison remains constant for one year, members do have the option of disenrolling within 90 days of their effective date, and may change their PCP selection at any time. Therefore, Unison urges PCPs to check eligibility prior to providing care. The roster will indicate the member's Unison ID number, telephone number, date of birth, coverage start date (and termination date, if applicable), any primary language if other than English, and any hearing or vision impairment. An asterisk will indicate members new to the practice. An additional column of the roster will indicate if a member is due for a HEALTHCHEK exam.

#### 4.4 HEALTHCHEK

The Unison's Pediatric Services Program includes HEALTHCHEK screenings for children up to age 21. The PCP is responsible for complying with and coordinating services related to HEALTHCHEK.

It is essential that children enrolled in Unison receive screening exams at the appropriate ages. The PCP member roster identifies those members who are due for a HEALTHCHEK screen in the upcoming month. Unison will assist the PCP in notifying members due for a HEALTHCHEK screen. The PCP is also responsible for HEALTHCHEK outreach and follow-up care.

#### *4.4.1 Scheduling HEALTHCHEK Appointments*

Unison closely monitors HEALTHCHEK compliance. PCPs are urged to notify Unison when a member cancels or does not show for a HEALTHCHEK appointment within 30 days from the date of service. A form developed for this purpose can be found in the back of this manual. The Member Services Department will assist the PCP in contacting members who are not compliant with HEALTHCHEK scheduling requirements. The form may be faxed to your Provider Relations Representative or mailed to the Unison HEALTHCHEK Department at:

Unison Health Plan  
Attn: HEALTHCHEK Department  
300 Oxford Drive  
Monroeville, PA 15146

#### *4.4.2 Childhood Immunizations*

The Unison HEALTHCHEK Program includes immunizations for members through the age of 18 in compliance with the Vaccines for Children (VFC) Program. The VFC Program provides vaccines to all public and private health care providers who agree to participate in the program. The PCP may distribute biologicals obtained through the VFC Program to members requiring immunizations.

The member's immunization encounter must be documented on a CMS-1500 form. The PCP will not be reimbursed for biologicals obtained through the VFC Program.

#### *4.4.3 Lead Screening Guidelines*

Unison HEALTHCHEK guidelines include Blood Lead Level Screenings for children from the ages of nine months through 72 months. A Lead Screening Questionnaire should be completed at the time of each routine office visit for children of this age group. The questionnaire assesses the potential for high-dose lead exposure. The results of the Lead Screening Questionnaire will dictate the frequency of subsequent lead screenings. Children considered at low risk must have an initial blood lead test at 9-11 months of age. PCPs must use a participating lab service for collection of the lead level. The PCP may draw the blood in the office and use the selected lab's courier service if available. The PCP may direct the member to the selected lab's nearest draw site.

#### *4.4.4 Pediatric Expanded Services*

At the time of the HEALTHCHEK screening, PCPs should identify the need for medically necessary "expanded services" some of which may not be covered by the state Medicaid program, but are covered under the Federal program. Children under 21 years of age are eligible to receive expanded services including speech therapy, occupational therapy, physical therapy, nutritional counseling, specialized nursing care, expanded medical services, behavioral health, psychological services and mental health wrap-around services. Requests for expanded services must be submitted in writing to the Utilization Management Department.

#### *4.4.5 Member Rewards*

Unison members are eligible for gift card rewards for keeping their HEALTHCHEK appointments. Although Unison uses claims data to identify members eligible for rewards, please note that, if timely claims data is not available, we may ask for your assistance in identifying members eligible for rewards.

#### 4.5 Transfer of Non-Compliant Members

PCPs may recommend that a member be removed from their practice due to member non-compliance or a failure to establish a mutually beneficial relationship. The PCP may not use the member's health status as cause to transfer a member. The PCP must submit a written request to the Provider Relations Department.

Upon receipt of the request, a Member Services Representative will contact the member to facilitate selection of a new PCP. The representative will address educational issues as necessary. The new PCP effective date and a new ID card are issued as soon as possible. The PCP is required to provide care to the member up to 30 days from Unison's receipt of the request or until a new PCP is chosen. The PCP must participate in the transition of the care plan.

A new PCP will be selected for the member if Unison is unable to contact the member via telephone. A letter is sent to the member indicating the name of the new PCP and reason(s) for the change.