Primary Care Physician Guidelines

1. You will be listed on The Health Plan's provider directory under primary care physicians (PCP). (MEMBERS MUST SELECT A PCP.)

2. If you have a medical subspecialty, you may also be listed under a second category for your specialty.

3. If you wish to change to a different category on the provider lists, you must make a request in writing to Provider Relations.

4. If you wish to be listed as NOT ACCEPTING NEW PATIENTS on the provider lists, you must meet the required minimum and make a written request to Provider Relations.

5. PATIENT ROSTER:

   • PCP patient roster can be obtained through our provider secure portal that enables your office to generate a member roster at any time. The member information is updated every 24 hours, 7 days a week. To access The Health Plan's provider portal, simply click on healthplan.org. Be sure to cross-reference the member ID number, date of birth, and name that appears on your roster with the information in your member's chart to ensure that they are the same people.

     Please refer to Members, Member Roster on the provider secure portal for obtaining your member roster.

   • You will only have access to patients who have you listed as their PCP.

   • Once you have obtained your roster, it should be checked for patients who may be listed; but have never been seen, and patients who are seen regularly; but do not appear on the roster.

   • The roster should also be checked before patient appointments.

   • If you wish for the member to choose you as their PCP, have the member call The Health Plan from your office. Members may change their PCP once per month by calling the The Health Plan Customer Service Department at 1.800.624.6961

   • If you want a patient to be removed from your roster, you must submit a request to Provider Relations stating the reason for the request. You may make such a request in the following situations:

     o Noncompliance concerning the physician's orders.

     o When a member has been seeing another PCP on a regular basis.
- When a member has been referred by another PCP on a regular basis.
- When a distinct personality clash exists.

You will receive a response from Provider Relations or the member will receive a letter from The Health Plan requesting that they choose another PCP. In that case, you will receive a copy of The Health Plan letter to the member.