

**Contract between IPA and IPA Management Company**



## **Administration Agreement**

THIS AGREEMENT is made and entered into on the date hereafter set forth by and between

an Independent Management Company, hereafter called "IMC" and

hereinafter called "LOCAL IPA" as follows:

### **PREMISES:**

**A.** LOCAL IPA has been organized as a limited liability company and to qualify as an independent practice association (IPA) whose membership (hereafter referred to as Members) consists solely of persons or entities whose partners or members are exclusively licensed medical practitioners. LOCAL IPA 's purpose is to bring an innovated approach to the care and treatment of patients and to provide an innovative approach to compensation of its members for providing such care. LOCAL IPA does not itself provide medical care or practice medicine.

LOCAL IPA intends to enter into contracts on behalf of its members through which various payers of medical benefits, including by way of example private insurance or employer provided plans, or third party intermediaries, subscribe with the company for its members to provide treatment to their beneficiaries on a fixed cost, negotiated cost or other contractual arrangement. LOCAL IPA intends that its membership shall include those medical and treatment specialists most likely to be required by patients. It is the intention that the members will fill many, if not most, of the traditionally required specialties and will be able to provide for referrals within the IPA and minimize the necessity for referrals outside membership except as may be medically necessary for patient care or for which acceptable fee for service contracts on acceptable terms have been reached. Members, except when such is not medically sound, or when legal requirements differ shall be encouraged to refer patients requiring specialty care to the member or members of the IPA who provide such specialty care.

**B.** IMC is a partnership with employees and contractors who together do administrative services; and

**C.** IMC and LOCAL IPA desire to enter into this agreement for the purpose of including LOCAL IPA as a participating provider organization in contracts with employer sponsored trusts or insurance or HMO or Medicare Advantage plans directly or indirectly.

NOW, THEREFORE, in consideration of the premises and mutual covenants and agreements set forth, the parties hereto agree as follows:

## ARTICLE 1 - DEFINITIONS

As used in this agreement, the following terms shall, unless the contract otherwise requires, have the following respective meanings:

1.1 "IMC" mean an organization that contracts with third parties for the benefit of LOCAL IPA, health care facilities, physicians, and other health professionals.

1.2 "LOCAL IPA" means a company contracting with health care facilities, physicians, and other health care professionals to care for patients referred by third parties.

## ARTICLE 2 - TERM OF AGREEMENT AND TERMINATION

**2.1 Term.** Term of the Agreement shall commence on its first effective date, as hereinafter provided, and shall continue in effect for five year renewable terms unless and until terminated as hereinafter provided.

**2.2 Termination without cause.** This agreement may be terminated without cause by any of the parties hereto upon not less than Ninety (90) days written notice prior to the end of the initial or renewal term. Notice to each of the other parties and any such written notice shall designate the intended date of termination.

**2.3 Termination for Cause.** IMC agrees that IMC rights and duties under this agreement may be terminated for cause by LOCAL IPA as of the date set forth in the written notice of such termination to IMC, which notice shall specify any such "cause(s)" involved. Cause for such termination of IMC rights and duties under this agreement shall include, without limitation, any of the following:

**2.3.1 Breach of Agreement.** The failure of IMC to correct a breach of its obligations under this agreement within thirty (30) days after a written notice from LOCAL IPA of such alleged breach by IMC; provided, however, that if any such breach by IMC cannot, with due diligence, be corrected within such thirty (30) day period, cause for termination shall exist only if IMC fails to undertake and to diligently pursue correction of said breach as soon as reasonably possible.

**2.3.2 Incapacity.** In the event that LOCAL IPA or IMC is unable to provide covered services through its contracted health care providers to Patients on a prompt and professional basis due to its suffering a casualty, whether or not notice is given by IMC;

**2.3.3 Other Causes.** Any other cause attributable to LOCAL IPA or IMC which materially and adversely affect the delivery by LOCAL IPA providers of covered services to Patients on a prompt, professional basis in full accordance with all of the terms, conditions, and provisions of the Agreement.

**2.4 Effect of Termination.** Termination of this agreement in the manner set forth above shall not affect any rights or obligations of the parties hereto which previously shall have accrued hereunder or which shall arise thereafter with respect to any event or occurrence prior to the termination of this agreement, and such rights and obligations shall continue

to be governed by the terms of this agreement.

### **ARTICLE 3 - CHARGES BY CONTRACTING HEALTH CARE PROVIDERS**

**3.1 Services.** Subject to the limitations provided for in Contracting LOCAL IPA 's agreements with health care providers, whether facilities or professional health care services or organizations having contracts with facilities and healthcare professionals, LOCAL IPA through its providers shall provide for the availability of and delivery to all reasonably foreseeable Patients all covered services offered by its providers to which said Patients are entitled under health benefit contracts from contracted third parties, in a reasonable and efficient manner, without delays detrimental to the health of Patients. All covered services provided to Patients shall be provided in substantially the same manner as such services are provided to other fee-for-service patients of LOCAL IPA 's providers, subject only to the requirements of the health plan's Quality Assurance and Utilization Review programs.

**3.2 Type and level of services.** LOCAL IPA providers shall deliver to enrollees of contracted payers the same type and level of services which they provide now to their private patients.

**3.3 Schedule of Payment.** LOCAL IPA contracting providers agree to accept as payment in full the capitation or fee-for-service payments by either primary care category or other specialty category which has been contracted by IMC for LOCAL IPA (given that approval of such contracts has been given by the Manager of the IPA) with third party employer trusts, HMOs, Medicare Advantage Plans or insurers and if the mode of payment is capitation the prepayment received is considered payment in full except for the co-payment amounts which are paid by the patients.

### **ARTICLE 4 - ADDITIONAL OBLIGATIONS**

In order to fulfill the purposes and objectives of the agreement and to effectuate the delivery of health care to patients, LOCAL IPA further agrees as follows:

**4.1 Inspection.** LOCAL IPA shall have in its agreements with providers the right to review any and all operational phases of the delivery of covered services, including access to appropriate medical records of provider as authorized by patients.

**4.2 Admission Criteria.** LOCAL IPA shall have a criteria established for determining appropriateness of admissions, level of care and lengths of stay for patients admitted to health care facilities.

### **ARTICLE 5 - OBLIGATIONS OF LOCAL IPA and IMC**

In order to fulfill the purposes and objectives of this agreement and to effectuate the procurement of contracts with third parties LOCAL IPA and IMC agree as follows:

**5.1 Contracts.** IMC shall use its best efforts to market and enter into contracts with solvent, viable, and reputable third parties and individual patients, and to aggressively pursue prompt payment of all proper claims of all providers for covered services rendered

to patients of said third parties.

**5.2 General Administration.** IMC shall maintain books and records of the company in accordance with Generally Accepted Accounting Standards and shall do the accounts receivable and accounts payable of the LOCAL IPA and its deposits and bank reconciliations. Such activities shall be reported to the Manager upon demand, but not less frequently than monthly. Checks and required supporting documents shall be prepared for signature by the Manager as frequently as required for the proper conduct of the business of the LOCAL IPA.

**5.3 Organizational Participation.** LOCAL IPA agrees to allow IMC to list LOCAL IPA as a contracted provider group in IMC publications.

**5.4 Credentialing Delegation.** LOCAL IPA agrees to appoint IMC as its agent and administrator for the purpose of fulfilling all of the work and obligations LOCAL IPA has in regard to any delegated credentialing from HMOs, Insurers, and Third Parties.

## ARTICLE 6 - GENERAL PROVISIONS

**6.1 Maintenance of Accounting Records.** Each party hereto agrees to maintain, in accordance with generally accepted accounting practices, such financial and accounting records relating to covered services provided hereunder and the payments thereto as are necessary and appropriate for the proper administration of this agreement.

**6.2 Other Contracts and Services.** IMC specifically acknowledges and agrees that, to the extent compatible with the rendition of covered services to Patients, for which LOCAL IPA and its contracting health care providers are responsible, the individual physicians and health care providers who contract with LOCAL IPA have the right and remains entirely free to contract for professional services for persons who are Patients not related to LOCAL IPA agreements and to enter into contracts regarding the delivery of other health care services with any unrelated entity which they may wish to contract. The parties acknowledge that IMC provides similar services to other independent practice associations ("IPA"), including certain IPAs with which members of LOCAL IPA are associated.

**6.3 Separate Identity.** Each of the parties hereto respectively acknowledges and agrees that each party hereto will continue to maintain separate and independent management and operation, but that IMC has full and complete authority and responsibility with respect to administering all aspects of the agreements with third parties for access to the services of LOCAL IPA medical care providers.

**6.4 Payments for Administration.** LOCAL IPA shall pay to IMC for its own use in the month the fees that are paid to LOCAL IPA by insurers for patients enrolled in an HMO in which the insurers pays capitation, a capitation of \$10.00 per member per month for Medicare Advantage patients and \$5.00 per member per month for commercial and \$6.00 for Medicaid patients from the capitation payments or receipts collected either by its participating providers or directly from employer trusts, HMOs, other IPAs, MSOs, or insurers. If the local IPA is paid on a fee-for-service basis then IMC shall be paid 6% of the collected fees. Such fees will be deducted form the lockbox payments made to

providers as called for in their provider agreements and then put into the operating account of the LOCAL IPA from which such fees will be paid to IMC by check for the LOCAL IPA in the month in which such fee are collected.

**6.5 Incentive Bonus.** LOCAL IPA shall pay to IMC for IMC's own use 10% of the net-profits or bonuses when such profits are distributed to providers and shareholders. If the contract is terminated in accordance with the termination clause of this agreement and the parties decide to re-contract then the incentive bonus percentage could change.

**6.6 Payment for Medical Director, Q.A. Committee, Care Coordination and Legal.** The medical administrative services and legal services are paid on a capitation basis to physicians within the Local IPA and to counsel who are appointed by the Manager of the Local IPA on an annual basis. These payments are not included in the Administrative payments and are subject to the terms of the engagement letters of the LOCAL IPA with physicians and lawyers.

## ARTICLE 7 - MISCELLANEOUS PROVISIONS

**7.1 Written Notice.** All notices, demands, and any other communications hereunder between the parties hereto (their successors and assigns) shall be effective only if in writing and delivered personally or by mail. If given by mail, such communications must be deposited in a U.S. Post Office or with a regulated public carrier, certified or registered mail, return receipt requested (or the equivalent counterpart thereof administered by any regulated public carrier), with all postage (and/or other charges) thereon fully prepaid, and addressed in a sealed envelope to the party to whom such communication is directed, at the address set forth below, or at such address as such party hereto may designate by written notice, from time to time.

**7.2 Waiver.** No waiver of any right hereunder shall be effective for any purpose unless in writing, signed by the party hereto possessing said right, nor shall any such waiver be construed to be a waiver of any subsequent right, term or provision of this agreement.

**7.3 Assignment and Delegation.** Any and all rights created under the provisions of this agreement may be assigned only with the prior written consent of the party(ies) charged with the corresponding duty hereunder. Any and all duties imposed by the provisions of this agreement may be delegated only with the prior written consent of the parties possessing the corresponding right(s) hereunder.

**7.4 Further Assurances.** Each of the parties hereto agrees to perform all such acts (including, but not limited to, executing and delivering such instruments and documents) as reasonably may be necessary to fully effectuate each and all of the purposes and intent of this agreement.

**7.5 Construction of Agreement.** The terms and provisions of this agreement shall be construed in accordance with the laws of the State of \_\_\_\_\_ as they exist on the date hereof. The parties agree that the terms and provisions of this agreement embody their mutual intent and agreement and that they are not to be construed more liberally in favor of, nor more strictly against, any party hereto.

**7.6 Partial Invalidity.** If any term or provision of this agreement, or the application thereto any person or circumstances shall, to any extent be invalid or unenforceable, the remainder of this agreement, or the application of such term of provision to persons of circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this agreement shall be valid and enforceable to the fullest extent permitted by law.

**7.7 Headings.** The section and subpart headings contained in this agreement are for purposes of identification and reference only and shall not affect in any way the meaning or interpretation of any provision of this agreement.

**7.8 Counterparts.** This agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which together constitute one and the same instrument, binding on all the parties hereto, notwithstanding that all of the parties are not signatory to any one counterpart.

**7.9 Entire Agreement.** The provisions of this agreement, including those of all exhibits hereto, constitute the entire understanding and agreement between the parties. They may not be altered, amended, or extended, except by an instrument in writing signed by the parties hereto, on or after the date hereof. The parties hereto respectively each acknowledge and agree that no representation, warranty or inducement has been made to them which is not expressly set forth in this agreement.

**7.10 Effective Date.** The effective date of this agreement shall be \_\_\_\_\_ provided, however, that this agreement shall not be effective nor binding on any party hereto until signed and delivered by all parties hereto.

LOCAL IPA

IMC, Ltd.

\_\_\_\_\_

\_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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## Administrative Manager Directives

1. Locate and recruit PCP's and Medical Specialists to fill PMT minimum requirements in assigned areas as defined in paragraph three.
2. Each PMT division must operate within a fixed budget for the building of the physician network. The core physicians that will make up the PMT. That core is defined as follows:
  - a. The recruitment of at least 28 PCP's of which the following would count:
    - i. Internal Medicine
    - ii. Family Practice
    - iii. OB/GYN
  - b. The recruitment of 28 Specialists
    - i. The Specialists are further broken down into the 14 key specialties needed for the PMT
    - ii. The number 28 represents that at least 2 specialists in each of the 14 categories would be required.
    - iii. The 14 key Specialties are:
      1. Cardiology
      2. Gastroenterology
      3. Hospitalist (could be internal medicine or pulmonology )
      4. Nephrology
      5. Neurology
      6. Oncology
      7. Ophthalmology
      8. Podiatry
      9. Pulmonology
      10. Radiology
      11. Surgery: Cardio-Vascular
      12. Surgery: General
      13. Surgery: Orthopedic
      14. Urology
3. Determine which PCP or Specialist will serve as the Medical Director for the PMT (A doctor that the other doctors will rally around; normally the doctor that helps establish the group)
4. Work with the Medical Director to determine which doctor(s) will serve as the Hospitalists. See Hospitalist extract for information related to this function.
  - a. Ensure Hospitalist comprehensive 24/7 coverage of PMT assigned hospitals
  - b. Create Hospitalist coverage schedules for each quarter and ensure distribution to management, hospitals, Hospitalist and PMT physicians 30 days prior to each quarter

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- c. Create and distribute PMT quick reference cards for Hospitalist, Medical Directors and PMT managers with the information needed for contacting the “on call” specialists for the IPA, Hospitalist and Medical Director
5. Gather and forward all the documentation needed from recruited doctors to meet CMS credentialing standards as defined by the policies and procedures outlined in the delegated credentialing contract on file at the IPA credentialing office. Use IPA standardized credentialing checklist to verify that all participating doctors have completed the entire credentialing package and that all forms and licenses included are current. Organize the package per IPA standard format and create two copies:
  - i. Retain one copy at the local PMT level
  - ii. Send the remaining copy and the original to IPA for final processing
  - iii. Update file information as required
  - iv. Set up Site visit appointed as required (See appointment slip attached)
6. Gather and submit in EXCEL spreadsheet format all information needed from doctors to develop advertising pamphlet (name, address, phones, and fax) and arrange for digital photographs to be taken in the doctors offices or at organizational meetings by yourself or schedule for IPA staff photographer to take pictures. Forward all information to IPA Graphics department team for processing and pamphlet development (See appointment slip attached)
7. Establish and maintain rapport with doctors and with the doctor’s staff by scheduled routine visits to each office within the PMT. Visits should include orientation of the services IPA offers, information about contracted carriers, and benefits of using the PMT for the products offered.
  - a. Doctors in the PMT should participate with all carriers contracted through the PMT as long as there is no conflict with pre-existing contracts.
  - b. Directors of each PMT are required to ensure that the “option in” selections on the PMT contract cover sheet is fully completed and/or to follow up with option in selections until maximum participation is achieved.
  - c. Directors will also be required from time to time to have specific “option in” selections completed by all the physicians in their PMT for specific carriers or when new contracts are added to the PMT as a whole.
8. Work with the sales agents assigned to your physician’s offices to establish and to maintain rapport with patients who are enrolled in the medical plans and facilitate enrollment in them as needed.
9. Supervise, train and mentor additional PMT Administrators and Executive Assistants (if working as part of a development team)
10. Supervise PMT clerical assistant(s) (if employed by PMT Director)

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11. Create and establish an environment of mutual trust and cooperation between the doctors, the PMT management team, and the IPA management team by setting up meeting and informational seminars between IPA senior management, PMT doctors and insurance carrier senior management.
12. In conjunction with request from contract PLANS work with doctors staff in reviewing medical coding practices to ensure the complete patient diagnosis is documented and submitted to plans.
13. Reinforce to doctors and their staff the use of in-network physicians to control cost. Use the on-line credentialing database to ensure all doctors in the PMT are listed and correct and produce PMT physicians' lists as needed for each office.
  - a. Ensure all PMT physicians are listed with ALL the PLANS that they have selected.
  - b. Work directly with IPA credentialing Department and PLANS to obtain information needed to correct physician listings who are recorded incorrectly with PLANS and with IPA
14. Facilitate patient issues (Can be accomplished by PMT clerical assistant)
  - a. Physician relationship with patients
  - b. Appointment scheduling
  - c. Create and maintain a member admission/discharge report for your managed PMT and forward to IPA administrative staff weekly
  - d. Follow-up and document after hospitalization of patients within PMT
    - i. Ask if they are doing better
    - ii. Make sure they have or have made a follow-up appointment with their PCP
    - iii. Report any concerns about the patients medical well-being to their PCP
    - iv. Update admission/discharge report with information gathered

## Marketing efforts within the PMT:

15. Directors will attend training as needed for IPA represented products (get physician participation agreement signed)
16. Directors will host as needed Physician Staff Orientation meetings with PLANS.
17. Directors will work with IPA Provider Relations staff (PPR) as follows:
  - a. Facilitate placement of PLAN Brochures in Internal Medicine, Adult Family Practice and Cardiology offices to be provided by and at the expense of the PLANS and displayed in a prominent location; for example, the reception desk or exam rooms.
  - b. Work cooperatively with PPR staff through IPA to support periodic Seminars for eligible beneficiaries in physician offices with space which meets CMS marketing guidelines.

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- c. Work with PPR staff to gather and organize all information needed for the sending of PLAN Affiliation letters which will be sent by Direct Mail from all Physicians on Physician, IPA, or PLAN Letterhead and Envelope, at PLAN expense, to be completed by a third party mailing house.
18. Directors will submit plans for marketing the PMT to IPA Senior staff by doctor office location or area for marketing effort. Plans must include the following:
- a. Type of marketing effort (new paper ads, seminar, health fair etc.)
  - b. Projected attendance or total circulation estimate audience for the ads
  - c. Projected cost of the event or advertisement
  - d. Personnel (agent) support needed to do enrollment
  - e. Plan who should be invited to attend and fund event(s) and/or marketing efforts
  - f. All ads and event(s) must have a track record and must report outcome of effort which is a measure of enrollment for the sponsoring PLAN(S)
19. Directors will conduct PMT meetings at least monthly but as needed for the smooth operations of the PMT and record the meeting minutes for each meeting. The minutes will be retained in a PMT director's binder and copies of all signed meeting minutes forwarded to IPA for file.
20. Policy letters related to the management of the PMT are to be signed by the PMT director and distributed to all physicians within the PMT. Policies set within the PMT apply only to the PMT involved and must be considered and approved at a monthly board meeting before distribution unless timeliness of distribution for an immediate action precludes such a delay. Policies must be forwarded to IPA once approved and maintained in the PMT director's binder.
21. Reports relating to marketing efforts, physician recruitment, credentialing etc. should be on-going informally via e-mail and telephone communications and submitted formally by noon each Friday
22. Each PMT is on a fixed budget during initial start up of operations and on an as-earned by PLAN/IPA contract budget post initial setup. PMT director must submit detailed invoices for line items against and within the budget. Expenses outside of the budget are funded at the sole discretion of IPA senior management.

## Performance Benchmarks:

- 23. Out of network cost (leakage)
- 24. Hospital admits and observations compared to regional norms
- 25. Doctor, doctor staff and patient satisfaction rating IAW/IPA standardized survey

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26. Increase PMT Doctor Membership (60 participating docs minimum) (14 in the “key” specialists and 46 PCP’s)
27. All PMT doctors participating with ALL Medicare Advantage plans contracted through the PMT

## Communication Expectations:

28. Contact IPA Management team at least weekly via phone or e-mail

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**This Abstract is included as an example of the performance expectations for PMT Hospitalists working with Health Plan**

## ARTICLE 13 HOSPITALIST SERVICES

13.1 **Responsibility of Hospitalist.** PMT shall provide Hospitalist Services to Members as defined in Exhibit A-5 attached to and made part of this Agreement, (hereinafter collectively referred to as "Hospitalist Members") in accordance with this Agreement. PMT agrees to deliver Hospitalist Services that its Subcontractors are licensed, trained, and qualified to perform that are Medically Necessary, and are prior authorized by PLAN. Provider further agrees to provide these services on a twenty-four (24) hour per day, seven (7) days per week, basis. Should PMT not be available to provide Hospitalist Capitated Services, PMT is responsible for maintaining adequate on-call coverage and PMT agrees to arrange and be solely financially responsible for such services.

### **13.2 Scope. Hospitalist shall:**

13.2.1 Be listed as the attending physician to provide Hospitalist Services for Hospitalist Members and inpatient medical admissions.

13.2.1 Be the admitting physician to manage a Hospitalist Member's care following elective surgery.

13.2.3 Provide emergency triage services for Hospitalist Members.

13.2.4 Not be primarily responsible for outpatient day surgeries or obstetric, gynecologic, and pediatric admissions unless a consultation is ordered.

**13.3 Hospitalist/Physician Qualifications.** Subcontractors providing Hospitalist Services shall meet the following qualifications in addition to the credentialing criteria stated in Section 4.2 of this Agreement:

13.3.1 The Hospitalist must be credentialed, with active privileges and in good standing, at the Participating Facility where he/she will practice and manage Members.

13.3.2 The Hospitalist will be board certified in internal medicine or an internal medicine subspecialty. In some cases, family practice or general practice physicians can function as a Hospitalist upon approval by PLAN.

13.3.3 The Hospitalist must demonstrate an understanding of the role of inpatient manager as required by PLAN.

### **13.4 Reporting Member Progress.**

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13.4.1 Primary Care Physician. The care and progress of Hospitalist Members will be reported on a periodic basis to the Hospitalist Member's PCP. These reports shall be submitted to the PCP for continued care after discharge from the facility.

13.4.2 PLAN. Hospitalist agrees that the care and progress of Hospitalist Members will be reported on a daily basis to the PLAN onsite case manager and/or the PLAN Utilization Management ("UM") Department.

13.5 Return of Member to Primary Care Physician. Hospitalist agrees that Hospitalist Services are limited to emergency triage and inpatient care. Hospitalist shall return the Hospitalist Member to his/her designated PCP after discharge. The PCP is responsible for the Hospitalist Member's ongoing care and Hospitalist agrees to not permit the Hospitalist Member to select Hospitalist as their PCP, if Hospitalist practices as a PCP, for a period of one (1) year after leaving the care of Hospitalist.

13.6. Use of Physician Extenders. PLAN does not permit and will not accept the use of a physician assistant or a nurse practitioner managing Hospitalist Members on a daily basis in place of the Hospitalist. **However, the Hospitalist may use a physician assistant or nurse practitioner to assist them in the completion of the disposition plans of the Hospitalist Member.**

13.7 Patient Case Assignment. All elective admissions will require a pre-admission history and physical consultation by the Hospitalist. Hospitalist Members transferred from the intensive care unit to an acute/telemetry level will be under the care of the Hospitalist. Hospitalist Members discharged from the acute level of care to a skilled nursing or rehab level will remain under the care and supervision of the Hospitalist. The Hospitalist will accept Hospitalist Members to their care and supervision that have been transferred from other PLAN hospitalists for continuation of care, or from out of network facilities.

13.8 Inpatient Care Protocol. All Hospitalist Members shall be seen daily by the Hospitalist regardless of the level of care (intensive care unit, acute, telemetry, skilled nursing, or rehabilitation), including weekends and holidays. The Hospitalist, when needed, will round with the PLAN on-site case manager in order to allow for the timely preparation of disposition plans for all Hospitalist Members. The Hospitalist will, prior to discharge, work with PLAN and the facility to effectively utilize the services available and related to the Hospitalist Member's diagnosis. All inpatient consultations are to be ordered by the Hospitalist as dictated by the Hospitalist Member's needs. All specialist consults must be directed to Participating Providers. If a Participating Provider is not available, authorization for a non-Participating Provider shall be obtained from PLAN. PLAN will be responsible for executing a letter of agreement and obtaining the credentialing information from the non-Participating Provider unless delegated.

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13.9 **Coordination With the Case Manager.** The Hospitalist will have a PLAN case manager to assist in the case management of the Hospitalist Members at each facility. The PLAN case manager will review with the Hospitalist all Hospitalist Members under the care and supervision of the Hospitalist at the facility. The Hospitalist and PLAN case manager will have daily communications and updates, which are critical to enable tracking of the inpatient census, the disposition of each Hospitalist Member, and to ensure that appropriate follow-up and discharge care is implemented. The PLAN case manager will coordinate with the PLAN disease case manager for any large/catastrophic cases requiring follow-up as outpatient and/or referral to the disease management programs. Hospitalist Members that require specific services on an outpatient basis will have these services managed by the Hospitalist and/or the PLAN case manager.

13.10 **Discharge Planning and Post Discharge Follow-Up.** All Hospitalist Members who are discharged must have written detailed follow-up instructions that will ensure that the appropriate physician (PCP and/or specialist) is aware of the hospitalization and will assume the management of post discharge care. A discharge note/summary must be sent on the day of discharge to the PCP and any other physician assuming post discharge management of the Hospitalist Member. A copy shall also be sent to PLAN. All follow-up care to specialists must be to a Participating Provider. The case manager will monitor post discharge Hospitalist Member compliance by conducting a post discharge interview within 48-72 hours after discharge. Hospitalist Members requiring immediate post discharge visits with a PCP and/or specialist will have this coordinated by the Hospitalist and/or case manager before discharge. Whenever possible, a telephone call to the receiving physician must be made to ensure continuity and quality follow-up care.

13.11 **Emergency Room Management.** Hospitalist Members who present at the emergency room and who might require admission to any level of care (intensive care unit, acute, observation, skilled nursing, or rehab) must be evaluated by the Hospitalist in the emergency room prior to admission. The only exception to this is immediate life threatening Emergency Care required before the Hospitalist is available. All emergency room admissions must be admitted to the Hospitalist. The only exceptions are obstetric and pediatric cases. Hospitalist Members evaluated in the emergency room who do not require admission will receive appropriate care in the emergency room and arrangements made for follow-up care with the PCP or the appropriate specialist. The PLAN case manager will assist the Hospitalist with the coordination of these arrangements to ensure that follow-up care has occurred.

13.12 **Utilization Management Review.** Provider shall conduct scheduled UM review of all care managed by the Hospitalist. The objective of these reviews is to assess all acute, skilled nursing, observation, and emergency room admissions and cases, their disposition, follow-up issues that need to be addressed, and any other clinical business. Provider in conjunction with PLAN and the Hospitalist shall ensure the proper management of the Hospitalist program and maintain quality care.

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**RETURN THIS APPOINTMENT SHEET WITH YOUR CREDENTIALING DOCUMENTS. APPOINTMENTS MUST BE COORDINATING WITH STAFF SUPPORT FUNCTION AREA**

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<b>APPOINTMENT For Site Visit</b>		
<b>DATE:</b> _____	<b>TIME:</b> _____	<b>AM/PM</b> _____
<b>POC NAME:</b> _____		
<b>ADDRESS:</b> _____		
<b>PHONE:</b> _____		

<b>APPOINTMENT For Physician Directory Photograph</b>		
<b>DATE:</b> _____	<b>TIME:</b> _____	<b>AM/PM</b> _____
<b>POC NAME:</b> _____		
<b>ADDRESS:</b> _____		
<b>PHONE:</b> _____		