



Binder: Provider HMO Policy & Procedure Manual  
 Policy Title: Specialist Rights & Responsibilities  
 Author: Original Date: 12/1/94  
 Replaces:  
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 Title: Vice President & Chief Medical Officer

**POLICY**

OSF Health Plans will provide all Specialists a written statement of the Specialist's rights and responsibilities.

**PURPOSE**

To state the relationship between OSF HealthPlans and its Specialists.

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 be able to identify patients covered by OSF HealthPlans.	To make reasonable efforts to identify OSF HealthPlans members by requesting an insurance ID card at <u>every</u> visit.
To receive names of participating practitioners, hospitals and other providers from the Plan.	To use participating hospitals and other facilities and healthcare professionals for all care required by Covered Person.
	To provide services for Covered Person who is referred by a PCP. This care will meet the medical needs of each such Covered Person within the Specialist's scope of practice.
	To provide only the care that the PCP or Plan Medical Director has authorized. The SP must communicate all action plans to the PCP.

## RIGHTS

## RESPONSIBILITIES

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	<p>To provide services to Plan members in the same manner and quality as those services provided to other patients who are not Covered Persons.</p>
	<p>To notify HCMD within one business day of the physician notification of a member having received treatment not directed by the participating physician.</p>
<p>To receive OSF HealthPlans Policy and Procedure Manual and to receive written notice of revisions to the Manual at least thirty (30) days prior to their effective date.</p>	<p>To comply with all the policies, procedures and the requirements specified in the Manual.</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 Plan to perform a site visit of the SP facilities during regular business hours.</p>
	<p>To maintain adequate medical and administrative records incorporating all the Medical Record Standards specified in the Manual.</p>
	<p>To open medical and administrative records regarding Covered Person to review by the Plan during normal business hours for the purpose of the Plan performing Utilization Review, Quality Assessment and/or Peer Review activities.</p>
<p>To maintain confidentiality of all information related to patient care and any quality issues.</p>	<p>To keep all medical information of Plan members confidential.</p>
<p>To bill a Plan member for non-covered benefits and for any co-payment, deductible or coinsurance amounts.</p>	<p>To bill only the Plan and not the Plan member for any services covered under the contract, except for any co-payment, deductible or coinsurance amount payable under the contract (see complete policy entitled "Reimbursement Policies").</p>
<p>To receive payments directly, on a timely basis, for Covered Services rendered.</p>	<p>To accept OSF HealthPlans fees schedule as reimbursement in full payment for each Covered Service under the contract.</p>

RIGHTS

RESPONSIBILITIES

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	<p>To recognize that all payments are subject to the "Coordination of Benefits" (COB) provisions of the applicable contracts.</p> <p>Not to charge the Plan or the Plan member for the medical/surgical fees associated with, or for that 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.</p> <p>Not to charge the Plan Member for services denied due to inappropriate billing by the provider.</p>
<p>To access OSF HealthPlans appeal/grievance process for administrative and patient care issues.</p>	<p>To provide OSF HealthPlans with the necessary documentation regarding any appeal.</p>
<p>To be listed as a Network Specialist Physician in the referral guide/provider directory given to PCPs.</p>	<p>To authorize the use of information regarding the SP in the OSF HealthPlans directory.</p> <p>To notify OSF HealthPlans prior to any change of address or change of hours of operations.</p>

## RIGHTS

## RESPONSIBILITIES

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	<p>To promptly notify the Plan's Credentialing Coordinator 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 <a href="http://www.idph.state.il.us/about/credentialing.htm">http://www.idph.state.il.us/about/credentialing.htm</a>):</p> <ol style="list-style-type: none"><li>1. loss, suspension or limitation of state license to practice medicine;</li><li>2. any lapse of material change in liability insurance coverage required by the Plan;</li><li>3. any indictment or conviction of a felony or any criminal charge related to the SP's practice;</li><li>4. loss, suspension, relinquishment or limitation of medical staff privileges;</li><li>5. loss, suspension or limitation of eligibility to participate in the Medicare and/or Medicaid programs.</li></ol>
To an initial product orientation.	To attend an initial product orientation.
To refuse to accept a Plan Member as a patient or dismiss a Plan Member as a patient.	To notify the PCP, the Plan member and OSF HealthPlans in writing within a reasonable period of time of the refusal to accept a Covered Person or dismissal of a Covered Person. (See Policy for "Refusal to Accept/Dismissal of a Plan Member.")
To terminate the Specialty Physician contract.	<p>To provide written notice to OSF HealthPlans not less than 90 days prior to date of termination.</p> <p>To advise Plan members seeking medical care after the date of termination with the plan that he/she is no longer a participating Specialist.</p>