

# 4 Physician Responsibilities

All participating providers are expected to comply with certain standards regardless of the networks in which they participate. These include

- Following Empire's access/appointment availability standards.
- Following Empire's managed care requirements (if applicable to the member's benefit plan).
- Adhering to Empire's standard practice guidelines.
- Submitting claims for members, accepting program/network fee schedule and not balance billing our members for covered services.

## HMO PROVIDERS

In addition, providers participating in our HMO-based networks have certain additional responsibilities, based upon their roles as primary care physicians and/or referral specialists:

### Primary Care Physicians

A Primary Care Physician (PCP) is a family physician/family practitioner, general practitioner, internist or pediatrician who is responsible for delivering and/or coordinating care. PCPs must

- be accessible 24 hours a day, 7 days a week and provide back-up coverage.
- provide or arrange for all care delivered to HMO members.
- provide written referrals to referral specialists, to the extent required by the member's benefit plan.

### Referral Specialists

Providers credentialed by Empire as specialists must

- provide specialty care as authorized by PCP.

- obtain a referral for all members who have an HMO product, except those with Direct HMO and Senior Plan Direct.
- provide the member's PCP with a report on care rendered in a timely manner.

### PCP who also participates as a Referral Specialist

If a physician has been credentialed by Empire as both a PCP and a Referral Specialist, the following apply:

- If a member has selected the physician as their PCP, the provider cannot bill for a consultation since they are already treating the member.
- If the physician is listed as a back-up to another PCP, the system will process the claim as a back-up provider and not allow a consultation unless a referral is on file.
- If the member has another physician as their PCP, the member needs to obtain a referral to the Referral Specialist.

## SPECIALTY CARE COORDINATORS

A Specialty Care Coordinator is a network Referral Specialist with experience treating the member's condition or disease that assumes the role of the PCP and provides and/or coordinates the member's primary and specialty care.

Members who have HMO based products with a degenerative, disabling, or life-threatening condition or disease that requires specialized medical care for a prolonged period of time may select a Referral Specialist as a Specialty Care Coordinator. Such conditions include, but are not limited to: HIV/AIDS, cerebral palsy, cystic fibrosis, cancer, hemophilia, multiple sclerosis, sickle

cell disease, spinal cord injury and conditions that require organ transplants.

If you are a Referral Specialist and would like to receive information on becoming a Specialty Care Coordinator for a specific member, contact Empire's Medical Management Department at 1-800-441-2411, 8:30 a.m. to 5:00 p.m. EST, Monday to Friday.

## PROVIDER ACCESS/ APPOINTMENT AVAILABILITY STANDARDS

### General Availability Standards

Members must be able to access their PCP 24 hours a day, 7 days a week. As the member's healthcare manager, the PCP is responsible for providing or arranging healthcare services on a 24/7 basis. (An answering machine does not suffice as access to the provider.) The PCP also must have a method to inform his or her Empire members about regular office hours and how to obtain care after office hours.

When off-duty or otherwise unavailable, the PCP must arrange for back-up coverage by a network physician so that appropriate medical care is available to members at all times. The PCP must have available the name, telephone number and address of the physician(s) responsible for providing back-up services to patients. The PCP should contact Empire Physician Services at 1-800-552-6630, 8:30 a.m. to 5:00 p.m. EST, Monday to Friday if the designated back-up changes.

The designated back-up physician(s) must participate in the same network and be a comparably trained practitioner; e.g., a pediatrician must designate a participating pediatrician as a back-up. The back-up physician is responsible for communicating with the PCP about patient care he or she rendered. Documentation of all healthcare services provided by the back-up physician must be summarized in the patient's medical record including all pertinent hospital services.

If a member is out of the area and contacts Empire with an urgent or emergency situation, the patient will be informed to call his or her PCP directly. If this is not possible, the patient will be told to contact the PCP's back-up physician.

### Appointment Availability Standards

The following are considered minimums for patient accessibility. Obviously, excellent care and service will often require significantly better performance.

For HMO and POS members, The PCPs must be in the office taking care of patients a minimum of 16 hours a week.

Patients should not wait for more than 15 minutes past their appointment time without an explanation about the delay and if necessary, provided with an opportunity to reschedule the appointment.

The physician must be able to schedule appointments within the following time frames:

Type of Appointment	Time Frame
Routine baseline physical exam	Within four weeks
Routine follow-up care	Within 2 weeks
Urgent care	Within 24 hours
Emergency care	Within 2 hours or triage to emergency room
Initial prenatal exam	Within 3 weeks
Initial newborn exam	Within 2 weeks

- Availability standards will be monitored through:
  - on-site visits by Network Maintenance Representative
  - review of appointment books
  - member satisfaction surveys
  - member complaints

### Monthly Membership Reports

HMO primary care physicians (PCPs) receive a managed-care monthly membership report during the first week of every month. These reports list members who have selected the physician as their PCP. The reports contain information about members including: ID number, date of birth, co-payment and the effective date. In addition to listing current and new members, the reports list member cancellations. PCPs should review these reports and keep them on file.

For Direct HMO, a monthly report also is issued to PCPs. This report contains information about Direct HMO members' visits to specialists and notes the dates that care was delivered and the type of service. This report facilitates the PCP's awareness of specialist services being provided to the PCP's Direct HMO members.

### Continuity of Care

#### HMO and POS Products

Empire's Medical Management will approve continued care if the member meets the conditions described below and the provider meets the outlined requirements:

When a member's PCP or specialist terminates from the plan and the member is receiving an ongoing course of treatment for a disabling, degenerative or life threatening condition, he or she may continue to receive covered treatment from the terminated provider for up to 90 days from the date the member received notice of the termination. After that, the member must choose a network provider. This policy also applies to pregnant women in the second or third trimester when they receive notice of their provider's termination from the plan. The provider may give covered services, including the delivery and postpartum care directly related to the delivery.

In all such cases, Empire requires that the non-network provider:

- meet Empire's Quality Assurance standards.
- agree to accept as payment in full those payment rates that were in effect when he or she was a participating network provider.
- agree to provide Empire with all necessary information related to the care given to the member.
- agree to adhere to all relevant Empire policies and procedures, including the rules regarding referrals and precertification of certain services.

### **Other Products**

Your participation agreement obligates you to continue to treat patients who are receiving a course of treatment from you at the time your participation terminates.

Specifically, you are required to continue treating these patients and to continue accepting the rates applicable under your participation agreement, until the completion of their course of treatment or appropriate transfer to another participating provider. This obligation applies to all products.