Section V
Primary Care Practitioner (PCP) & Specialist Office Standards & Requirements
PCP Reimbursement

PCP Fee-For-Service Reimbursement
Fee-for-service reimbursement is a preferred payment methodology for some AmeriHealth Caritas PA PCP practices, either due to practice choice or due to Plan requirement to insure receipt of all encounter data. Under this methodology, PCP’s are required to bill for all services performed in the primary care office. Reimbursement is in accordance with the fee-for-service compensation schedule.

Capitation / Above-Capitation Reimbursement
PCPs contracted under this payment methodology receive a monthly Capitation payment that is based on the age and gender of the Members assigned to their panels. After monitoring monthly enrollment and disenrollment from each PCP’s Member panel, AmeriHealth Caritas PA issues to the PCP on or about the 15th of each month a Capitation check and report on the amount of payment per Member. Capitated payment is considered reimbursement for services including all examinations, medical procedures and administrative procedures performed in the primary care office.

From time to time, AmeriHealth Caritas PA implements pay for performance or other payment programs and will offer such programs to eligible Providers. * To see the complete and detailed description of the AmeriHealth Caritas PA PCP Incentive Program, please go to the Provider Center at www.amerihealthcaritaspa.com

Member eligibility is determined on a daily basis. Capitation payments reflect the Member’s effective date:
- For all Members enrolled with a first day of the month effective date, Capitation is paid at 100% of the rate appropriate for age and gender
- For all Members enrolled with an effective date after the first day of the month, Capitation is pro-rated. The pro-rated amount is determined by taking the full Capitation rate appropriate for age and gender then dividing it by the total number of days in the month. This per day amount is then multiplied by the number of days the Member is on the panel for that month
- Capitation payments are adjusted retroactively during the following month for any additional enrollment, which occurs during the last week of that month

This Capitation payment formula is also in effect for Members making PCP transfers, newborns and Member re-enrollments. The disenrollment policy is unaffected by this process. A three-month limit is applied to all retroactive adjustments made to primary care Capitation payments. This applies to Member enrollments, disenrollments and PCP panel transfers.

AmeriHealth Caritas PA is responsible for reporting utilization data to DPW, on at least a monthly basis. It is therefore necessary that PCP encounter information be received by AmeriHealth Caritas PA on a regular basis. PCPs are required to submit an Encounter for every visit with a Member whether or not the Encounter contains a billable service. Additional information on Encounter reporting requirements can be found in the later part of this section. As an incentive, an Encounter bonus is paid to PCPs for Encounter data (submitted either on paper
or electronically), which is submitted in a timely manner, on which there are no billable services above Capitation reported.

It is critically important that all encounters submitted contain all the diagnoses that have been confirmed by the PCP, as AmeriHealth Caritas PA is subject to reimbursement by the Department of Public Welfare based upon risk adjustment utilizing submitted Claims data. Lack of submission of encounter data by PCP practices reimbursed under Capitation may be grounds for conversion of payment methodology to fee-for-service.

**Capitation Reimbursement Payment Method**

Generally, PCP reimbursement may be made using a Capitation method of payment (per Member per month assessment). AmeriHealth Caritas PA will reimburse the PCP using the following age/sex breakdown.

**Age/Sex Breakdown**

<table>
<thead>
<tr>
<th>From Age</th>
<th>To Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 yrs.</td>
<td>&lt; 1 yr.</td>
<td>M/F</td>
</tr>
<tr>
<td>1 yr.</td>
<td>&lt; 2 yrs.</td>
<td>M/F</td>
</tr>
<tr>
<td>&gt; 2 yrs.</td>
<td>&lt; 4 yrs.</td>
<td>M/F</td>
</tr>
<tr>
<td>5 yrs.</td>
<td>14 yrs.</td>
<td>M/F</td>
</tr>
<tr>
<td>15 yrs.</td>
<td>18 yrs.</td>
<td>F</td>
</tr>
<tr>
<td>15 yrs.</td>
<td>18 yrs.</td>
<td>M</td>
</tr>
<tr>
<td>19 yrs.</td>
<td>39 yrs.</td>
<td>F</td>
</tr>
<tr>
<td>19 yrs.</td>
<td>39 yrs.</td>
<td>M</td>
</tr>
<tr>
<td>40 yrs.</td>
<td>64 yrs.</td>
<td>F</td>
</tr>
<tr>
<td>65 yrs. &amp; older</td>
<td>64 yrs.</td>
<td>M/F</td>
</tr>
</tbody>
</table>

**Legend:**  
Less than = less than  
Greater than = greater than  
M = male  
F = female  
yr(s) = years of age
Procedures Compensated Under Capitation

Capitated services include but are not limited to:
- Evaluation & Management Visits
- American Academy of Pediatrics recommended physical examinations of children and yearly physical examinations for adults
- Preventive Services
- Routine Gynecological Exam with PAP Smear
- EKG with Routine Interpretation
- Control of Nasal Hemorrhage
- Incision & Drainage of Abscesses
- Incision & Removal of Foreign Body, Subcutaneous Tissues
- Incision & Drainage of Hematoma
- Puncture Aspiration of Abscess, Hematoma, Bulla or Cyst
- Incision & Drainage of Complex Postoperative Wound Infection
- Initial Treatment of Burns
- Suture Removal
- Treatment of Sprains/Dislocations
- Routine Venipuncture
- Allergy Injections
- Anoscopy
- Occult Blood - Stool
- Audiometry/Tympanometry
- Urine Dip Stick
- Hemoglobin/Hematocrit
- Tuberculin Tests (Tine/PPD)
- Vision Screening
- Court Ordered Examinations and Tests
- Reasonable requests for the copying of Medical Records (e.g., for Specialists, change of Provider)

Procedures Reimbursed Above Capitation

In addition to Capitation, PCPs are routinely reimbursed on a Fee-for Service basis above Capitation for:
- Inpatient care (up to ten days)
- Attendance at high risk deliveries
- Inpatient newborn care
- Circumcisions of newborns
- Home visits
- Nursing home visits
- Immunizations as indicated on the AmeriHealth Caritas PA Procedures Reimbursed Above Capitation schedule
- Certain specified procedures
Please refer to Appendix V for the list of procedures reimbursed above Capitation. The list is also available in the Provider Center at www.amerihealthcaritaspa.com.

**Completing Medical Forms**

In accordance with DPW policy, if a medical examination or office visit is required to complete a form, then you may not charge AmeriHealth Caritas PA Members a fee for completion of the form. Payment for the medical examination or office visit includes payment for completion of forms.

However, you may charge AmeriHealth Caritas PA Members a reasonable fee for completion of forms if a medical examination or office visit is not required to complete the forms. Examples include forms for Driver Licenses, Camp and/or School applications, Working Papers, etc. You must provide AmeriHealth Caritas PA Members with advance written notice that a reasonable fee will be charged for completing forms in such instances. However, if an AmeriHealth Caritas PA Member states that it will be a financial hardship to pay the fee, you must waive the fee.

The following physical examinations and completion of related forms are not covered by AmeriHealth Caritas PA:

- Federal Aviation Administration (Pilot's License)
- Return to work following work related injury (Worker's Compensation)

**Vaccines for Children Program**

PCPs treating Members up to age 18 must participate in the Vaccine for Children (VFC) Program. The VFC Program provides publicly purchased vaccines for children birth through 18 years of age who are:

- Medicaid enrolled (including Medicaid managed care plans)
- Uninsured (have no health insurance) or
- American Indian/Alaskan Native

To enroll in the VFC Program, or for other inquiries about the VFC Program such as:

- Program guidelines and requirements
- VFC forms and instructions for their use
- Information related to provider responsibilities
- The latest VFC Program news
- Instructions for enrolling in the VFC Program

Please call **1-888-6-IMMUNIZE (1-888-646-6864)**, or write to the Department of Health's Division of Immunizations at:

Pennsylvania Department of Health  
Division of Immunizations  
Room 1026  
Health and Welfare Building  
7th and Forster Streets
PCPs are also encouraged to participate in the Statewide Immunizations Information System (SIIS) by calling 717-783-2548. This program, sponsored by the Pennsylvania Department of Health, offers free training, access to immunization records for children new to a PCP’s practice, and reminder capabilities for existing patients.
Your Role as PCP

The PCP is the Member's starting point for access to all health care benefits and services available through AmeriHealth Caritas PA. Although the PCP will certainly treat most of a Member's health care concerns in his or her own practice, AmeriHealth Caritas PA expects that PCPs will refer appropriately for both outpatient and inpatient services while continuing to manage the care being delivered.

All of the instructional materials provided to our Members stress that they should always seek the advice of their PCP before accessing medical care from any other source. It is imperative that the PCP and his or her staff foster this idea and develop a relationship with the Member, which will be conducive to continuity of care.

The PCP, or the designated back-up practitioner, should be accessible 24 hours per day, seven days per week, at the office site during all published office hours, and by answering service after hours. When the PCP uses an answering service or answering machine to intake calls after normal hours, the call must be answered within ten (10) rings, and the following information must be included in the message:

- Instructions for reaching the PCP
- Instructions for obtaining emergency care

Appointment scheduling should allow time for the unexpected urgent care visit. (See "Access Standards for PCPs" in this section of the Manual)

PCPs should perform routine health assessments as appropriate to a patient's age and sex, and maintain a complete individual Member medical record of all services provided to the Member by the PCP, as well as any specialty or referral services. PCPs treating Members up to age 18 must participate in the VFC (Vaccine for Children) program.

School-based health services sometimes play a pivotal role in ensuring children receive the health care they need. PCPs are required, with the assistance of AmeriHealth Caritas PA, to coordinate and/or integrate into the PCP's records any health care services provided by school-based health services. AmeriHealth Caritas PA’s Special Needs managers help by coordinating services between Parent/Guardian, PCP other practitioners/providers. Call 1-800-521-6007 and ask to be transferred to the EPSDT Liaison should you need assistance.

PCPs are required to provide examinations for AmeriHealth Caritas PA Members who are under investigation by the County Children and Youth System for suspected child abuse or neglect. Services must be performed in a timely manner.

Members have the right to access information contained in the medical record unless access is restricted for medical reasons.
The PCP Office Visit

It is imperative that PCPs verify Member eligibility prior to rendering services to AmeriHealth Caritas PA Members. For complete instructions on looking up eligibility, please refer to “Member Eligibility” Section of the Manual for additional information on verifying eligibility.

As a PCP, it is also necessary to complete and submit a CMS-1500 claim form or an 837 format EDI Claim (electronic Claim submission) for each Member Encounter (each time a Member receives services, whether the service is capitated, billable above Capitation, or reimbursable under a fee-for-service contract). See "Encounter Reporting" in this section of the Manual for more information concerning Member Encounters.

AmeriHealth Caritas PA Members must obtain a pre-numbered paper referral form from their assigned PCP in order to access any Network Specialist. For further information on authorizations and referrals, see "Referral Process" in Section II of the Manual.

In order to expedite the ordering of forms and other printed materials from AmeriHealth Caritas PA, a Fax Request process has been developed. The Referral Supply Request Form (see sample in the Appendix of the Manual) should be faxed to our toll-free number, 1-877-234-4278, which will go directly to our supply warehouse. Fax orders received before 12 noon on a business day will be filled and shipped the same day. Orders received after noon on a business day will be filled and shipped the next business day. If you experience difficulty in faxing a request, or have questions about an order, our warehouse coordinator is available to assist you by calling 215-937-8800.

Forms/Materials Available

Fax a Supply Request Fax Form into AmeriHealth Caritas PA's warehouse at 1-877-234-4278 to order supplies of forms and printed materials such as:

- Provider Directory
- Provider Manual
- Pre-numbered Referral Form
- Hospital Notification of Emergency Admissions
- Physician Injectable Drug Replacement Form
- Supply Request Fax Form

Additional printed forms and materials are often being added to our inventory. If you do not see the form or item you need in the above listing or on the Supply Request Form, please contact the Warehouse Coordinator to check on the item's availability. It is also possible to order these forms on-line by going to the Provider Center at www.amerihealthcaritaspa.com.

Access Standards for PCPs

AmeriHealth Caritas PA has established standards to assure accessibility of medical care services. The standards apply to PCPs. PCPs are expected to adhere to the following standards for appointment availability for medical care services, and other additional requirements.
AmeriHealth Caritas PA PCPs are expected to meet the following standards regarding appointment availability and response to Members:

**Appointment Accessibility Standards**

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>AmeriHealth Caritas PA Standard:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care must be scheduled <em>(health assessment/general physical examinations and first examinations)</em></td>
<td>Within 3 weeks of the Member’s Enrollment</td>
</tr>
<tr>
<td>Routine Primary Care must be scheduled</td>
<td>Within 10 business days of the Member’s call</td>
</tr>
<tr>
<td>Urgent Medical Condition Care must be scheduled</td>
<td>Within 24 hours of the Member’s call</td>
</tr>
<tr>
<td>Emergency Medical Condition Care must be seen</td>
<td>Immediately upon the Member’s call or referred to an emergency facility</td>
</tr>
</tbody>
</table>

**After-Hours Accessibility Standards**

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>AmeriHealth Caritas PA Standard:</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-hours Care by a PCP or a covering PCP must be available *</td>
<td>24 hours/7 days a week</td>
</tr>
</tbody>
</table>

* When the PCP uses an answering service or answering machine to intake calls after normal business hours, the call must be answered by ten (10) rings, and the following information must be included in the message:
  - Instructions for reaching the PCP
  - Instructions for obtaining emergency care

The following are requirements for Members who require specific services and/or have Special Needs. AmeriHealth Caritas PA asks that PCPs contact all new panel Members for an initial appointment. AmeriHealth Caritas PA has Special Needs and Care Management Programs that also reach out to Members in the following categories. AmeriHealth Caritas PA expects that PCPs will cooperate in scheduling timely appointments. It is important for the PCP to inform AmeriHealth Caritas PA if he/she learns that a Member is pregnant to assure appropriate follow up. Please call **1-800-521-6007** to refer a Member to the AmeriHealth Caritas PA Bright Start Program and/or for assistance in locating an OB/GYN practitioner. (OB/GYN services do not require a referral.)
<table>
<thead>
<tr>
<th>Initial Examination for Members …</th>
<th>Appointment Scheduled with a PCP or Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>With HIV/AIDS</td>
<td>No later than 7 days of the effective date of Enrollment, unless the Member is already being treated by a PCP or Specialist.</td>
</tr>
<tr>
<td>Who receive Supplemental Security Income (SSI)</td>
<td>No later than 45 days of Enrollment, unless the Member is already being treated by a PCP or a Specialist.</td>
</tr>
<tr>
<td>Under age of 21</td>
<td>For an EPSDT screen no later than 45 days of the effective date of Enrollment, unless the Member is already being treated by a PCP or Specialist and the Member is current with screens and immunizations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members who are pregnant</th>
<th>Appointment Scheduled with an OB/GYN practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women in their 1st trimester</td>
<td>Within 10 business days of AmeriHealth Caritas PA learning the Member is pregnant.</td>
</tr>
<tr>
<td>Pregnant women in their 2nd trimester</td>
<td>Within 5 business days of AmeriHealth Caritas PA learning the Member is pregnant.</td>
</tr>
<tr>
<td>Pregnant women in their 3rd trimester</td>
<td>Within 4 business days of AmeriHealth Caritas PA learning the Member is pregnant.</td>
</tr>
<tr>
<td>Pregnant women with high-risk pregnancies</td>
<td>Within 24 hours of AmeriHealth Caritas PA learning the Member is pregnant or immediately if an Emergency Medical Condition exists.</td>
</tr>
</tbody>
</table>

### Additional Requirements of PCPs

1. The average waiting time for scheduled appointments must be no more than 20 minutes unless the PCP encounters an unanticipated urgent visit or is treating a patient with a difficult medical need. In such cases, waiting time should not exceed one (1) hour
2. Patients must be scheduled at the rate of six (6) patients or less per hour
3. The PCP must have a "no show" follow-up policy. Two (2) notices of missed appointments and a follow-up telephone call should be made for any missed appointments* and documented in the medical record
4. Number of regular office hours must be greater than or equal to 20 hours per week, unless there is a network need that would support allowing a PCP practice with <20 hours per week of regular scheduled office hours
5. Telephonic response time (call back) for non-emergency conditions should be less than two (2) hours
6. Telephonic response time (call back) for emergency conditions must be less than 30 minutes
7. Member medical records must be maintained in an area, which is not accessible to those not employed by the practice. Network Providers must comply with all applicable laws and regulations pertaining to the confidentiality of Member medical records, including, obtaining any required written Member consents to disclose confidential medical records.

8. Twenty-four (24) hour/seven (7) days per week coverage must be available via the PCP for Urgent and Emergency Medical Condition care. An answering machine that does not answer the call by 10 rings or the message that does not provide instructions on how to reach the PCP does not constitute coverage. For example, it is not acceptable to have a message on an answering machine that instructs the Member to go to the emergency room for care without providing instructions on how to reach the PCP.

9. PCPs must comply with all Cultural Competency standards. Please refer to “PCP & Specialist Office Standards” in this Section of the Manual, as well as the “Regulatory Provisions” Section of the Manual for additional information on Cultural Competency.

*As a reminder, Medical Assistance providers are prohibited from billing Medical Assistance recipients for missed appointments, also known as “No Show.” Please refer to Medical Assistance Bulletin 99-10-14 entitled “Missed Appointment” in the appendix of this manual.

Please refer to “PCP & Specialist Office Standards” in this section of the Manual for further information on the following practitioner standards:
- Medical Record Standards
- Physical Office Layout

PCP Selection
Members are encouraged to select a Pediatrician/PCP for their newborn prior to receiving services. The Member can enroll their newborn with a PCP by calling Member Services at 1-888-991-7200. It is the PCP's responsibility to contact the Provider Services Department prior to rendering services to a Member who has not yet selected a PCP.

Encounter Reporting
CMS defines an Encounter as "an interaction between an individual and the health care system". Encounters occur whenever an AmeriHealth Caritas PA Member is seen in a practitioner's office, whether the visit is for preventive health care services or for treatment due to illness or injury. An Encounter is any health care service provided to an AmeriHealth Caritas PA Member. Encounters, whether reimbursed through Capitation, fee-for-service, or another method of compensation, must result in the creation and submission of an Encounter record (CMS-1500 form or electronic submission) to AmeriHealth Caritas PA. The information provided on these records represents the Encounter data provided by AmeriHealth Caritas PA to DPW.

Completion of Encounter Data
PCPs must complete and submit a CMS-1500 form or file an electronic Claim every time an AmeriHealth Caritas PA Member receives services. Completion of the CMS-1500 form or electronic Claim is important for the following reasons:
• It provides a mechanism for reimbursement of medical services covered beyond Capitation, including payment of inpatient newborn care and attendance at high risk deliveries
• It allows AmeriHealth Caritas PA to gather statistical information regarding the medical services provided to AmeriHealth Caritas PA's Members, which better support our statutory reporting requirements
• It allows AmeriHealth Caritas PA to identify the severity of illnesses of our Members

AmeriHealth Caritas PA can accept Encounter Claim submissions via paper or electronically (EDI). For more information on electronic Claim submission and how to become an electronic biller, please refer to the “EDI Technical Support Hotline” topic in Section IV of the Manual or the Claims Filing Instructions in Section VI.

In order to support timely statutory reporting requirements, we encourage PCPs to submit Encounter information within 30 days of the Encounter. However, all Encounters (Claims) must be submitted within 180 calendar days after the services were rendered or compensable items were provided.

The following mandatory information is required on the CMS-1500 form for a primary care visit:
• AmeriHealth Caritas PA Member's ID number
• Member's name
• Member's date of birth
• Other insurance information: company name, address, policy and/or group number, and amounts paid by other insurance, copy of EOB's
• Information advising if patient's condition is related to employment, auto accident, or liability suit
• Name of referring physician, if appropriate
• Dates of service, admission, discharge
• Primary, secondary, tertiary and fourth ICD-9-CM diagnosis codes, coded to the correct 4th or 5th digit
• Authorization or referral number
• CMS place of service code
• HCPCS procedures, service or supplies codes; CPT procedure codes with appropriate modifiers
• Charges
• Days or units
• Physician/supplier federal tax identification number or Social Security Number
• National Practitioner ID (NPI) and Taxonomy Code
• Individual AmeriHealth Caritas PA assigned practitioner number
• Name and address of facility where services were rendered
• Physician/supplier billing name, address, zip code, and telephone number
• Invoice date

Please see "Claims Filing Instructions" in the Appendix of the Manual for additional information for the completion of the CMS form.
AmeriHealth Caritas PA monitors Encounter data submissions for accuracy, timeliness and completeness through Claims processing edits and through Network Provider profiling activities. Encounters can be rejected or denied for inaccurate, untimely and incomplete information. Network Providers will be notified of the rejection via a remittance advice and are expected to resubmit corrected information to AmeriHealth Caritas PA. Network Providers may be subject to sanctioning by AmeriHealth Caritas PA for failure to submit 100% of Encounters, including Encounters for capitated services. Network Providers may also be subject to sanctioning for failure to submit accurate Encounter data in a timely manner.

The Provider Services Department can address questions concerning Encounter Reporting by calling 1-800-521-6007.

**Transfer of Non-Compliant Members**

By PCP request, any Member whose behavior would preclude delivery of optimum medical care may be transferred from the PCP’s panel. AmeriHealth Caritas PA's goal is to accomplish the uninterrupted transfer of care for a Member who cannot maintain an effective relationship with his/her PCP.

A written request (which may be faxed to 1-717-651-1673, Attn: Provider Contracting) on your letterhead asking for the removal of the Member from your panel must be sent to the Provider Services Department that includes the following:

- The Member's full name and AmeriHealth Caritas PA identification number
- The reason(s) for the requested transfer
- The requesting PCP's signature and AmeriHealth Caritas PA identification number

Transfers will be accomplished within 30 days of receipt of the written request, during which time the PCP must continue to render any needed emergency care.

The Provider Services Department will assign a new PCP and will notify both the Member and requesting PCP when the transfer is effective. The Provider Services Department Telephone Number is 1-800-521-6007.

**Requesting a Freeze or Limitation of Your Member Panel**

AmeriHealth Caritas PA recognizes that a PCP will occasionally need to limit the volume of patients in their practices in the interest of delivering quality care. Each PCP office must accept at least 50 Members. Once a PCP has accepted the minimum number of AmeriHealth Caritas PA Members, a request may be forwarded to limit or stop assignment of Members to his/her panel.

AmeriHealth Caritas PA must have 90 days advance written notice of any request to change panel status. For example, a panel limitation or freeze request received on May 1 would become effective on August 1. When requesting to have Members added to panels where age restriction or panel limitations exist, AmeriHealth Caritas PA must be notified in writing on the PCP office's letterhead.
Policy Regarding PCP to Member Ratio

PCP sites may have up to 1,000 MA recipients (cumulative across all HealthChoices plans) per each full-time equivalent PCP at the site. For example, if a primary care site has seven full-time equivalent PCPs, they can have up to 7,000 MA recipients (cumulative across all HealthChoices plans).

Letter of Medical Necessity (LOMN)

In keeping with the philosophy of managed care, PCPs may be requested to supply supporting documentation to substantiate medical necessity when:

- Services require Prior Authorization
- Services include treatment or diagnostic testing procedures that are not available through accepted medical practice
- Services are not provided by a Network Provider or facility
- Initial documentation submitted is insufficient for AmeriHealth Caritas PA to make a determination

This is not an all-inclusive listing of circumstances for which supporting medical documentation may be requested. Additional supporting documentation may also be requested at the discretion of the Medical Director or his/her designee.

Supporting medical documentation should be directed to the Utilization Management staff person managing the case of the Member in question, or to the Medical Director or his/her designee, as appropriate. At a minimum, all supporting medical documentation should include:

- The Member's name and AmeriHealth Caritas PA identification number
- The diagnosis for which the treatment or testing procedure is being sought
- The goals of the treatment or testing for which progress can be measured for the Member
- Other treatment or testing methods, which have been tried but have not been successful along with the duration of the treatment
- Where applicable, what treatment is planned, if any, after the patient has received the therapy or testing procedure that is being requested

PCP Responsibilities under the Patient Self Determination Act

In 1990, the Congress of the United States enacted the Patient Self-Determination Act. Since 1992, Pennsylvania law has allowed both "living will" and "durable power of attorney" as methods for patients to relay advance directives regarding decisions about their care and treatment.

PCPs should be aware of, and discuss, the Patient Self-Determination Act with their adult patients. Specific responsibilities of the PCP are:

- Discuss the patient's wishes regarding advance directives on care and treatment during routine and/or episodic office visits when appropriate
- Document the discussion in the patient’s medical record and whether or not the patient has executed an advance directive in the patient's medical record
- Provide the patient with written information concerning advance directives if asked
• Do not discriminate against the individual based on whether or not she/he has executed an advance directive
• Ensure compliance with the requirements of Pennsylvania state law concerning advance directives

AmeriHealth Caritas PA provides our Members with information about the Patient Self-Determination Act via the Member Handbook. Excerpts from the Member Handbook regarding this topic can be found in Section X of the Manual entitled "Member Rights and Responsibilities."

**Preventive Health Guidelines**

The Preventive Health Guidelines were adopted from the U.S. Preventive Services Task Force. The contents of these guidelines were carefully reviewed and approved by peer providers at AmeriHealth Caritas PA’s Clinical Quality Improvement Committee. As with all guidelines, the AmeriHealth Caritas PA Preventive Health Guidelines are based on recommendations from the U.S. Preventive Services Task Force and are not intended to interfere with a Health Care Provider’s professional judgment. The Preventive Health Guidelines are now available in the Provider Center at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) or you can call your Provider Contracting Representative to request hard copies.

**Clinical Practice Guidelines**

AmeriHealth Caritas PA has adopted clinical practice guidelines for use in guiding the treatment of AmeriHealth Caritas PA Members, with the goal of reducing unnecessary variations in care. The AmeriHealth Caritas PA clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace the physician's clinical judgment. The physician remains responsible for ultimately determining the applicable treatment for each individual.

AmeriHealth Caritas PA’s Clinical Practice Guidelines are available in the Provider Center at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com).

In support of the above guidelines, AmeriHealth Caritas PA has Disease Management and Case Management programs available to assist you in the education and management of your patient with chronic diseases. For information, a copy of the above clinical guidelines, or to refer an AmeriHealth Caritas PA Member for Disease or Case Management Services, call Provider Services at **1-800-521-6007** and ask for the Special Needs Department.

**Specialty Care Providers**

**The Specialist Office Visit**

AmeriHealth Caritas PA Members receive Specialist services from Network Providers via a referral from their PCP’s office. Specialist services are reimbursed on a fee-for-service basis at the Provider’s contracted rate.
Prior to receiving Specialist services, AmeriHealth Caritas PA Members must obtain a referral from their assigned PCP. Specialists can either check for an approved referral on NaviNet’s Referral Inquiry option (www.navinet.net), or the member will bring a paper referral form. Prior to rendering services, Specialists should always verify Member eligibility by checking Member Eligibility through NaviNet online at www.navinet.net, or by calling Provider Services at 1-800-521-6007. For more information, please refer to "Referral & Authorization Requirements" in Section II of this Manual. Specialists should provide timely communication back to the member’s PCP regarding consultations, diagnostic procedures, test results, treatment plan and required follow up care. It is necessary for all Network Providers to adhere to the applicable offices standards as outlined in "PCP & Specialist Office Standards" in this Section.

**Reimbursement/Fee-for-Service Payment**

AmeriHealth Caritas PA will reimburse all contracted specialists at fee-for-service rates described in the Network Provider’s individual AmeriHealth Caritas PA Specialty Care Provider Agreement.

Please refer to "Claims Filing Instructions" in Section VI of the Manual for complete billing instructions. Should you determine the need for procedures requiring authorization, please contact AmeriHealth Caritas PA's Utilization Management Department at 1-800-521-6622 to obtain authorization.

Referrals are valid for 180 days from the date of request, and for unlimited visits. The referral may be extended up to one year, for continued care by the specialist, via navinet.net or by calling Provider Services at 1-800-521-6007. Date(s) of service must not be prior to the request date.

**Specialist Services**

Specialists shall provide Medically Necessary covered services to AmeriHealth Caritas PA Members referred by the Member's PCP. These services include:

- Ambulatory care visits and office procedures
- Arrange or provide inpatient medical care at an AmeriHealth Caritas PA participating hospital
- Consultative Specialty Care Services 24 hours a day, 7 days a week

**Specialist Access & Appointment Standards**

The average office waiting time should be no more than 20 minutes or no more than one (1) hour when the Network Provider encounters an unanticipated urgent visit or is treating a patient with a difficult medical need. Scheduling procedures should ensure:

- Emergency appointments immediately upon referral
- Urgent Care appointments within twenty-four (24) hours of referral
- Routine appointments within ten business days of the referral

Network Providers must have a "no-show" follow-up policy. Two (2) notices of missed appointments and a follow-up telephone call should be made for any missed appointments and documented in the medical record.
Confidentiality of Medical Records

Patient medical records must be maintained in an area that is not accessible to those not employed by the practice. Network Providers must comply with all applicable laws and regulations pertaining to the confidentiality of Member medical records, including obtaining any required written Member consents to disclose confidential medical records. Please refer to "Medical Record Standards" in this section of the Manual for further information on the maintenance of medical records.

Letters of Medical Necessity (LOMN)

In keeping with the philosophy of managed care, Health Care Providers may be requested to supply supporting documentation to substantiate Medical necessity when:

- Services require Prior Authorization
- Services include treatment or diagnostic testing procedures that are not available through accepted medical practice
- Services are not provided by a Network Provider or facility
- Initial documentation submitted is insufficient for AmeriHealth Caritas PA to make a determination

This is not an all-inclusive listing of circumstances for which supporting medical documentation may be requested. Additional supporting documentation may also be requested at the discretion of the Medical Director or his/her designee.

Supporting medical documentation should be directed to the Utilization Management staff that is managing the case of the patient in question, or to the Medical Director or his/her designee, as appropriate. At a minimum, all supporting medical documentation should include:

- The Member's name and AmeriHealth Caritas PA ID number,
- The diagnosis for which the treatment or testing procedure is being sought,
- The goals of the treatment or testing for which progress can be measured for the Member,
- Other treatment or testing methods which have been tried but have not been successful, along with the duration of the treatment,
- Where applicable, what treatment is planned, if any, after the patient has received the therapy or testing procedure, which is being requested.

Specialist Responsibilities under the Patient Self Determination Act

In 1990, the Congress of the United States enacted the Patient Self-Determination Act. Since 1992, Pennsylvania law has allowed both "living wills" and "durable power of attorney" as methods for patients to relay advance directives regarding decisions about their care and treatment.

Specialists should be aware of and discuss the Patient Self-Determination Act with their adult patients. Specific responsibilities of the specialist are outlined below:

- Discuss the patient's wishes regarding advance directives on care and treatment during routine and/or episodic office visits when appropriate
- Document the discussion in the patient’s medical record and whether or not the patient has executed an advance directive in the patient's medical record
• Provide the patient with written information concerning advance directives, if asked
• Do not discriminate against the individual based on whether or not he/she has executed an advance directive
• Ensure compliance with the requirements of Pennsylvania state law concerning advance directives

AmeriHealth Caritas PA provides our Members with information about the Patient Self-Determination Act via the Member Handbook. Excerpts from the Member Handbook regarding this topic can be found in "Member Rights and Responsibilities" in Section X of the Manual.

**Specialist as a PCP for Special Needs Members**
Refer to Section IX of this Manual (“Special Needs and Case Management”) on page 179 for details.

**PCP & Specialist Office Standards**

**Physical Environment**
AmeriHealth Caritas PA conducts an initial office site visit to all potential PCPs and OB/GYN sites during the credentialing process. Each practice/site location of all PCPs and OB/GYNs must receive a site visit re-evaluation every five years. The Credentialing Committee considers the results of the office site visit in making a determination as to whether the Health Care Provider will be approved for participation in AmeriHealth Caritas PA's Network. The office site visit evaluates these standards:

- Facility Information
- Safety
- Provider Accessibility
- Emergency Preparedness
- Treatment Areas
- Medication Administration
- Infection Control
- Medical Record Keeping Practices
- General Information

The following are examples of standards that must be met:
1. Office must have visible signage and must be handicapped-accessible*
2. Office hours must be posted
3. Office must be clean and presentable
4. Office must have a waiting room with chairs
5. Office must have an adequate number of staff/personnel to handle patient load, with an assistant available for specialized procedures
6. Office must have at least two examination rooms that allow for patient privacy
7. Office must have the following equipment:
   - Examination table
   - Otoscope
   - Ophthalmoscope
• Sphygmomanometer
• Thermometers
• Needle disposal system
• Accessible sink/hand washing facilities
• Bio-hazard disposal system

8. There must be a system in place to properly clean/decontaminate and sterilize reusable equipment. Bio-medical equipment must be part of an annual preventive maintenance program.

9. Office must have properly equipped (handicapped-accessible) restroom facilities, readily accessible to patients.

10. Patient records must be secured at all times, and not accessible to public areas.

11. Must have written procedures for medical emergencies and a written evacuation plan. During patient hours, at least one staff person must be CPR-certified.

12. The office must be equipped with at least one fire extinguisher that is properly serviced and maintained.

13. Must have blood-borne pathogen exposure control plan.

14. Medications must be stored in a secure place away from public areas. Refrigerators used for medication storage must have a thermometer. Controlled substances must be locked, and prescription pads must be kept in a secure place.

* Title III of the Americans with Disabilities Act (ADA, 42 U.S.C. 1201 et seq.) states that places of public accommodation must comply with basic non-discrimination requirements that prohibit exclusion, segregation, and unequal treatment of any person with a disability. Public accommodations (such as Health Care Providers) must specifically comply with, among other things, requirements related to effective physical accessibility, communication with people with hearing, vision, or speech disabilities, and other access requirements. For more information, you can go to the Department of Justice's ADA Home Page, [www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm).

**Medical Record Standards**

Complete and consistent documentation in patient medical records is an essential component of quality patient care. AmeriHealth Caritas PA adheres to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations.

AmeriHealth Caritas PA performs an annual medical record review on a random selection of practitioners. The medical records are audited using these standards. You can also find the standards online in the Provider Center at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com)

• Elements in the medical record are organized in a consistent manner, and the records are kept secure and confidential.
• Patient's name or identification number is included on each page of record.
• All entries are legible, initialed or signed and dated by the author.
• Personal and biographical data are included in the record.
• Current and past medical history and age-appropriate physical exams are documented including serious accidents, operations and illnesses.
• Allergies and adverse reactions are prominently listed or noted as "none" or "NKA".
• Information regarding personal habits such as smoking and history of alcohol use and substance abuse (or lack thereof) is recorded when pertinent to proposed care and/or risk screening
• An updated problem list is maintained
• Documentation of discussions of a living will or advanced directives for patients 65 years or older
• Patient's chief complaint or purpose for visit is clearly documented
• Clinical assessment and/or physical findings are recorded. Appropriate working diagnoses or medical impressions are recorded
• Plans of action/treatment are consistent with diagnosis
• There is no evidence the patient is placed at inappropriate risk by a diagnostic procedure or therapeutic procedure
• Unresolved problems from previous visits are addressed in subsequent visits
• Follow-up instructions and time frame for follow-up or the next visit are recorded as appropriate
• Current medications are documented in the record, and notes reflect that long-term medications are reviewed at least annually by the Network Provider and updated as needed
• Health care education provided to patients, family members or designated caregivers is noted in the record and periodically updated as appropriate
• Screening and preventive care practices are in accordance with the AmeriHealth Caritas PA Preventive Health Guidelines
• An immunization record is up to date (for Members under 21 years of age) or an appropriate history has been made in the medical record (for adults)
• Requests for consultations are consistent with clinical assessment/physical findings
• Laboratory and other studies are ordered, as appropriate
• Laboratory and diagnostic reports reflect Network Provider review
• Patient notification of laboratory and diagnostic test results and instruction regarding follow-up, when indicated, are documented
• There is evidence of continuity and coordination of care between PCPs and Specialists

Medical Record Retention Responsibilities
Medical records must be preserved and maintained for a minimum of five (5) years from termination of the Health Care Provider’s agreement with AmeriHealth Caritas PA or as otherwise required by law or regulatory requirement. Medical records may be maintained in paper or electronic form; electronic medical records must be made available in paper form upon request.