

4.4 Provider Rights and Responsibilities and Dual Eligible Members

Provider Rights

Senior Health Partners' participating providers can act within the lawful scope of their license to advise or advocate for members, and possess external appeal rights as follows:

- 1) Health Status or Plan of Care options (including sufficient information to enable the member to decide among various care plan options);
- 2) Filing a complaint or making a report or comment to an appropriate governmental body regarding Senior Health Partners' policies if the provider believes that the policies negatively impact the quality of care or access to care; and
- 3) Effective January 1, 2010, Public Health Law 4914 was amended to extend external appeal rights to providers in connection with concurrent adverse determinations (see Manual Sections 5–7).

Provider Responsibilities

Senior Health Partners' participating providers' responsibilities include, but are not limited to:

- 1) Provide quality care.
- 2) Provide care within scope of practice (as defined by Senior Health Partners) and in accordance with Senior Health Partners access, quality, and participation standards.
- 3) Adhere to Senior Health Partners' clinical guidelines (see Section 1.3—Provider Agreement).
- 4) Provide optimal care to members without regard to age, race, sex, religious background, national origin, and disability, and sexual orientation, source of payment, veteran status, claims experience, social status, health status, or marital status.
- 5) Comply with the Americans with Disabilities Act (ADA) guidelines set forth by the New York Department of Health; e.g., wheelchair access.

Dual Eligible Members

If a service is Medicare qualified, it is the provider's responsibility to determine if the member is Medicare eligible. If the member is Medicare eligible and the service is Medicare qualified, the provider must bill Medicare, and **Senior Health Partners will be responsible for the copay of the covered service.**

Senior Health Partners' Responsibilities to Providers

Senior Health Partners recognizes its obligation to assure participating providers the following:

- a) Comprehensive plan training and orientation programs
- b) Timely and ongoing communication from knowledgeable staff
- c) Timely payment for covered services rendered to members
- d) Timely responses to questions or concerns
- e) Assistance with complex member issues
- f) Timely resolution of grievances and appeals

- g) Constructive feedback on performance and utilization

4.5 a Notice of Privacy Practices

4.8 Network Evaluation

The adequacy of the current provider network is reviewed and analyzed on an annual and ongoing basis. Our mission of service provision is to provide the appropriate service, in the appropriate manner, at the appropriate time, with the appropriate provider.

Senior Health Partners monitors service outcomes by documentation of best practices or when service delivery does not match standards or are not delivered within the timeframes specified.

Tracking and trending of utilization and services provides an opportunity for Care Management Team members to report positive efforts by providers and their staff. Data are logged, and analyzed and used to identify best practices as well as provider and access issues, potential inadequacy of the network, and a need to expand the providers of service.