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. Fidelis Care does not require paper referrals, but does require the PCP to coordinate a member’s care with other health care providers. The PCP agrees to:

- Coordinate, provide, monitor, and supervise the delivery of all health care services, including inpatient care, for any member assigned to the PCP.

- 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.

- For Medicaid members, behavioral health screening by PCP for all members as appropriate.

- Ensure the availability of provider services to his/her members twenty-four (24) hours per day, seven (7) days per week. See “Appointment Availability and Waiting Time” (4.4)

- Arrange for on-call and after-hours coverage with another PCP who is participating with Fidelis Care.

- Coordinate the medical care of members who have sought medical services at emergency rooms and send to participating specialists, as necessary, following emergency treatment.

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

- Contact Fidelis Care members who are new to the practice and perform a comprehensive evaluation within sixty (60) days from the date the member appears on the PCP’s roster.

- Utilize Provider Access Online (PAO) to check member eligibility and to determine if a member is assigned to the PCP or a provider within the PCP’s practice (https://providers.fideliscare.org). A PCP shall only see members that are assigned to their practice.

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

- Coordinate care for Fidelis Care members who require services outside the scope of the provider's practice to appropriate in-network specialists for consultations and/or medical care. A full list of participating providers can be found on the Fidelis Care website at http://www.fideliscare.org/apps/providersearch. Note: A Fidelis Care PCP who has training in a sub-specialty may be credentialed in that specialty and also participate as a specialist in Fidelis Care’s network. Such providers are called “Dual Providers.”
Out-of-network referrals require prior authorization. See Section 19 Authorization to Non-Participating Providers for Fidelis Care's policy on referrals to non-participating providers.

- Provide specific and adequate clinical/diagnostic data with each referral to the specialist.
- 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.
- For capitated services, submit encounter reports electronically to Fidelis Care using the CMS 1500 or UB04 format. Encounter reports must be submitted within ninety (90) calendar days of the encounter and should list the appropriate procedure and diagnosis codes.
- Submit claim forms and encounters for non-capitated services electronically within ninety (90) days of the date of service using appropriate procedure and diagnosis codes.
- Seek compensation for provision of covered services to members solely from Fidelis Care except applicable copays and coinsurance. For Dual Advantage Flex Plan members, balances should be submitted to Fee-for-Service Medicaid for reimbursement.
- 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 19 Authorizations for Non-Participating Providers and Section 21 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 19 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 19 Authorizations for Non-Participating Providers; Section 21 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.

Provider Initiated PCP Changes
In the event that a PCP determines that he/she is unable to provide services to a member, he/she must make a written request to the Fidelis Care Member Services Department stating the specific problem. To request the removal of a member from a roster, the PCP must show good cause. Some examples of good cause are:

- Fraudulent acts in obtaining services
- Consistent abuse to the PCP or his/her staff
- Violation of documented office policies and protocols

In no event shall the volume of services requested or utilized by the member be considered a valid reason for transfer of a member.

Capitation
The primary care capitation model has been designed to cover most of the services that PCPs are obligated to provide to members who selected or were assigned to them. Examples of primary care services include, but are not limited to:

- Physical examinations and health screenings
- Well Baby/Child Care
- Urgent care visits to the PCP
- Primary care case management services including phone calls, home visits, and care management meetings
- Care provided for acute hospitalization and primary care consultation while the member is receiving inpatient psychiatric, surgical, obstetrical, and other non-primary care services

"BILL ABOVE" SERVICES
Fidelis Care recognizes that the PCP may occasionally provide services that are within the scope of the physician’s practice, but are beyond what was envisioned for the primary care capitation arrangement. Specific services (by CPT4 code) have been identified that a PCP may bill Fidelis Care above the capitation rate i.e., "bill above services". See Appendix XV.
If a PCP provides a service that he/she feels is outside the primary care capitation agreement and is not on the list for approved bill above codes listed in Appendix XV, he/she must submit a request for payment, within sixty (60) days of the remittance advice, to Fidelis Care’s Chief Medical Officer if he/she would like to request additional payment. The Chief Medical Officer will review and determine whether the service is included as part of the primary care capitation rate or may be paid above the capitation rate. All decisions regarding payment and any payments made will be consistent with New York State Insurance Law §224-a (i.e., prompt pay law).

Vaccinations:

Fidelis Care Medicaid and Child Health Plus
Fidelis Care requires that vaccines be obtained from New York State’s Vaccines for Children immunization program. Providers should call 1-800-KID-SHOTS (1-800-543-7468) for more information.

Fidelis Care will pay providers an administration fee for each covered immunization administered by participating providers.

Behavioral Health and Substance Abuse Screening Tools
Fidelis Care has adopted screening tools and guidelines for the following conditions:

- Identification and Counseling for Smoking Cessation
- Depression
- Anxiety
- Substance Abuse
- Any Nationally accepted Evidence Based Screening Tools

Fidelis Care providers should utilize the following screening tools to aid in the diagnoses of behavioral health and substance abuse issues in the Primary Care and Physical Health settings. Fidelis Care will continue to monitor for additional screening tools that will best assist providers in identifying and treating the member’s conditions accurately.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Screening Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>PHQ 2 and 9</td>
</tr>
<tr>
<td>Alcohol</td>
<td>CAGE</td>
</tr>
<tr>
<td>Drugs</td>
<td>DAST</td>
</tr>
<tr>
<td>Substance</td>
<td>SBIRT Model</td>
</tr>
<tr>
<td>Anxiety</td>
<td>GAD-7</td>
</tr>
</tbody>
</table>

Drug & Substance- https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/additional-screening-resources
PHQ 2 and 9: http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression

Member Access to Services

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

Primary Care Services

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>
</tr>
</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>
<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 one (1) hour for scheduled appointments.
- Walk-in members with non-urgent needs should be seen within two (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 twenty-four (24) hour telephone access to all members.

All Fidelis Care providers are required to maintain twenty-four (24) hours, seven (7)-days-a-week telephone access for their members. The standard for returning a member call is thirty (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 thirty (30) calendar days in advance of any change in their office address, telephone number, or office hours.
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Fidelis Care is required to conduct twenty-four (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 its 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 SDOH 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 347-396-7400. For additional information, contact the New York State Department of Health at 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 OHCM 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/diseases/tb-provider.shtml

Provider Panel Closing
A provider's panel may be closed upon request or upon reaching the maximum members permitted under New York State standards, based on a forty (40) hour, full-time employment status. Member-to- provider ratios will be no more than one thousand five hundred (1,500) Medicaid members for each PCP or two thousand four hundred (2,400) for a provider practicing in combination with a physician assistant. There may be no more than one thousand (1,000) Medicaid members for each Nurse Practitioner.

PCPs must accept a minimum of four hundred (400) members before closing their panel or as specified in the agreement between the Primary Care Provider and Fidelis Care. If the PCP feels at that time that he/she is unable to provide care for additional members, the provider has the option of closing his/her panel. In that case, the provider should send a letter to the Provider Relations Department and, if approved, the department will close the panel to future members. The Provider Directory will reflect this change by indicating that the provider's panel is only open to current members.

When a single PCP reaches the maximum of one thousand five hundred (1,500) members, he/she will receive notification that his/her panel has been closed by Fidelis Care. Provider Relations will inform the PCP that they can no longer add additional members to their panel. Similarly, panels will be closed for Nurse Practitioners when a maximum of one thousand (1,000) members have been enrolled or a provider practicing with a Physician Assistant when a maximum of two thousand four hundred (2,400) members have been enrolled.
Section Four

Primary Care Services

Provider Leaves the Network
If a member's health care 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 health care provider during a transitional period and upon a previously agreed reimbursement rate. The care shall be authorized by Fidelis Care for the transitional period only if the health care 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.

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 postpartum care directly related to the delivery.

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 health care 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 postpartum care directly related to the delivery.

The transitional period applies only if the health care 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 as part of the member's benefit package with Fidelis Care.

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.
Member choosing of a PCP:

- When Fidelis Care contacts a new member, Fidelis Care must offer the member a choice of at least three (3) PCPs.

- The member has thirty (30) calendar days from the date of enrollment to select a PCP.

- If the member does not select a PCP within thirty (30) calendar days of enrollment, Fidelis Care must assign the member to a PCP and inform the member of the assignment.

- The member can call Member Services if they wish to change the assigned PCP.

- Fidelis Care sends PCPs a monthly eligibility roster of Plan members who have selected them as their PCP.

- Members may change PCPs by contacting the Member Services Department and requesting such a change. Changes will be made effective the first day of the following month.

- When making assignments, Fidelis Care considers:
  1. The member's geographic location
  2. Any special health care needs of the member, if known by Fidelis Care
  3. Any special language needs of the member, if known by Fidelis Care
  4. Quality Performance of the PCP, if applicable