

## Administrative policy: Criteria for primary care providers to accept Passage plans (commercial and Medicare Advantage)



EFFECTIVE DATE	APPROVED BY
9/1/2019	ConnectiCare Network Operations

### Overview

ConnectiCare Passage plans recognize the key role that primary care providers (PCPs) have in coordinating care, managing members' health and delivering better outcomes. Members in Passage plans, available to ConnectiCare commercial and Medicare Advantage members, must select PCPs who accept Passage plan members and seek Passage PCP referrals before they can see certain types of specialists. Passage PCPs are responsible for referring ConnectiCare members to high-performing, cost-effective specialists when referrals are medically necessary.

### Requirements for providers to accept Passage plan members

The following are the requirements for PCPs to be eligible to accept Passage plan members in their practices. To be a Passage PCP, a provider must:

- Be employed by, or contracts with ConnectiCare through an organization, such as an independent practice association (IPA), accountable care organization (ACO) or physician-hospital organization (PHO) that has a value-based collaboration agreement with ConnectiCare, and with gainsharing and/or risk-sharing against a medical cost budget
- Have the infrastructure (electronic health records, patient outreach capability, administrative staff, etc.) to address gaps in care and actively manage care for members
- Review and approve, if medically necessary, all referrals for specialists
- Refer members, as appropriate, to case management performed by ConnectiCare or vendors for ConnectiCare
- Refer to in-network providers (including but not limited to clinical laboratory and radiology services), unless it's not clinically appropriate for the member or there is not an in-network provider available to meet the member's clinical needs
- Provide ConnectiCare with data, including medical records, on a timely basis and as required by the existing value-based collaboration agreement
- Perform accurate and thorough coding for calculating risk adjustment factors
- Actively address gaps in care reported to the PCP by ConnectiCare
- Actively participate in quality improvement efforts, including programs to address quality metrics for attributed Passage plan members
- Comply with ConnectiCare provider policies and procedures
- Respond in a timely manner to requests for information and to other administrative requests from ConnectiCare
- Continuously meet ConnectiCare credentialing and recredentialing criteria
- Other objective criteria developed by ConnectiCare

Failure to meet any of the above requirements will make a provider ineligible to be a Passage PCP who can admitted to or to continue to participate in Passage plans.

## Administrative policy: Criteria for primary care providers to accept Passage plans (commercial and Medicare Advantage)



### Other criteria

In addition to meeting the above requirements, ConnectiCare annually evaluates the composition of its provider network, including PCPs who can accept Passage plans, and reserves the right to make changes to the network. These criteria include (but are not limited to):

- Financial performance on a risk-adjusted per-member-per-month basis
- Geographic accessibility
- Patient panel size
- Provider engagement and cooperation with the health plan

### Termination as a PCPs accepting Passage plan members

Acceptance of Passage plans is not a guarantee of continued participation in the ConnectiCare provider network. In the event ConnectiCare decides a provider can no longer accept Passage plans based on any of the parameters above, ConnectiCare will send written notice to the physician of the termination from accepting Passage plans and such termination shall be effective ninety (90) days following the date of the notice. Termination from the Passage products will not terminate the physician's participation agreement with ConnectiCare nor will it impact the physician's participation in the other products included in the participation agreement. Denial or removal from Passage products will **not** be considered a termination for quality-related reasons. Any physician denied or terminated from Passage plan participation may request reconsideration by submitting a written request for reconsideration within thirty (30) days of receiving notice of denial or termination from ConnectiCare. The request for reconsideration must state the reasons why the provider meets all of the Passage PCP requirements. Such notice must be addressed to Vice President of Network Strategy and Operations.

### Revision history

DATE	REVISION
06/2019	<ul style="list-style-type: none"><li>• Created policy</li></ul>