

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



PCP Reimbursement

PCP Fee-For-Service Reimbursement

Fee-for-service reimbursement is a preferred payment methodology for some AmeriHealth Mercy 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 Mercy 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.

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.

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 Mercy Procedures Reimbursed Above Capitation schedule
- Certain specified procedures

AmeriHealth Mercy 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 Mercy 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 Mercy 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 Mercy will reimburse the PCP using the following age/sex breakdown.

Age/Sex Breakdown

From Age	To Age	Sex
0 yrs.	< 1 yr.	M/F
1 yr.	< 2 yrs.	M/F
> 2 yrs.	< 4 yrs.	M/F
5 yrs.	14 yrs.	M/F
15 yrs.	18 yrs.	F
15 yrs.	18 yrs.	M
19 yrs.	39 yrs.	F
19 yrs.	39 yrs.	M
40 yrs.	64 yrs.	F
40 yrs.	64 yrs.	M
65 yrs. & older		M/F

Legend: < = less than M = male Yr(s) = years of age
 > = greater than F = female

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

Please refer to Appendix V for the list of procedures reimbursed above Capitation. The list is also available in the Provider Center at <http://www.amerhealthmercyhp.com/> for those services paid in addition to Capitation

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 Mercy 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 Mercy 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 Mercy Members with advance written notice that a reasonable fee will be charged for completing forms in such instances. However, if an AmeriHealth Mercy 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 Mercy:

- 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
Harrisburg, PA 17120
Toll Free: 1-888-646-6864
Telephone: 717-787-5681
e-mail: pimmunizations@state.pa.us

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 Mercy. Although the PCP will certainly treat most of a Member's health care concerns in his or her own practice, AmeriHealth Mercy 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 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 needs. PCPs are required, with the assistance of AmeriHealth Mercy, to coordinate and/or integrate into the PCP's records any health care services provided by school-based health services. AmeriHealth Mercy'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 Mercy 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 Mercy 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 Form or an 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 Mercy 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 Mercy, 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 Mercy's warehouse at **1-877-234-4278** to order supplies of the following forms or printed materials:

- Physician Chemotherapy Drug Rep Order
- WeeCare Follow-Up Form
- WeeCare Initial Evaluation Form
- Physician Injectable Drug Replacement Form
- Supply Request Fax Form
- Specialist Directory
- Provider Directory
- Provider Manual
- Pre-numbered Referral Form
- Formulary
- Hospital Notification of Emergency Admissions

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 Referral 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.amerihalthmercyhp.com.

Access Standards for PCPs

AmeriHealth Mercy 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 Mercy PCPs are expected to meet the following standards regarding appointment availability and response to Members:

Appointment Accessibility Standards

Appointment Accessibility Standards	
Medical Care:	AmeriHealth Mercy Standard:
Preventive Care must be scheduled (<i>health assessment/general physical examinations and first examinations</i>)	Within 3 weeks of the Member’s Enrollment
Routine Primary Care must be scheduled	Within 10 business days of the Member’s call
Urgent Medical Condition Care must be scheduled	Within 24 hours of the Member’s call
Emergency Medical Condition Care must be seen	Immediately upon the Member’s call or referred to an emergency facility
After-Hours Accessibility Standards	
Medical Care:	AmeriHealth Mercy Standard:
After-hours Care by a PCP or a covering PCP must be available *	24 hours/7 days a week

- * When the PCP uses an answering service or answering machine to intake calls after normal business hours, 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 Mercy asks that PCPs contact all new panel Members for an initial appointment. AmeriHealth Mercy has Special Needs and Care Management Programs that also reach out to Members in the following categories. AmeriHealth Mercy expects that PCPs will cooperate in scheduling timely appointments. It is important for the PCP to inform AmeriHealth Mercy 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 Mercy WeeCare Program and/or for assistance in locating an OB/GYN practitioner. (OB/GYN services do not require a referral.)

Initial Examination for Members ...	Appointment Scheduled with a PCP or Specialist
with HIV/AIDS	no later than 7 days of the effective date of Enrollment, unless the Member is already being treated by a PCP or Specialist.
who receive Supplemental Security Income (SSI)	no later than 45 days of Enrollment, unless the Member is already being treated by a PCP or a Specialist.
under age of 21	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..
Members who are pregnant	Appointment Scheduled with an OB/GYN practitioner
Pregnant women in their 1 st trimester	within 10 business days of AmeriHealth Mercy learning the Member is pregnant.
Pregnant women in their 2 nd trimester	within 5 business days of AmeriHealth Mercy learning the Member is pregnant.
Pregnant women in their 3 rd trimester	within 4 business days of AmeriHealth Mercy learning the Member is pregnant.
Pregnant women with high-risk pregnancies	within 24 hours of AmeriHealth Mercy learning the Member is pregnant or immediately if an Emergency Medical Condition exists.

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 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

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 Mercy 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 Mercy 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 Mercy. The information provided on these records represents the Encounter data provided by AmeriHealth Mercy to DPW.

Completion of Encounter Data

PCPs must complete and submit a CMS-1500 form or file an electronic Claim every time an AmeriHealth Mercy 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 Mercy to gather statistical information regarding the medical services provided to AmeriHealth Mercy's Members, which better support our statutory reporting requirements
- It allows AmeriHealth Mercy to identify the severity of illnesses of our Members

AmeriHealth Mercy 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 Mercy 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 Mercy 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 Section VI of the Manual for additional information for the completion of the CMS form.

AmeriHealth Mercy 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 Mercy. Network Providers may be subject to sanctioning by AmeriHealth Mercy 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 Mercy'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 Mercy identification number
- The reason(s) for the requested transfer
- The requesting PCP's signature and AmeriHealth Mercy 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 Mercy 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 Mercy Members, a request may be forwarded to limit or stop assignment of Members to his/her panel.

AmeriHealth Mercy 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 Mercy 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 Mercy 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 Mercy 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 Mercy 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 Mercy's Clinical Quality Improvement Committee. As with all guidelines, the 2005 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.amerihealthmercyhp.com or you can call your Provider Contracting Representative to request hard copies.

Clinical Practice Guidelines

AmeriHealth Mercy has adopted clinical practice guidelines for use in guiding the treatment of AmeriHealth Mercy Members, with the goal of reducing unnecessary variations in care. The AmeriHealth Mercy 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 Mercy's Clinical Practice Guidelines are available in the Provider Center at www.amerihealthmercyhp.com.

In support of the above guidelines, AmeriHealth Mercy 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 Mercy 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 Mercy 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 Mercy Members must obtain a pre-numbered paper referral form from their assigned PCP. Prior to rendering services, Specialists should always verify Member eligibility by calling Provider Services at **1-800-521-6007** or checking online in the Provider Center at www.amerihealthmercyhp.com. For more information, please refer to "Referral & Authorization Requirements" in Section II of this Manual. 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 Mercy will reimburse all contracted specialists at fee-for-service rates described in the Network Provider's individual AmeriHealth Mercy 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 Mercy's Utilization Management Department at **1-800-521-6622** to obtain authorization.

Referrals are valid for 90 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, 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 Mercy 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 Mercy 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 Mercy 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 Mercy 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 Mercy 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

Specialists may be able to serve as PCPs for Special Needs Members. A Member may also qualify to select a specialist to act as PCP if s/he has a disease or condition that is life threatening, degenerative, or disabling. Case Managers will work with the Member and AmeriHealth Mercy staff to identify an appropriate Specialist. AmeriHealth Mercy's Provider Contracting Department will negotiate a contract with Specialists who meet the Department of Health and AmeriHealth Mercy's credentialing criteria, and who wish to function as a PCP for a Member(s) with Special Needs.

AmeriHealth Mercy Members may contact the Special Needs Unit to request designation as a "Special Needs Member" and request approval to utilize a specialist as PCP. The Specialist must have expertise in the treatment in the treatment of the Special Needs Member's medical condition.

To accommodate these Members, AmeriHealth Mercy's Special Needs Unit will contact the requested specialist and obtain their verbal agreement to provide specialty care services, as well as primary care services. The specialist will be informed that the final approval is subject to meeting credentialing requirements and office accessibility standards (including EPSDT). Upon approval, this information will be forwarded to the Provider Contracting Representative and Member Services Departments. The specialist will be set-up in our Network Provider database as a "Specialist as PCP". The Member will then be assigned to the "Specialist as PCP" panel.

PCP & Specialist Office Standards

Physical Environment

AmeriHealth Mercy conducts an initial office site visit to all potential PCP and OB/GYN sites during the credentialing process. AmeriHealth Mercy also conducts an office site visit at the time of recredentialing of PCPs and high-volume specialists. 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 Mercy's Network. The office site visit is conducted according to the following standards:

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

- Bio-hazard disposal system
- 7. 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
- 8. Office must have properly equipped (handicapped-accessible) restroom facilities, readily accessible to patients
- 9. Patient records must be secured at all times, and not accessible to public areas
- 10. Must have written procedures for medical emergencies and a written evacuation plan. During patient hours, at least one staff person must be CPR-certified
- 11. The office must be equipped with at least one fire extinguisher that is properly serviced and maintained
- 12. Must have blood-borne pathogen exposure control plan
- 13. 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.

Medical Record Standards

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

AmeriHealth Mercy reviews all PCPs with more than 50 Members against the following medical record standards at the time of recredentialing. AmeriHealth Mercy also randomly selects from a sample of those Network Providers with fewer than 50 Members to review clinical appropriateness standards.

AmeriHealth Mercy audits the medical records of PCP, OB/GYN and other high-volume Specialists offices using these standards. The following is a list of our standards (you can also find the standards online in the Provider Center at www.amerihealthmercyhp.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 there of) 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 Mercy 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 Mercy 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