

# Primary Care Provider Quick Reference Guide

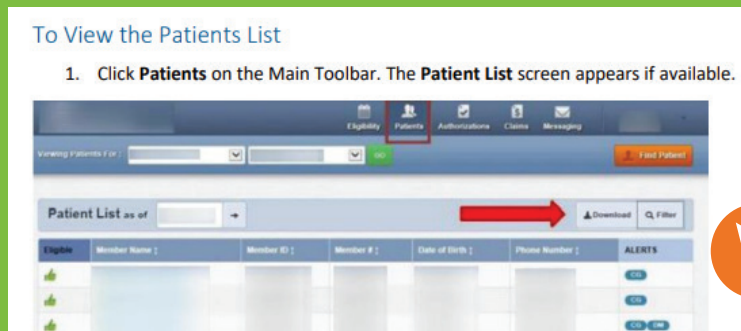


Primary Care Providers (PCP) are the cornerstone of PA Health & Wellness (PHW) service delivery model.

Some key responsibilities of the PCP include:

- Providing, recommending, and arranging for care
- Making referrals for specialty care and other medically necessary services, both covered and non-covered by the plan
- Arranging for Behavioral Health (BH) Services covered through the BH-MCO
- Confirming Participant eligibility and benefit level prior to rendering services
- Maintaining a current medical record for the Participant
- Allowing PHW direct access (not via vendor) to medical records for the purpose of data collection initiatives, such as HEDIS and other contractual, regulatory, or other programs
- Identifying Participant needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs, non-compliant individuals, or those people with cognitive impairments)
- Conduct affirmative outreach whenever a Participant misses an appointment and to document this in the medical record. An effort will be considered reasonable if it includes three (3) attempts to contact the Participant.

To view & download your PHW Patient List visit the PHW Secure Provider Portal at [provider.pahealthwellness.com](http://provider.pahealthwellness.com).



## Meeting appointment accessibility standards

*Are your patients able to obtain services when they are needed?*

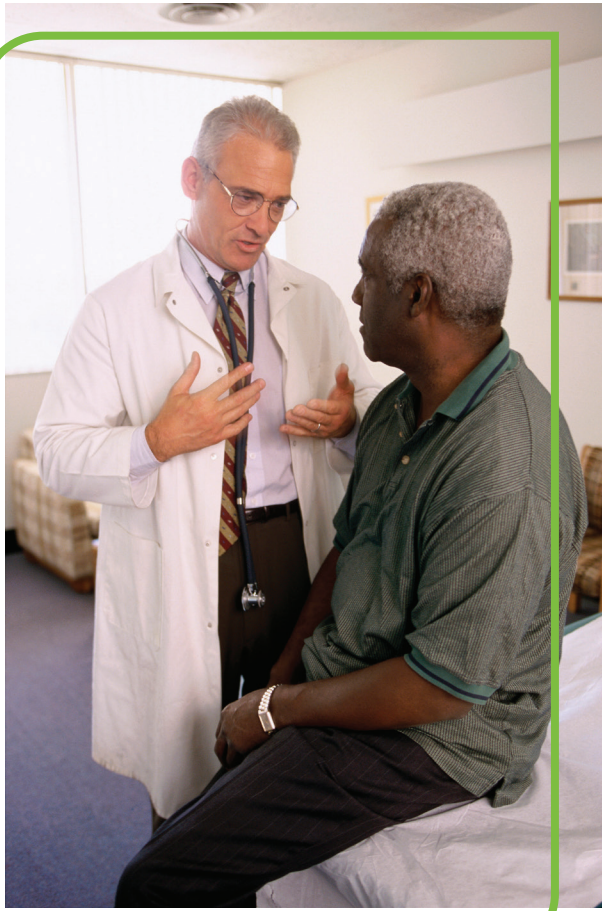
PHW monitors the availability of our network practitioners. Availability is key to participant care and treatment outcomes. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms. PHW follows the accessibility requirements set forth by applicable regulatory and accrediting agencies.

Primary Care Provider, Maternity, and Specialist	Office Wait Times
Walk-in	Within two <b>(2) hours</b> or schedule an appointment within the standards of appointment availability
Previously scheduled appointment	Within one <b>(1) hour</b> of appointment
Life-threatening emergency	<b>Immediate</b>

TYPE OF APPOINTMENT	SCHEDULING REQUIREMENT
<b>Primary Care Providers, OB-GYN, Certified Nurse Midwives</b>	<b>Timeframe</b>
Emergency Medical Condition	<b>Immediately seen or referred to an emergency facility</b>
Urgent Medical Condition	Within twenty-four <b>(24) hours</b> of presentation or request
Non-Urgent Sick Visits	Within seventy-two <b>(72) hours</b> of request, as clinically indicated
Routine Appointments	Within ten <b>(10) business days</b>
Health Assessment/General Physical Examinations and First Examinations	Within three <b>(3) weeks</b> of enrollment or request
Pregnant Women	<b>First Trimester</b> - within ten <b>(10) business days</b> of the participant being identified as being pregnant <b>Second Trimester</b> - within <b>five (5) business days</b> of the participant being identified as being pregnant <b>Third Trimester</b> - within four <b>(4) business days</b> of the participant being identified as being pregnant <b>High-Risk Pregnancies</b> - within twenty-four <b>(24) hours</b> of identification of being high risk



Please review the complete appointment availability standards in the Provider Manual:  
<https://www.PAHealthWellness.com/Providers/Resources/Forms-Resources.html>



### 24-Hour Access

PHW Physicians are required to maintain sufficient access to facilities and personnel to provide covered physician services and shall ensure that such services are accessible to Participants as needed 24 hours a day, 365 days a year. A Provider's office phone must be answered during normal business hours. During after-hours, a Provider must have arrangements for one of the following:

- Access to a covering physician
- An answering service
- Triage service
- A voice message that provides a second phone number that is answered
- Any recorded message must be provided in English and Spanish, if the Provider's practice includes a high population of Spanish speaking Participants.

### Referrals

When medically necessary care is needed beyond the scope of what the PCP can provide, PCPs are encouraged to initiate and coordinate the care Participants receive from specialist Providers. Paper referrals are not required.

The PCP must obtain prior authorization from PHW for referrals to certain Specialty Providers as noted on the prior authorization list. All out-of-network services require Prior Authorization as further described in this manual, except for family planning, emergency room, and table-top x-ray services.

**PHW Providers must verify Participant eligibility before every service is rendered. Use one of the following methods:**

- 1** Pennsylvania's **PROMISE™ Eligibility Verification System (EVS)**. (PROMISE™ Internet or by telephone 800-766-5387).
- 2** Log on to our **Secure Provider Web Portal** at [www.pahealthwellness.com](http://www.pahealthwellness.com).
- 3** Call our **automated participant eligibility IVR system**: 1-844-626-6813.
- 4** Call **PHW Provider Services**: 1-866-626-6813.



**Update your Physician's information:** [PHWProviderData@PAHealthWellness.com](mailto:PHWProviderData@PAHealthWellness.com)  
**Reach Provider Relations:** [PHWProviderRelations@PAHealthWellness.com](mailto:PHWProviderRelations@PAHealthWellness.com)  
**Provider Services/24-7 Nurse Advice Line:** 1-844-626-6813 (TTY:711)