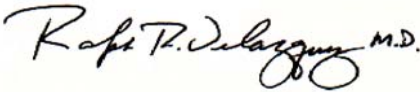




Binder:	<u>Provider HMO/POS/QCP Policy and Procedure Manual</u>	
Policy Title:	<u>Primary Care Physician (PCP) Rights & Responsibilities</u>	
Original Author:	<u>Original</u>	Date: <u>December 1, 1994</u>
Replaces:	<u>Policy</u>	Number: <u>PR917P101</u>
Approval:	 Title: Vice President & Chief Medical Officer	

POLICY

OSF HealthPlans will provide all Primary Care Physician's (PCP) a written statement of the PCP's rights and responsibilities.

PURPOSE

To state the relationship between the OSF HealthPlans and its PCPs.

RIGHTS	RESPONSIBILITIES
To join OSF HealthPlans.	To meet the credentialing guidelines as set forth in the Credentialing Section of the Policy and Procedure Manual.
To receive names of Participating Specialist Physicians, hospitals and other providers from the OSF HealthPlans.	To use Participating Specialists, participating hospitals and other facilities and healthcare professionals for covered services required by members.
To receive from OSF HealthPlans monthly listings of names of members who have selected the PCP.	To make reasonable efforts to identify OSF HealthPlans members by requesting an insurance ID card at <u>every</u> visit.
	To be the principal care-giver for members who select the PCP and render care to meet the medical needs of each such member within the PCP's scope of practice.
	To function as the "gatekeeper" in authorizing, coordinating, monitoring all specialty and/or institutional care, referrals of members, and to maintain subsequent referrals within the Network.

RIGHTS

RESPONSIBILITIES

	<p>To provide services to OSF HealthPlans members in the same manner and quality as those services provided to other patients who are not members.</p> <p>To notify Health Care Management Department within one business day of the physician notification of a member having received treatment not directed by the participating physician.</p>
<p>To access the OSF HealthPlans Policy and Procedures through our website at www.osfhealthplans.com and to receive written notice of new or revised Policy and Procedures at least thirty (30) days prior to their effective date.</p>	<p>To comply with all the policies, procedures and the requirements specified within the Policy & Procedures.</p>
	<p>To cooperate with Utilization Review, Case Management, Quality Assessment and Peer Review activities of OSF HealthPlans.</p>
<p>To have all site visits scheduled in advance.</p>	<p>To allow agents of the OSF HealthPlans to perform a site visit of the PCP's facilities during regular business hours.</p>
	<p>To maintain adequate medical and administrative records incorporating all the Medical Record Standards specified in QM.MDR.01 Policy.</p>
	<p>To open medical and administrative records regarding Member to review by the OSF HealthPlans during normal business hours for the purpose of the OSF HealthPlans performing Utilization Review, Quality Assessment and/or Peer Review activities.</p>
<p>To close enrollment to new members per Policy PR917A102 .</p>	<p>To provide written notification to the OSF HealthPlans not less than thirty (30) days in advance of the closing of enrollment to new members. If notification is less than thirty (30) days, practice closure is subject to the Medical Director's approval.</p>
<p>To maintain confidentiality of all information related to patient care and quality.</p>	<p>To keep all medical information of OSF HealthPlans members confidential.</p>

RIGHTS

To bill a OSF HealthPlans member for non-covered benefits and for any co-payment, deductible or coinsurance amounts.

To receive payments directly, on a timely basis, for Covered Services rendered.

To access OSF HealthPlans appeal process for administrative and patient grievance care issues (PR917A111, PR 917A112, PR917A501 and PR 917A502).

To be listed as a PCP in OSF HealthPlans provider directory.

RESPONSIBILITIES

To bill only the OSF HealthPlans and not the OSF HealthPlans member for any services covered under the contract, except for any co-payment, deductible or coinsurance amount payable under the contract.

To accept OSF HealthPlans fee schedule as full payment for each Covered Service under the contract.

To recognize that all payments are subject to the "Coordination of Benefits" (COB) provisions of the applicable contracts.

Not to charge OSF HealthPlans or the member for the medical/surgical fees associated with any part of any inpatient hospital stay which is determined by Utilization Review NOT to be medically necessary. Exception: The member may be billed if a waiver has been signed whereby the member has accepted financial responsibility for the medically unnecessary charges incurred.

Not to charge the OSF HealthPlans member for services denied due to inappropriate billing by the provider.

To provide OSF HealthPlans with the necessary documentation regarding any appeal.

To authorize the use of information regarding the PCP in OSF HealthPlans directory.

To notify OSF HealthPlans prior to any change of address or change of hours of operations.

RIGHTS

RESPONSIBILITIES

	<p>To promptly notify OSF HealthPlans of any of the following occurrences (effective 1/1/02 all providers and health plans must use IL State Mandated Credentialing forms for updating this information which can be found on-line at The Illinois Department of Public Health's website http://www.idph.state.il.us/about/credentialing.htm):</p> <ol style="list-style-type: none">1. loss, suspension or limitation of state license to practice medicine;2. any lapse or material change in liability insurance coverage required by the Plan;3. any indictment or conviction of any criminal charge;4. loss, suspension, relinquishment or limitation of medical staff privileges;5. loss, suspension or limitation of eligibility to participate in the Medicare and/or Medicaid programs.
<p>To an initial product orientation.</p>	<p>To attend an initial product orientation.</p>
<p>To refuse to accept a OSF HealthPlans member as a patient or dismiss a OSF HealthPlans member as a patient.</p>	<p>To notify the OSF HealthPlans member and OSF HealthPlans in writing within a reasonable period of time of the refusal to accept a member or dismissal of a member. (See Policy PR917A105 and PR917A505 on "Refusal to Accept/Dismissal of a Member").</p>
<p>To terminate the PCP contract.</p>	<p>To provide written notice to OSF HealthPlans not less than 90 days prior to date of termination.</p>