

REIMBURSEMENT STRUCTURE

Reimbursement is based on provider type. The standard reimbursement is based on the current RBRVS Fee Schedule, CPT coding methodologies and industry standard bundling/unbundling guidelines.

Primary Care Physician (PCP):

General primary care services are those pediatric services rendered to well and sick newborns, infants, children, and adolescents that are within the scope of the practitioner's license, education and training to prevent, diagnose, and treat illness, injury, or congenital defect to ensure the physical, mental and social health and well-being of their patients.

- Primary care physicians are responsible for health education and coordination of all healthcare services, including acute and chronic conditions, routine health maintenance (to include routine immunizations for infectious disease and routine eye and hearing screens), recognition of common genetic and familial syndromes, and referrals as appropriate including the recommendation and coordination of care with consulting specialists while remaining the patient's advocate and physician case manager. Primary care physicians are also responsible for hospital coordinated care (the overall care of hospitalized patients, including newborn care, coordinating specialty services, and keeping the patient's family informed of medical condition and progress), unless contracted with the RCSSD Hospitalist Program or Neonatology services. See Exhibit B-2 (on following page) for the CPMG Inventory of Clinical Skills and Procedures for Pediatricians.

- CPMG/RCHN will pay a PCP a monthly base capitation payment distributed on an age-weighted basis and adjusted for retroactive additions/deletions of member month activity.
- Adjustments to the base capitation payments are made for membership totals and electronic claim/encounter submission.
- Monthly capitation payments are distributed by the 23rd of each month and electronic Automated Clearinghouse (ACH) deposits are available. (For the ACH form please see section F of this manual or contact Provider Services). Capitation payments will include a capitation report, which provides a line item accounting of the physician's capitation payment; and an eligibility report which is a hard copy listing of the PCP's assigned members.
- Base capitation payments are reviewed on an annual basis and may be adjusted via Provider Contract Amendment.

- Fee-for Service (FFS) payments for non-capitated services are reimbursed per Exhibit B-1. (For a current copy of this exhibit please refer to your contract or contact Provider Services)
- FFS payments are reviewed on an annual basis and adjustments are made via Provider Contract Amendment.
- Adjustments to the FFS schedule due to immunization cost shifts may occur throughout the year.
- FFS payments are distributed on a weekly basis and distributed with an Explanation of Benefits (EOB).