Primary Care Providers (PCP)

All Humana – CareSource members choose or are assigned to a PCP upon enrollment in the plan. PCPs help facilitate a "medical home" for members. This means that PCPs will help coordinate health care for the member and provide additional health options to the member for self-care or care from community partners. PCPs also are required to know how to screen and refer members for behavioral health conditions. Please refer to the Behavioral Health section for more information.

Members select a PCP from our health plan's provider directory. Members have the option to change to another participating PCP as often as needed. Members initiate the change by calling member services. PCP changes are effective on the first day of the month following the requested change.

Health Partner Education

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

PCP Roles and Responsibilities

Primary care providers shall:

1. Be responsible for supervising, coordinating and providing initial and primary care to members;

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

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

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

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

- Treating Humana – CareSource members with the same dignity and respect afforded to all patients. This includes high standards of care and the same hours of operation.
- Maintaining continuity of the member's health care.
- Identifying the member's health needs and taking appropriate action.
- Providing phone coverage for handling patient calls 24 hours a day, seven days a week.
- Making referrals for specialty care and other medically necessary services, both in- and out-of-network if such services are not available within the Humana – CareSource network.
- Following all referral and prior authorization policies and procedures as outlined in this manual.
- Complying with the quality standards of Humana – CareSource and the commonwealth of Kentucky as outlined in this manual.
- Discussing advance medical directives with all members as appropriate.
- Providing 30 days of emergency coverage to any Humana – CareSource patient dismissed from the practice.
- Maintaining clinical records, including information about pharmaceuticals, referrals, inpatient history and documentation of all PCP and specialty care services, etc., in a complete and accurate medical record that meets or exceeds the Department of Medicaid Services' specifications.
- Obtaining patient records from facilities visited by Humana – CareSource patients for emergency or urgent care if notified of the visit.
- Ensuring demographic and practice information is up to date for directory and member use.
- Referring members to behavioral health partners and arranging appointments, when clinically appropriate.
- Assisting with coordination of the member's overall care, as appropriate for the member.
- Serving as the ongoing source of primary and preventive care, including ESPDT for persons under the age of 21.
- Recommending referrals to specialists, as required.

- Participating in the development of case management care treatment plans and notifying Humana – CareSource of members who may benefit from case management.
- Maintaining formalized relationships with other PCPs to refer their members for after-hours care, during certain days, for certain services or other reasons to extend their practices.

Participating health partners must meet the following Kentucky Medicaid contractual requirements related to acceptable after-hours access:

A. Acceptable:
   1. Office phone is answered after hours by an answering service that can contact the PCP or another designated medical practitioner and the PCP or designee is available to return the call within a maximum of thirty (30) minutes;
   2. Office phone is answered after hours by a recording directing the member to call another number to reach the PCP or another medical practitioner whom the health partner has designated to return the call within a maximum of thirty (30) minutes; and
   3. Office phone is transferred after office hours to another location where someone will answer the phone and be able to contact the PCP or another designated medical practitioner within a maximum of thirty (30) minutes.

B. Unacceptable:
   1. Office phone is only answered during office hours.
   2. Office phone is answered after hours by a recording that tells members to leave a message.
   3. Office phone is answered after hours by a recording that directs members to go to the emergency room for services needed.
   4. Returning after-hours calls outside of 30 minutes.