PRIMARY CARE SERVICES

Responsibilities of the Primary Care Provider
The scope of services expected of a Primary Care Provider (PCP) includes those that are determined by a provider to be necessary and appropriate to promote, preserve, and restore optimal health. The PCP agrees to as needed:

- Provide health counseling and advice; conduct baseline and periodic health examinations; diagnose and treat conditions not requiring the services of a specialist; arrange inpatient care, consultations with specialists, and laboratory and radiological services when necessary; coordinate findings of consultants and laboratories; and interpret such findings to the patient or the patient’s family subject to confidentiality provisions, and maintain a current medical record for the patient.

- Provide services normally performed in the provider's practice and provide care that conforms to acceptable medical practice standards.

- Providers will provide periodic assessments and member education, as clinically necessary, including preventive care measures, based upon the “Clinical Guidelines” outlined in Appendix VIII.

- Admit and refer members to hospitals that participate in Fidelis Care’s network, except in emergencies or when it is medically unsafe for the member to go to a participating hospital.

- Maintain medical records that meet the medical record standards enumerated in Section 7 of this manual.

- Send copies of member medical records, reports, treatment summaries and other related documents to Fidelis Care and other participating providers upon request.

- Submit claim forms and encounters electronically within ninety (90) days of the date of service using appropriate procedure and diagnosis codes.

- Maintain professional credentials and liability insurance acceptable to Fidelis Care.

- Comply with all utilization management (UM) protocols as outlined in this Provider Manual. Refer to Appendix I for the Fidelis Care Authorization Grid Detail. For UM procedures, refer to Section 8 Emergency and Inpatient Services, Section 11 Referral and Pre-Authorization, Section 18 Authorizations for Non-Participating Providers and Section 19 Behavioral Health. Contact Fidelis Care’s Quality Healthcare Management (QHCM) Department at 1-888-FIDELIS 1-888-343-3547 for authorization. (Refer to Section 11 and Section 18 of this manual).

- Work closely with Fidelis Care to resolve any problems, complaints, and disputes that may arise between provider, member, and Fidelis Care.

- Treat members with respect and honor the member's right to know and fully understand his or her diagnosis, prognosis and expected outcome of the recommended medical or surgical treatment, and his or her right to refuse treatment. When it is not advisable to give such information to the member, the information is to be made available to an appropriate person acting on the member’s behalf.
• Not differentiate or discriminate in the treatment of members on the basis of race, sex, color, age, religion, marital status, veteran status, sexual orientation, national origin, disability, place of residence, health status, income level, source of payment or any other basis prohibited by applicable federal, state, or local civil rights laws.

• Abide by Fidelis Care policies and procedures relating to member complaints, peer review, quality assurance, and utilization review.
  1. Member complaints: Refer to Section 2 Member Rights; Section 14 Member Grievances and Complaints.
  2. Peer review: Refer to Section 3 Provider Roles and Responsibilities; Section 9 Provider Credentialing and Termination; Section 10 Health Care Performance Evaluation.
  3. Utilization review: Refer to Section 8 Emergency and Inpatient Services; Section 11 Referral and Pre-Authorization; Section 18 Authorizations for Non-Participating Providers; Section 19 Behavioral Health; and, Appendix I Authorization Grid Detail.

• Notify Fidelis Care's Provider Relations Department of any changes in information included on the Provider Application, e.g., changes in address or office hours, on-call arrangements, etc.

• Report and participate in the various State-mandated programs, such as reporting of communicable diseases, participation in immunization registries, lead testing, and reporting consistent with New York State Public Health Law and New York State Regulations.

Member Access to Services

Office Hours

Under New York State Department of Health Guidelines, Fidelis Care primary care providers must practice at least 16 hours a week at a primary care site and be available at least 4 hours on two separate days of the week. If you cannot meet these criteria, please contact Fidelis Care’s Chief Medical Officer.

Appointment Availability, Waiting Time

All Fidelis Care providers must have an appointment system that meets the following standards for appointment availability for primary care services:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td>Urgent medical or behavioral problems</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Non-Urgent sick visits</td>
<td>Within 48-72 hours, as clinically indicated</td>
</tr>
<tr>
<td>Routine, non-urgent or preventive care</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td>Pediatric routine visits</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td>Specialist referrals (non urgent)</td>
<td>Within 4 to 6 weeks</td>
</tr>
</tbody>
</table>
Section Four

<table>
<thead>
<tr>
<th>Description</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Prenatal visits</td>
<td>Within 3 weeks for the initial visit during the first trimester; within 2 weeks for the initial visit during the second trimester, every two weeks during the second trimester, within 1 week for the initial visit during the third trimester.</td>
</tr>
<tr>
<td>Initial newborn visit to PCP</td>
<td>Within 2 weeks of hospital discharge</td>
</tr>
<tr>
<td>In-plan mental health or substance abuse</td>
<td>Within 5 days or as clinically indicated</td>
</tr>
<tr>
<td>Follow-up visits (pursuant to an emergency or hospital discharge)</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>In-plan, non-urgent mental health or substance abuse visits within 2 weeks</td>
<td>Within 2 weeks</td>
</tr>
</tbody>
</table>

Waiting times within a primary care site should meet the following standards:

- Appointment waiting times should not exceed 1 hour for scheduled appointments.
- Walk-in members with non-urgent needs should be seen within 2 hours or scheduled for an appointment consistent with the above scheduling guidelines.
- Walk-in members with urgent needs should be seen within one hour.

24-Hour Telephone Coverage
The PCP is responsible for arranging on-call and after-hours coverage to ensure 24-hour telephone access to all members.

All Fidelis Care providers are required to maintain 24-hour, 7-day-a-week telephone access for their members. The standard for returning a member call is 30 minutes. It is not acceptable to have an answering machine in place that does not connect directly to the provider, e.g., a direct beeper connection. The message must direct the member to a live voice.

Providers shall notify Fidelis Care, in writing, at least 30 calendar days in advance of any change in their office address, telephone number, or office hours.

Fidelis Care is required to conduct 24-Hour Access and Appointment Availability studies of our providers annually (Semi-annual in New York City) and submit the results to the New York State Department of Health and each Local Department of Social Services (LDSS). In addition, the New York State Department of Health conducts their own survey.

Fidelis Care 24-Hour Phone Coverage
Fidelis Care has implemented an after business hours member information and assistance program. Protocols exist to contact registered nurses and/or medical directors if indicated.

Required Reporting to Local Department of Health
PCPs and other providers in the Fidelis Care network are expected to report positive TB test results and active cases of TB to the New York City Department of Health (NYCDOH) or Local County Department of Health (CDOH), as required by State and City Health Codes. In New York City, reports to NYCDOH must include information on HIV+ status, IV drug and other substance abuse, and the status of the case. For additional information go to: http://www.nyc.gov/html/doh/downloads/pdf/hca/appendix_n.pdf
Fidelis Care also expects the PCP and other providers to cooperate with the NYSDOH or CDOH in identifying case contacts and arranging for or providing services and follow-up care. Fidelis Care encourages all providers to consult with their respective County Health Departments on TB treatment and preventive therapy. Information forms for reporting and consultation in New York City can be obtained by calling the TB Hotline for Physicians at (212) 788-4162. For additional information, contact the New York State Department of Health at 1-518-474-7000. Fidelis Care has a mechanism in place whereby services needed are coordinated by a Case Manager who will work with all of the members on the Health Care Team servicing the member. Contact the QHCM Department to obtain such services at 1-888-FIDELIS (1-888-343-3547) - authorization prompt. For additional information, go to: http://www.nyc.gov/html/doh/html/hca/compendium-index.shtml.

**Provider Leaves the Network**
If a member's healthcare provider leaves the Fidelis Care network of providers, or is terminated for reasons other than imminent harm to member care, a determination of fraud, or a final disciplinary action by a state licensing board that impairs the health professional's ability to practice, Fidelis Care shall permit the member to continue an ongoing course of treatment with the member's current healthcare provider during a transitional period and upon a previously agreed reimbursement rate.

The transitional period shall continue up to ninety (90) calendar days from the date of notice to the member of the provider's disaffiliation from the network or, if the member has entered the second trimester of pregnancy, for a transitional period that includes the provision of post-partum care directly related to the delivery.

The care shall be authorized by Fidelis Care for the transitional period only if the healthcare provider agrees to accept reimbursement at rates applicable prior to the start of the transitional period, as payment in full, to adhere to quality assurance requirements, to provide medical information related to such care, and to adhere to the organization's policies and procedures. This is consistent with the transition of care provision in the previous agreement.

**New Member**
If a new member has a life-threatening or degenerative disease or disabling condition, Fidelis Care shall allow the new member to continue an ongoing course of treatment with the member's current healthcare provider for a period of up to sixty (60) days effective from the date of enrollment. If the member has entered the second trimester of pregnancy at the effective date of enrollment, the transitional period shall include the provision of post-partum care directly related to the delivery.

The transitional period applies only if the healthcare provider agrees to accept reimbursement, at rates established by Fidelis Care, as payment in full, to adhere to the organization's quality assurance requirements and to provide medical information related to such care and to adhere to the organization's policies and procedures.

In no event shall this requirement be construed to require Fidelis Care to provide coverage for benefits not otherwise covered or to diminish or impair pre-existing condition limitations contained within the member's contract.

**Primary Care Provider Selection**
In general, Fidelis Care prefers that PCPs practice in the areas listed below. Because managed care programs include members with life threatening or disabling and degenerative medical conditions, specialist and sub-specialist providers may function as PCPs when such an action is considered by Fidelis Care to be medically appropriate. As an alternative, Fidelis Care may restrict its PCP network to primary care specialties only and rely on standing referrals to specialists and sub-specialists for members who require regular visits to such providers.
The types of providers eligible to serve as PCPs are providers who specialize in:

- Family Practice
- General Practice
- General Pediatrics
- General Internal Medicine
- Obstetrics and Gynecology (subject to Plan and State Department of Health qualifications)
- Nurse Practitioners may also function as PCPs, subject to their scope of practice limitations under New York State Law. Resident physicians may also serve as PCPs, subject to specific guidelines developed by the State Department of Health.