

## What PCPs Need to Know

QualChoice individual metallic plan (Bronze, Silver, Gold, Platinum and Catastrophic) members, including those with insurance through HealthCare.gov or Arkansas Works, are in the *Select* network and are required to choose a PCP. These members have a unique QualChoice ID card to help you identify them (shown below).

If a member does not select a PCP from our network, their account will have a status of No PCP Chosen until we are notified of their chosen PCP or we have received a PCP-related claim.

Members will not be assigned to a PCP practicing at an urgent care clinic.

### PCP Assignment:

Rosters of newly assigned members are available through *My Account* under the Provider Reports tab. These physician types will be considered PCPs:

- Pediatricians
- Family or General Practice physicians
- Internal Medicine physicians
- Geriatric physicians
- Advanced Practice Nurse

### What You Need to Do:

Confirm you are the designated PCP for each member listed in your roster. You will be responsible for coordinating all their healthcare services from other network providers. All services from the designated network PCP will be covered based on the member's benefits plan. Services received from a participating non-designated PCP will not be covered (unless the servicing provider is located in the same clinic as the designated network PCP), and claims will be denied as provider liability.

### Changing a member's PCP:

Three ways a member may change their PCP:

- Online through *My Account*
- By calling our Enrollment Department at 800-235-7111
- By submitting a *PCP Selection or Change Form* via mail, email or fax to Enrollment. The form is available online.

Change forms received on or before the 25th day of the month will become effective the 1st day of the following month. For example, a form received on April 24th will become effective on May 1st.

Change forms received after the 25th day of the month will become effective on the 1st day of the second following month. For example, a form received on April 27th will become effective on June 1st.

Members are allowed to change their PCP 11 times within a year; however, Care Management will review utilization if a member changes three or more times within a year.

### Stop Assignments of New Members:

To stop getting new primary care patients assigned to you, go to **QualChoice.com** and submit a *Provider/Practice Change Form*.

### Services for Members Not Assigned to You:

You will be liable for services not rendered by the designated PCP or a PCP provider type in the same clinic.

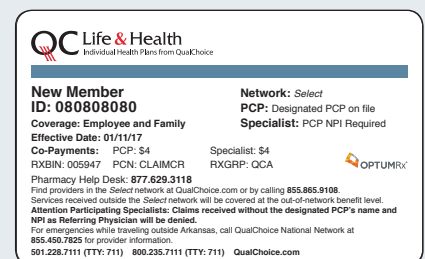
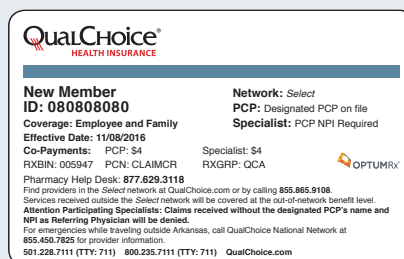
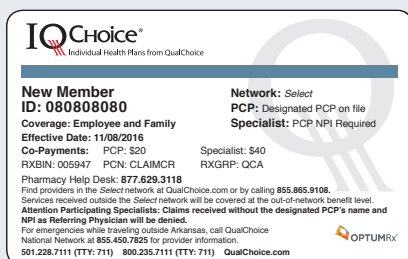
EOB Code IMP: Services not rendered by designated PCP – these services are provider liability.

Claims for members who seek outpatient services from non-participating providers without pre-authorization will be denied as the member's responsibility.

▶ **See What Specialists Need to Know on back.**

## New ID Cards

Individual Metallic Plan Members, including those with insurance through healthcare.gov or Arkansas Works, have these ID cards.



## What Specialists Need to Know

QualChoice individual metallic plan (Bronze, Silver, Gold, Platinum and Catastrophic) members, including those with insurance through HealthCare.gov or Arkansas Works, are in the *Select* network and are required to choose a PCP. These members have a unique QualChoice ID card to help you identify them (shown below).

### What You Need to Do:

When filing claims for covered services from network specialists, include the referring PCP name and NPI number. Services will be denied as provider liability without this identification.

<b>POS Codes: 11, 12, 17, 19, 22</b>
Must submit referring PCP name and NPI #

<b>POS Codes: 20, 21, 23, 81</b>
Not required to submit referring PCP name and NPI #

### Where You Will Find the PCP:

The member's designated PCP can be located when checking member eligibility through the *My Account* provider portal at **QualChoice.com**. For more details or to sign up for *My Account*, go to the **QualChoice.com** provider page.

### Services without Designated PCP Name/NPI#:

You will be liable for services submitted without the designated PCP name/NPI#.

EOB Code IMP: Services not rendered by designated PCP – these services are provider liability.

Members do not need to coordinate care through their PCP for:

- Obstetrical or gynecological treatment from a network obstetrician or gynecologist
- Emergency services and care ordered by an emergency room doctor
- Family planning and maternity services
- Ancillary services

Members who seek outpatient services from non-participating providers without pre-authorization will be denied coverage and the cost will be the member's responsibility.

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