

TYPE OF PROVIDER:

Physician - Medical Home Physician

CRITERIA:

Licensed by the State of Illinois or the state in which the medical services are being provided.

Certified by the American Board of Pediatrics or the American Board of Family Practice.

Successfully completes the DSCC Medical Home Continuing Medical Education (CME) monograph within 6 months of provisional approval status.

ADDITIONAL REQUIREMENTS:

Provide evidence of medical professional liability insurance and tail coverage/prior acts coverage (if applicable) by insurer licensed in the State of Illinois. Such professional liability insurance shall be in the minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state other than Illinois. Be covered by general (premises) liability insurance of \$1,000,000 per incident.

Will not seek further payment from DSCC child or child's family beyond amount paid by third party payers or DSCC for approved care.

Accept Medicaid and All Kids reimbursement.