

Section 3 – Primary Care Providers

Primary Care Provider (PCP) Concept

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

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

PCP Roles and Responsibilities

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

1. Assisting with coordination of the member's overall care, as appropriate for the member
2. Serving as the ongoing source of primary and preventive care
3. Recommending referrals to specialists, as required
4. Triaging members as described in paragraph OAC 5101:3-26-03.1(A)(2) of the rule
5. Participating in the development of case management care treatment plans; and
6. Notifying CareSource of members who may benefit from case management

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

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

PCPs are also responsible for:

- Treating CareSource members with the same dignity and respect afforded to all patients; this includes high standards of care and the same hours of operation
- Identifying the member's health needs and taking appropriate action
- Providing phone coverage for handling patient calls 24 hours a day and 7 days a week
- Following all referral and prior-authorization policies and procedures as outlined in this manual
- Complying with the quality standards of our health plan and the Ohio Department of Job and Family Services (ODJFS) as outlined in this manual
- Providing 30 days of emergency coverage to any CareSource patient dismissed from the practice
- Maintaining clinical records, including information about pharmaceuticals, referrals, inpatient history, etc.
- Obtaining patient records from facilities visited by CareSource patients for emergency or urgent care if notified of the visit



Enhanced Reimbursement for After-Hours Care

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

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

PCPs Providing Prenatal and Postpartum Care

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

Please remember these guidelines when submitting prenatal risk assessment forms to us:

- You may use any form designed for prenatal risk assessment documentation such as ODJFS Form 3535, the American College of Obstetricians and Gynecologists (ACOG) form, the Hollister form, or forms provided by CareSource. If you don't already have a supply of the CareSource forms and would like some, please call us and we will send you some or you can use the form in the Forms section of this manual. You may also use your own office's assessment form if you have one that captures the same information.
- We must receive the forms, filled out as completely as possible, no later than four weeks after the member's first prenatal visit. Please be sure to include the member's estimated delivery date on the form.
- We accept copies or originals by fax or by mail. Please fax forms to **(937) 224-3388**, Attention: Claims Department or mail them to:

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

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

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

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