

Health First Network, Inc.

Moving Healthcare Forward



CREDENTIALS PROGRAM

POLICIES & PROCEDURES MANUAL

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POLICIES & PROCEDURES MANUAL
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**HEALTH FIRST NETWORK, INC.
POLICIES & PROCEDURES MANUAL
INTRODUCTION**

Health First Network, Inc. (“HFNI”) has created this Policies and Procedures Manual to assist in the orderly conduct of its affairs and the achievement of its business goals. The Board of Directors has duly approved each Section and Appendix, and reserves the right to modify or delete any Section or Appendix, or to add new Sections or Appendices, at any time.

To the extent relevant, these Policies and Procedures affect the rights, responsibilities and prerogatives of practitioners through incorporation by reference in their provider contracts. No other person or entity is intended or shall be deemed to be a beneficiary of, or to derive any rights, privileges or interests from, any part of these Policies and Procedures.

These policies and procedures shall be reviewed annually at the committee level for submission to the HFNI Board of Directors for final approval. HFNI shall give notice to contracted practitioners of any changes to these Policies and Procedures prior to the changes going into effect. Notwithstanding the forgoing, the failure to give such notice shall not invalidate any changes made

1. PREROGATIVES OF HFNI REGARDING PROVIDER PARTICIPATION

As a private, entrepreneurial, business organization, HFNI reserves the right to operate in any manner it deems appropriate within the limits of the law. With specific reference to selecting and retaining practitioners for its provider panels, HFNI will decide whether to entertain an application for a contract, award a contract, or render a contract subject to special terms or conditions, or continue or terminate a contract, based on any relevant considerations, including HFNI's evolving business needs and strategies. The following are examples of the considerations that may bear on HFNI's decisions:

1.1 Affiliation with One or More Current HFNI Practitioners.

Such affiliations are generally favored, because they tend to facilitate ease of cross-coverage, consistency of patient care, and patient convenience. In a given instance, the Board of Directors may determine that such an affiliation, generally or with one or more specific practitioners, is a prerequisite to a practitioner's initial and/or ongoing participation in HFNI.

1.2 Geographic Location.

The business needs of HFNI sometimes dictate that there are more or fewer practitioners of a particular specialty within HFNI, generally, or in a given location. These needs may shift over time. The Board of Directors may weigh these needs in determining whether to solicit applications from additional practitioners; approve or deny pending applications; or continue or terminate a contract. Health First Network will comply with the Federal and State laws for Network needs and Geographic access.

1.3 Employment or Contractual Relationships; Conflicts of Interest.

HFNI is committed to safeguarding its autonomy and promoting the economic interests of its participating practitioners. If a sizeable number of its participating practitioners is employed or otherwise controlled by a person or entity the interests of which may or may not be consistent with those of HFNI, HFNI's objectives could be undermined. Similarly, even a single practitioner with an actual or potential conflict of interest in an area of importance to HFNI may jeopardize HFNI's business goals. Therefore, the Board of Directors may consider employment or contractual relationships, as well as other actual or potential conflicts of interest, in its practitioner selection process. Guidelines or standards may also be established at the Board's discretion.

1.4 Size, Ownership, Control, Basic Operations and/or Composition of an Affiliated Medical Group.

The specific size, ownership, control, basic operations and/or composition of a particular medical group may be instrumental in HFNI's business relationship with the group or its individual members. Therefore, HFNI makes no commitment to contract with any practitioner merely because he or she has

become affiliated with the medical group, either as an additional member or as a replacement for a member who has departed. Nor does HFNI make any commitment to continue to contract with a particular medical group which alters its characteristics as described herein. It would be prudent for any medical group which holds a contract with HFNI or is comprised of or includes HFNI contractors to consult with HFNI prior to altering its size, ownership, control, basic operations and/or composition.

1.5 Antitrust Compliance.

HFNI is mindful of the antitrust laws and their potential applicability to HFNI's size and composition. Antitrust considerations will be given due weight in the creation and maintenance of HFNI's provider panels, including issues of whether to entertain or approve applications for provider contracts. HFNI may establish an antitrust compliance program to serve as internal guidance in this area.

1.6 Nondiscrimination

HFNI shall not discriminate in the selection or retention of providers on the basis of age, sex, gender, religion, race, creed, color, national origin, or any other unlawful basis. HFNI shall not discriminate against any health care professional who is acting within the scope of his or her license or certification under State law, solely on the basis of the license or certification.

1.7 Network Design

All requests for provider contracts will be evaluated based upon the needs of the network design as annually adopted by the HFNI Board of Directors. Such network design shall consider the needs of the HFNI-contracted health plans and the population's health care needs in the HFNI service area.

2. APPLICATION FORM

2.1 Nature.

HFNI will utilize an application form which is approved by the Board of Directors, and is designed to solicit all of the information necessary to meet HFNI's credentialing objectives, including compliance with URAC Standards. A current copy of the form will be maintained in this Manual as Appendix 2-1.

2.2 Availability.

2.2.1 HFNI is under no obligation to consider any particular practitioner merely because he or she wishes to apply. Accordingly, HFNI may grant or deny an application form, or accept or decline an applicant, for any lawful reason, including but not limited to business needs or strategies.

- 2.2.2** Requests for application forms may be made in writing or by telephone, and shall include such information as HFNI may solicit in order to facilitate adequate consideration.
- 2.2.3** Requests for application forms shall be presented initially to the President and CEO, who shall decide how to proceed.

If the President and CEO determines that it would be in HFNI's interests to entertain an application from the requesting practitioner, based on HFNI's network design, business needs and strategies, the background and qualifications of the practitioner as initially described, and other relevant factors, the President and CEO may issue an application form. Alternatively, the President and CEO may defer acting on the request pending consultation with the Credentials Committee and/or the Board of Directors; or the President and CEO may decline the request for an application form, outright.

The practitioner shall be given written notice of the reason(s) for and an opportunity to seek review of the denial by submitting a written statement or appearing at a meeting. The procedure shall be determined by the President and CEO, and shall be informal. Final decisions following appeals will be made by the Board of Directors, and issued in writing.

- 2.2.4** The Contracts Committee may establish from time to time, subject to approval by the Board of Directors, business needs analyses and other guidelines to assist the President and CEO in discharging his or her responsibilities as described above. HFNI shall annually conduct an analysis of Network adequacy and needs.

3. CREDENTIALING

3.1 General.

The purpose of the credentialing process is to ensure that licensed healthcare practitioners who are under consideration for a contract with HFNI meet HFNI's standards regarding background, qualifications, and competence. The HFNI Medical Director shall be responsible for oversight of the credentialing program.

All practitioners who serve on HFNI provider panels and are identified in any external directories must be credentialed. This includes all M.D.s, D.O.s, D.D.S.s, D.P.M.s and D.C.s who provide professional services pursuant to arrangements through HFNI. Non-Physician Practitioners as outlined by Medicare may also be credentialed. Contracting of non-physician practitioners will be at the discretion of the HFNI Board of Directors. These include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Nurse Practitioners, and Physician Assistants. The terms "provider," "practitioner," "physician," "panel

member,” and variations thereof, may be used interchangeably in HFNI’s policies and procedures with reference to the rights, responsibilities and prerogatives of such individuals.

3.2 Submission of a Complete and Accurate Application.

- 3.2.1** The applicant must supply HFNI with access to the applicant’s CAQH profile. HFNI will upload the applicant’s profile into HFNI’s credentialing software and notify the applicant of any documentation that needs to be supplied and/or updated.
- 3.2.2** If the applicant does not have a CAQH profile, the applicant must submit a written application, using the form provided by HFNI. All of the requisite information must be provided, with supporting documentation as warranted. All entries and attachments must be legible, understandable, and substantively responsive on every point of inquiry. The application shall include an attestation, dated and signed by the applicant, of completeness and accuracy.
- 3.2.3** The application must be accompanied by HFNI’s Primary Care Physician Agreement or Specialty Care Physician Agreement, as appropriate, duly executed by the applicant, without alteration, and ready for execution by HFNI if the application is approved.
- 3.2.4** Each applicant has the burden of producing accurate and adequate information for a proper evaluation of his or her experience, training, demonstrated ability, ethics, physical and mental health status, and other qualifications, and for resolving any doubts about such qualifications. A failure to produce, or cause to be produced, any information requested on the application form or otherwise during the credentialing process may prevent the application from being evaluated and acted upon or may result in its rejection.
- 3.2.5** Each applicant is obligated to update his or her application in writing, at any time before final action is taken by the Board of Directors, in the event that new or additional information becomes available which is at variance with the information previously submitted or may be material to HFNI’s consideration of the application.
- 3.2.6** Any misrepresentation or misstatement in, or omission from, an application shall, at the discretion of the Board of Directors, constitute sole cause for rejection. The discovery of a misrepresentation, misstatement or omission after approval has been given and/or a contract has been awarded shall be cause for summary revocation of the contract and elimination from any HFNI provider panels.

3.3 Verification and Collection of Credentialing Information.

The primary responsibility for verifying and collecting credentialing information shall rest with Health First Network Inc. (HFNI). The operating policies and procedures shall be subject to approval by HFNI's Board of Directors.

3.4 Minimum Qualifications and Standards for Approval.

3.4.1 A Current Valid License to Practice the Applicant's Profession in Florida and/or Alabama.

3.4.2 Medical Staff Membership and Clinical Privileges at the Hospital Designated by the Practitioner as His or Her Primary Admitting Facility, As Applicable.

In general, the practitioner must be a medical staff member in good standing at a general acute care hospital designated or approved by HFNI, and hold unrestricted clinical privileges to perform all of the services contemplated by his or her affiliation with HFNI. Exceptions may be made, at the discretion of HFNI's Board of Directors, if such medical staff membership and clinical privileges are not deemed necessary to meet HFNI's needs, and/or adequate arrangements have been made, documented, and approved by HFNI, for the admission and treatment of any patients who may require hospitalization.

3.4.3 A Valid DEA or CDS Certificate, As Applicable.

Each practitioner, except as otherwise determined by HFNI's Board of Directors based on the nature of his or her specialty, must have a valid DEA and/or CDS certificate.

3.4.4 Adequate Education and Training.

Each practitioner must have successfully completed appropriate education and training for practice in the particular specialty for which he or she is expressly seeking HFNI affiliation and for which HFNI has a need.

At a minimum:

- M.D.s and D.O.s: graduation from medical school and completion of a residency deemed acceptable by HFNI's Board of Directors.
- D.C.s: graduation from Chiropractic College.
- D.D.S.s: graduation from dental school and completion of specialty training as deemed appropriate by HFNI's Board of Directors.

- D.P.M.s: graduation from podiatry school and completion of a residency deemed appropriate by HFNI's Board of Directors.
- Non-Physician Practitioners: graduation from appropriate training school and be registered in the state in which services are performed; Certification in specialty as deemed appropriate by HFNI's Board of Directors and as applicable for practitioner.

3.4.5 Board Certification (M.D.s and D.O.s).

Board certification in a relevant specialty, by a Board recognized by the American Board of Medical Specialties or by the American Osteopathic Association, is generally required as a prerequisite to the initial approval and the perpetuation of a physician practitioner's affiliation with HFNI. An initial applicant who has recently completed his or her residency training may be given a reasonable opportunity, as determined by HFNI's Board of Directors, to meet this standard. If certification is not achieved within the time allotted, the practitioner's affiliation may be terminated solely for that reason, without regard to the existence or nonexistence of other possible considerations.

3.4.6 Satisfactory Work History.

The applicant must provide a complete and unbroken account of his or her professional endeavors at least since the completion of training, with any significant gaps being clearly identified and explained. Additional information may be requested by HFNI in its application form or otherwise as part of the credentialing process. HFNI will determine, in its sole discretion, whether such work history is satisfactory for credentialing purposes.

3.4.7 Current, Adequate Malpractice Insurance.

All practitioners must be appropriately insured according to HFNI's guidelines or requirements. At a minimum, coverage of \$250,000 per claim and \$750,000 annual aggregate must be in place for all professional activities contemplated by the practitioner's affiliation with HFNI.

3.4.8 Acceptable Malpractice Claims History.

All professional liability claims that are pending or have resulted in settlements or judgments paid by or on behalf of the practitioner shall be disclosed, with sufficient information for an adequate assessment of their credentialing significance. The claims data shall cover at least the preceding 5 years or longer at the discretion of HFNI's Credentials Committee or Board of Directors. The acceptability of a practitioner's malpractice claims history, for credentialing purposes, shall be determined solely and exclusively by HFNI.

3.4.9 Fitness To Perform the Mental and Physical Functions Associated with the Professional Services To Be Provided.

Each application must include the applicant's attestation of his or her ability to perform all of the mental and physical functions associated with the professional services to be provided pursuant to HFNI's contract, with or without accommodation. If the applicant has any condition which could compromise his or her ability to perform such functions, it must be explained, and the applicant will be given an opportunity to describe any accommodations which could reasonably be made to facilitate his or her performance of such functions without risk of compromise. The implications of the information will be determined by HFNI in accordance with applicable laws.

3.4.10 No illegal Drug Use.

Any unlawful drug use occurring within the preceding 5 years, including the use of prescription drugs not under the supervision of a licensed healthcare professional must be disclosed. An applicant who has engaged in such unlawful drug use will be given an opportunity to identify and describe any rehabilitation program in which he or she is or was enrolled which assures prospective abstinence and adherence to prevailing standards of professional performance. The implications of the information will be determined by HFNI in accordance with applicable laws.

3.4.11 No History of License Revocation, or License Relinquishment While Under or To Avoid Investigation or Other Proceedings.

3.4.12 Satisfactory Peer Review History.

There should be no history of adverse peer review activity leading to the revocation, restriction or relinquishment of clinical privileges at any health care facility. The significance of any such history, for credentialing purposes, shall be determined solely and exclusively by HFNI.

3.4.13 No History of Felony or Other Significant Criminal Prosecutions or Convictions.

To assure high quality patient care and promote confidence in its operations, HFNI endeavors to maintain high reputational, ethical and moral standards among its providers. The significance of a criminal prosecution, for credentialing purposes, will be determined solely and exclusively by HFNI. (Generally, prosecutions and convictions for routine traffic violations are not considered significant.)

3.4.14 Satisfactory Results of Official Queries.

Queries regarding malpractice judgments or settlements and adverse peer review actions will be made with the National Practitioner Data Bank, the Federation of State Medical Boards as applicable, and the State Licensing Authority which regulates the applicant's practice wherever he or she is or has been licensed. In addition, the Office of the Inspector General will be queried regarding exclusions or other sanctions affecting the practitioner's eligibility to participate in Medicare or other government funded health care programs. HFNI will determine, in its sole discretion, whether the results of the queries are satisfactory for credentialing purposes. Review of Medicare Opt-Out listing for practitioners will be performed at time of initial credentialing and recredentialing.

3.4.15 Satisfactory Professional References.

Evaluations will be solicited from the professional references listed in the practitioner's application and from such other sources as the Credentials Committee or the Board of Directors deems appropriate. HFNI will determine, in its sole discretion, the significance of the information for credentialing purposes.

3.4.16 Satisfactory Results of Prospective Practitioner Site Visit Evaluation.

A prospective practitioner office site visit will be performed for all practitioners at initial credentialing and again at recredentialing. This includes a review of the medical record keeping system and a structured physical site review. A current copy of the Provider Site Visit Protocol will be maintained in this Manual as Appendix 3-1. HFNI will determine, in its sole discretion, whether the results are satisfactory for credentialing purposes.

If the total score on the site review falls below 85% or if any of the critical items is given a score below 2, the site visit shall be deemed unacceptable. In the event of an unacceptable site visit, HFNI may in its discretion decide not to continue the credentialing and contracting process, or it may implement an improvement plan for correction of the unacceptable items. If HFNI agrees to continue the credentialing and/or contracting process, an improvement plan must be initiated. Action to correct the deficiencies will be determined and a follow up site visit date will be set. A copy of the site visit and the corrective action plan will be given to the practitioner. The corrective action plan will include a date for a follow-up site visit.

HFNI will maintain a log of all initial and recredentialing site visits on a monthly basis, to include follow up dates and decision to follow.

3.4.17 Satisfactory Practice Coverage.

The covering practitioner(s) named in the application must be approved by HFNI and practice in the same specialty as the applicant, except as otherwise determined within the sole discretion of HFNI.

3.5 The Practitioner's Right to Review Information and Correct Erroneous Data.

The practitioner has a right to review the information submitted in support of his or her application. HFNI will notify a practitioner of any information obtained during the credentialing process which varies substantially from the information provided to HFNI by the practitioner. The practitioner shall have a right to correct erroneous information, without prejudice to HFNI's prerogative to deny the application or terminate the practitioner's affiliation based on the initial submission of incomplete, false or misleading information.

3.6 Action by Credentials Committee.

3.6.1 Following a determination that an application is ready for substantive consideration, the application and supporting materials shall be submitted to the Credentials Committee. The Credentials Committee shall be composed of a majority of participating physicians appointed by the Board of Directors. The number of physicians on the committee may vary from time to time,

3.6.2 Any information which was received by HFNI more than 180 days prior to consideration by the Credentials Committee shall be reverified.

All signatures and attestations must be updated in the event of nearing the 180 day period. This is inclusive of: Disclosure questions, Attestation and release of Information, Provider Subcontracting Worksheet, PCP Active Patient Attestation, Attestation, and Release of Information.

3.6.3 The Credentials Committee may request additional information from the applicant or from any other source, and the application shall not be deemed complete for further processing unless and until such information is received. The Credentials Committee may also consult with other committees or officials of HFNI regarding the application. When the Credentials Committee is satisfied that it has sufficient information upon which to base a decision, it shall formulate its recommendation.

3.6.4 If the recommendation, by a two-thirds majority of the Committee members present, is to approve the Credentials, the application is approved and the approval is reported to the Board of Directors at the next scheduled Board of Directors meeting.

3.6.5 If the recommendation of the Credentials Committee is to deny the application and a hearing or appeal is required by law or HFNI's policies and procedures, such hearing or appeal shall be conducted before the matter is acted upon by the Board of Directors. Following the hearing, the Credential's Committee's recommendation and the results of the hearing shall be presented to the Board of Directors for final action.

3.6.4 The Board of Directors shall not be bound by the results of any hearing or appeal process, unless expressly required by law.

3.7 Action by Board of Directors.

The Board of Directors will endeavor to consider the non-approved application and the Credentials Committee's recommendations/determinations at its next regular meeting. The Board of Directors may approve the application, deny the application, or request additional information. If the recommendation of the Credentials Committee is to approve the application, and the Board of Directors is inclined to deny the application, the Practitioner shall be afforded such hearing rights as are required by law or HFNI policies and procedures, if any, before final action is taken by the Board of Directors.

3.8 Approval of Application; Award of Contract.

3.8.1 Approval of an application (at either the Credentials Committee or subsequently at the Board of Directors) shall result in the practitioner being awarded a contract for three years, unless otherwise specified, after which the provider's affiliation with HFNI shall lapse automatically. Continued affiliation shall be subject to the recredentialing process described below, or pursuant to such other arrangements as be expressly approved by the Board of Directors based on adequate information regarding the practitioner's current competence.

3.8.2 The approval of an application may be rendered subject to special terms and conditions, as determined by the Board of Directors pursuant to its inherent business prerogatives. Any such terms and conditions shall be set forth in the letter of approval. A letter of approval shall be sent to the applicant, duly executed by HFNI's authorized representative. Applicant will be notified within (10) ten days of HFNI Board decision with a copy of letter sent to appropriate health plan.

3.9 Addition to HFNI Provider Panels.

Following approval of an application and the execution of a contract, the practitioner shall be added to the appropriate HFNI provider panels. His or her name and appropriate information shall be sent to HFNI's contracted health plans for consideration of addition to their provider panels.

In order to meet contractual obligations with AHCA, and specific health plans, the practitioner shall be asked to sign an attestation stating the practitioner has no more than three thousand (3,000) active patients. This attestation will be required annually.

3.10 Denial of Application.

If the application is denied, a letter of denial will be sent to the applicant by certified mail, return receipt requested. The practitioner shall be given written notice of the reason(s) for and an opportunity to seek review of the denial by submitting a written statement or appearing at a meeting. The procedure shall be determined by the President and CEO, and shall be informal. In no event shall there be a right to a hearing except as required by law or if the denial requires that a report be made to the National Practitioner Data Bank, in which case a hearing shall be conducted as provided in Sections 6.2.5 and 6.2.6 of this Policies and Procedures Manual. Final decisions following appeals will be made by the Board of Directors, and issued in writing. A practitioner whose initial application is denied is not eligible to reapply for one year from the date such decision is final.

4. PRACTITIONER QUALITY FILE

4.1 General.

A Practitioner Quality File is maintained for each individual practitioner who is affiliated with HFNI. This is to provide a mechanism for documenting, tracking and trending the findings of quality assessment for use at the time of recredentialing, at least, and to determine the current clinical competence of each practitioner, thus facilitating the continuous improvement of the quality of care and service provided to patients.

4.2 Procedure.

4.2.1 The Quality File is initiated by the Credentialing Verification Specialist (“CVS”) at the time a practitioner is appointed to a provider panel.

4.2.2 The designated Quality Management staff member is responsible for documenting Quality Management Committee review and action in each individual Practitioner Quality File. Current documentation is maintained at all times and is summarized monthly and annually utilizing the Quality File Tracking sheet and such other forms and instruments as may be developed for this purpose by the staff.

4.2.3 The Quality File is reviewed by the Chairman of the Credentials Committee at the time of recredentialing for reappointment to the provider panel in order to determine current clinical competency and suitability for

continued panel membership. The Chairman provides a report on the Quality File to the Credentials Committee.

4.2.4 The Quality File is reviewed by the chairman of the Quality Management Committee and/or the Medical Director or his designee at any time deemed appropriate for evidence of the practitioner's continued and current knowledge, skill and judgment in member care and for suitability for provider panel membership.

4.3 Access and Use.

4.3.1 The Quality File is used at the time of recredentialing and at any time deemed appropriate by the Medical Director, Quality Management or Credentials Committees and the Board of Directors for evidence of the practitioner's knowledge, skill and judgment in member care and service, thus indicating current competence and suitability for provider panel membership.

4.3.2 Access by others may be authorized by the President and CEO, Medical Director or his or her designee as necessary for HFNI's credentialing and peer review purposes.

4.3.3 A practitioner may review his/her Quality File in the presence of one or more of the individuals listed in paragraph 4.3.2, above.

5. RECREDENTIALING

5.1 General.

Each HFNI-affiliated practitioner shall be recredentialed at least every three (3) years, to identify any changes in the practitioner's licensure, standing with government-sponsored health plans, certification, competence, or health status that may affect the practitioner's ability to perform the services or otherwise meet the standards contemplated by his or her contract with HFNI. Practitioners will be notified within ten (10) days of HFNI Board decision.

5.2 Application.

Approximately ninety (90) days prior to the expiration date of a practitioner's affiliation, he or she will be mailed a recredentialing application form. Information which is currently in HFNI's database will be included for verification and update. The practitioner shall be obligated to complete the application by providing such verifications and other information that may be required, and by dating and signing the attestation of completeness and accuracy.

The matters to be updated or otherwise addressed in the recredentialing process shall include, but not necessarily be limited to:

5.2.1 Current valid license to practice the applicant’s profession in Florida and/or Alabama.

5.2.2 Medical staff membership and clinical privileges at the hospital designated by the practitioner as his or her primary admitting facility, as applicable.

5.2.3 A valid DEA or CDS certificate, as applicable.

5.2.4 Board certification.

Subject to the exception described below, continued Board certification is generally required as a prerequisite to ongoing HFNI affiliation, as contemplated by the initial credentialing standards and criteria, above. Notwithstanding the foregoing, HFNI may in its discretion lift this requirement for continued Board certification where a practitioner is in good standing, has been affiliated with HFNI for at least ten (10) years and has previously been successfully recertified by his/her Board at least once. Unless an exception to the Board certification requirement is made pursuant to the foregoing, lapse of Board certification shall be grounds for non-renewal of provider status at the time of recredentialing or at any other time.

5.2.5 Current, adequate malpractice insurance.

5.2.6 Acceptable malpractice claims history.

All professional liability claims that have been asserted or have resulted in settlements or judgments paid by or on behalf of the practitioner since his or her initial credentialing or last recredentialing, whichever is more recent, shall be disclosed. The practitioner shall provide sufficient information for an adequate assessment of the data in the recredentialing process.

5.2.7 Fitness to perform the mental and physical functions associated with the professional services to be provided.

The practitioner shall submit an attestation and related information of the type described under the initial credentialing provisions of these policies and procedures.

5.3 Timely Submission.

The due date for submission of a completed recredentialing application shall be thirty (30) days from the date it was sent to the practitioner. If it is not received

by then, HFNI will endeavor to issue a courtesy reminder, but the burden shall remain with the practitioner to know the due date and submit a timely application. If a completed application is not received within ninety (90) days of the date it was sent to practitioner, the practitioner's affiliation with HFNI will be suspended until the completed application is received.

5.4 Processing.

5.4.1 The recredentialing application shall be processed in substantially the same manner as is described in these policies and procedures for initial credentialing; and the CVO, Credentials Committee and Board of Directors, respectively, shall have parallel responsibilities and prerogatives. As in the initial credentialing process, there shall be no hearing rights regarding adverse recommendations or decisions, unless required by law or HFNI policies and procedures. To the extent that an adverse recommendation or decision relates specifically to provider status in a health plan, the practitioner shall be given written notice of the reason(s) and an opportunity to appeal that element of the action by submitting a written statement or appearing at a meeting. The procedure shall be determined by the President and CEO, and shall be informal. Final decisions following appeals will be made by the Board of Directors, and issued in writing.

5.4.2 As in the initial credentialing process, the practitioner is entitled to review the information submitted in support of his or her application. HFNI will notify the practitioner of any information obtained during the recredentialing process which varies substantially from the information provided to HFNI by the practitioner. The practitioner shall have a right to correct erroneous information, without prejudice to HFNI's prerogative to deny the application or terminate the practitioner's affiliation based on the initial submission of incomplete, false or misleading information.

5.4.3 HFNI will endeavor to complete the recredentialing process prior to the expiration date of the practitioner's affiliation. If this cannot be accomplished, and the application was submitted in a timely manner and the practitioner has cooperated fully in the process, the affiliation will remain intact until HFNI is ready and able to take action. If the application was not submitted in a timely manner or the applicant has not fully cooperated in the process, the application will expire on the date specified, subject only to such exceptions or alternative arrangements as may be made expressly by the Board of Directors in its sole discretion.

5.5 Approval of Application.

Approval of an application shall result in the practitioner's affiliation being renewed for another three years, unless otherwise specified, or through the expiration of Board certification if that is a shorter period. The Board of

Directors shall have the same prerogatives that exist in connection with the initial credentialing process, as described elsewhere in these policies and procedures.

5.6 Denial of Application.

If the recredentialing application is denied, a letter of denial will be sent to the applicant by certified mail, return receipt requested. The expiration date of the practitioner's affiliation with HFNI shall be specified. The practitioner shall be given written notice of the reason(s) for and an opportunity to appeal the denial by submitting a written statement or appearing at a meeting. The appeal process shall be conducted as described in Sections 6.2.5 and 6.2.6 of this Policies and Procedures Manual, and in accordance with HFNI Credentialing Operational Policy and Procedure on Aspects of Credentialing/Recredentialing: Applications, Hearing and Appeals, File Reviews and Audit Processes.

5.7 Ongoing Monitoring of Practitioner Sanctions

In addition to reviewing sanctions at time of credentialing and recredentialing, review of Medicare and Medicaid Sanctions and sanctions on limitations on licensure will be monitored on a regular basis between recredentialing cycles and discrepancies will be reported to the Credentials Committee via a written or verbal report. Licensure sanctions are checked monthly via on-line with appropriate State Licensing Board. Medicare/Medicaid Sanctions are downloaded quarterly and reviewed against the provider database. The Medicare Opt-Out listing is checked monthly. A tracking log will be maintained showing date of review of relevant data, source of data and action taken. If discrepancy is found for license sanctions, a letter is generated to the involved practitioner asking for information as well as contact made to the appropriate Agency to request documentation from them. Once all is received, it is then forwarded to the Credentials Committee for review and action. If provider is included on the list of Excluded Individuals/Entities report for Medicare/Medicaid Sanctions, this will be communicated to the Committee via written notification.

5.8 Updating of Expiring Documents:

Time-sensitive documents shall be kept current and shall be updated from practitioner as they expire. Time sensitive documents shall include:

- License
- DEA and/or CDS
- Malpractice Insurance

Monthly reports shall be generated from the Credentialing Program to identify documents which shall expire within the next thirty (30) days. Written or telephonic requests shall be made to practitioner or to license board and/or insurance company, as appropriate to obtain verification and copies of current

documents. Update information shall be entered into credentialing database as information is received and/or verified.

6. REDUCTION, SUSPENSION OR TERMINATION OF PRACTITIONER STATUS

6.1 General.

A practitioner's status may be reduced, suspended or terminated for any lawful reason, including but not limited to a lapse in basic qualifications such as licensure, insurance, board certification or required medical staff membership or privileges at a specified hospital/healthcare facility; a change in medical group practice affiliation; exclusion from, or opting out of, participation in the Medicare Program; a determination that the practitioner cannot be relied upon to deliver the quality or efficiency of patient care desired by HFNI; a determination that the practitioner cannot be relied upon to follow HFNI's clinical or business guidelines or directives; or a change in HFNI's business needs or strategies. Similarly, a contracting medical group's status may be reduced, suspended or terminated for any lawful reason, within HFNI's sole and absolute discretion. HFNI will submit a list of terminated providers to the Health Plan on a monthly basis.

In the event a provider is termed by a plan for any reason, a notice of term is sent to Health First Network Inc. Network Development office where the Director removes the practitioner from the HFNI directory.

In the event the practitioner is removed by HFNI for failure to comply with continuous monitoring, or not recredentialed within the timeframe the credentialing department will forward a term notice to the Director of Network Development where the provider will be removed from the provider directory, and the provider is notified in writing per the procedure below.

6.2 Procedure.

6.2.1 Sources of Information.

6.2.1.1 Information regarding behaviors or conditions which potentially violate HFNI's bylaws or Code of Conduct or which otherwise potential expose HFNI clients to sub-optimal medical care ("Issues") may come to the attention of HFNI through multiple sources included: events witnessed by a third party and relayed to HFNI orally or in writing; events identified by HFNI during the course of routine medical chart audits; through the news media; notification by medical boards, and; many other avenues.

6.2.1.2 Any HFNI employee or participating physician who receives information regarding a potential Issue related to an HFNI

participating physician is required to report the information to the HFNI Medical Director as soon as feasible, but in no case more than five (5) days following the acquisition of such knowledge.

6.2.1.3 There are many types of Issues that are subject to this policy including: loss of medical license; exclusion from participation in Medicare or Medicaid; neurologic/psychological/psychiatric impairment; chemical impairment.

6.2.2 Initial Considerations/Investigation of Issues.

Issues of potential significance shall be considered initially by the Medical Director, who shall have the broad discretion to determine how to proceed. His or her options shall include but not be limited to maintaining a record of the matter without further investigation or action; investigating the matter personally and making a report and recommendation to the Board of Directors as warranted; or referring the matter to the Utilization Management/Quality Management Committee (UM/QMC) for investigation and the preparation of a report and recommendation to the Medical Director and/or the Board of Directors.

If a report and recommendation recommends reduction, suspension or termination of provider status, the contracting practitioner or medical group shall be sent a written statement, by certified mail, of the issues or concerns and afforded a reasonable opportunity to address them in writing or at a meeting, as determined by the Medical Director. The response shall be summarized in or attached to the report and recommendation. A copy of the report and recommendation, stating the nature of any proposed adverse action and the reason(s) for it shall be sent to the practitioner or medical group.

6.2.3 Possible Summary Action.

In instances where there may be an imminent danger to the health of any individual, or where a practitioner has been excluded from, or has opted out of, the Medicare Program, the Chair of the Credentials Committee or the Medical Director may summarily reduce or suspend the practitioner's or the medical group's authority to provide patient care services as an HFNI affiliate, effective immediately upon notice to the practitioner, pending consideration and action by the UM/QMC. This Committee may perpetuate the reduction or suspension pending action by the Board of Directors. Where summary action is taken, an investigation, if not already underway, shall be promptly conducted and a report and recommendation prepared pursuant to Section 6.2.1.

6.2.4 Notice of Action.

In the event that the report and recommendation prepared pursuant to Section 6.2.1 recommends suspension, reduction or termination of practitioner status, a written notice setting forth the proposed action and the issues or concerns on which it is based shall be sent to the practitioner or medical group by certified mail. If the action is proposed for reasons that would require that a report be made to the National Practitioner Data Bank, the notice will so state. The notice shall describe the practitioner's appeal rights (an appellate review pursuant to Section 6.2.4 or, if eligible, an appellate hearing under Sections 6.2.5 and 6.2.6) and the process for requesting an appeal. Before the report and recommendation is submitted to the Board of Directors, the practitioner or medical group shall have thirty (30) days from receipt of the notice of action to request, in writing to the President and CEO, an appellate review pursuant to Section 6.2.4 or, if eligible, an appellate hearing under Sections 6.2.5 and 6.2.6.

6.2.5 Appellate Review.

A practitioner or medical group may seek appellate review of any action to reduce, suspend or terminate their provider status with HFNI. Such request must be made in writing to the President and CEO within thirty (30) days following receipt of the notice of such action. The request must clearly state the grounds for the request. The Board of Directors shall not take action on the matter during this thirty (30) day period. If appellate review is not requested within the time and in the manner specified, the Board of Directors shall take such final action as it deems appropriate and announce it in writing to the Medical Director, the UM/QMC and the practitioner or medical group.

If appellate review is requested within the time and in the manner specified, the Board of Directors shall arrange for the review to be conducted as soon as practicable. The review may be conducted by the Board or by an ad hoc committee approved by the Board or its chairman. The appellate review shall include, at least, an opportunity for the Medical Director or the UM/QMC and the practitioner or medical group to present relevant information and arguments in writing or orally, as determined by the body conducting the review. The Board of Directors shall have the discretion to prescribe such additional procedural elements as it deems appropriate to the circumstances. If the body conducting the review is an ad hoc committee, it shall present the information and arguments gathered through the review process to the Board of Directors, along with its recommendation. When the Board of Directors is satisfied that sufficient information and arguments have been presented in the appellate process, it shall take such final action as it deems appropriate and announce it in writing to the Medical Director, the UM/QMC and the practitioner or medical group.

6.2.6 Appellate Hearing.

If a reduction, suspension or termination of practitioner status is proposed for reasons associated with clinical care, conduct or service or for reasons that would require that a report be made to the National Practitioner Data Bank, a practitioner licensed as a M.D., D.O., D.D.S., D.P.M. or D.C. shall be allowed thirty (30) days from receipt of the notice of such action within which to request of the President and CEO, in writing, an appellate hearing be conducted. The grounds for the request shall be clearly stated. The Board of Directors shall not take action on the matter during this thirty (30) day period. If an appeal is requested pursuant to this section within the time and in the manner specified, the procedures described in Section 6.2.6 shall be followed. If an appellate hearing is not requested within the time and in the manner specified, the practitioner shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved, and the Board of Directors shall take such final action as it deems appropriate and announce it in writing to the Medical Director, the UM/QMC and the practitioner.

A practitioner who is entitled to seek an appellate hearing under this Section may instead seek appellate review under Section 6.2.4 but may not seek review under both procedures.

For Operational issues, refer to HFNI Credentialing Operational Manual, policy and procedure on Aspects of Credentialing/Recredentialing: Applications, Hearing and Appeals, File Reviews and Audit Processes.

6.2.7 Appellate Hearing Procedure; Final Action by Board of Directors.

If an appellate hearing is requested under Section 6.2.5 within the time and in the manner specified, the Board of Directors shall arrange for the hearing to be conducted as soon as practicable and in any case within sixty (60) days of receipt of the practitioner's hearing request. The hearing shall be conducted by a hearing panel consisting of no fewer than three persons selected by HFNI, a majority of whom must be peers of the affected practitioner (a peer shall be a practitioner who holds the same license as the affected practitioner, provided that there shall be no distinction between MD and DO licenses, and, where evaluation of professional performance is at issue, possesses the necessary education, training and experience to evaluate such performance). Members of the hearing panel may not be in direct economic competition with the practitioner (which may take into account, as appropriate, factors such as specialty and sub-specialty, geographic location, referral sources, and hospital memberships and privileges). Knowledge of the matter involved shall not preclude any person from serving as a member of the hearing panel so long as that person did not take part in a prior consideration of the action or recommendation being challenged.

The practitioner shall have the right to representation at the hearing by an attorney or other person of the practitioner's choice, at the practitioners expense, and to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges associated with the preparation thereof;

Within reasonable limitations, both parties may call and examine witnesses for relevant testimony; introduce relevant exhibits or other documents; cross-examine or impeach witnesses who have testified orally on any matter relevant to the issues, and otherwise rebut evidence; receive all information made available by the other party to the hearing panel; and submit a written statement, as long as these rights are exercised in an efficient and expeditious manner. The practitioner may be called by the Medical Director or UM/QMC, or by the hearing panel, and examined as if under cross-examination. The hearing panel may question witnesses or call additional witnesses if it deems such action appropriate. The hearing officer, if one has been appointed, shall also have the discretion to ask questions of witnesses if he or she deems it appropriate for purposes of clarification or efficiency. Judicial rules of evidence and procedure relating to the conduct of trials regarding the examination of witnesses and presentation of evidence shall not apply; any relevant evidence, including hearsay, may be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

The Board of Directors shall have the discretion to prescribe such additional procedural elements as it deems appropriate to the circumstances, including the appointment of a qualified attorney (who is not in direct economic competition with the practitioner involved) to serve as a hearing officer to assist the hearing panel in the conduct of the appellate hearing. The hearing officer should participate in the deliberations of the hearing panel and is a legal advisor to it but shall not be entitled to vote. At the hearing, the practitioner has the burden of proving by clear and convincing evidence that the reason(s) for the adverse action lack any factual basis or that such basis or the conclusion(s) drawn therefrom are arbitrary, unreasonable or capricious. The Notice of Action (Section 6.2.3) may be supplemented or amended at any time prior to the issuance of the hearing panel's decision, provided the practitioner is afforded a fair and reasonable opportunity to respond.

At least ten (10) days prior to the hearing, the parties must exchange copies of all documents they intend to introduce at the hearing and a written list of the witnesses (name and address) who are expected to give testimony or evidence in support of that party at the hearing. Failure to comply with this requirement is good cause for the hearing panel or hearing officer to grant a continuance, or to limit the introduction of any documents not provided or the testimony of any witness not identified.

Failure without good cause of the practitioner to personally attend and proceed at a hearing in an efficient and orderly manner, or serious or persistent misconduct or failure to cooperate in the hearing process by either party, shall be grounds for termination of the hearing.

The hearing panel shall consider the information and arguments of the parties and make a written decision, including a statement of the basis for the decision, which it shall communicate to the Board of Directors. The hearing panel's decision shall be based on the evidence and written statements introduced at the hearing, including all logical and reasonable inferences from the evidence. The Board of Directors shall affirm the decision of the hearing panel unless the Board determines such decision is arbitrary, unreasonable or capricious or is contrary to the evidence in the record, in which case the Board may reverse or modify such decision or refer it back to the hearing panel for further action or consideration. The final decision as adopted by the Board of Directors shall be communicated in writing to the Medical Director, the UM/QMC and the practitioner or medical group.

6.2.8 Reporting.

HFNI shall comply with applicable state and federal reporting requirements regarding any adverse actions taken against practitioners, including reporting requirements of the Medical Board of Florida and the National Practitioner Data Bank. The practitioner will be notified of any such reports and their contents. HFNI will immediately notify both the provider and Health Plan when a patient's health is in imminent danger or the provider's ability to practice medicine is effectively impaired by an action of the Board of Medicine.

6.3 Action "Without Cause".

Notwithstanding the above provisions, if a practitioner's or medical group's agreement with HFNI provides for reduction, suspension or termination without cause upon specified notice, that provision may be invoked. In such cases, the terms of the agreement shall prevail and no reason(s) for the reduction, suspension or termination need be stated or substantiated.

7. CREDENTIALING ORGANIZATIONAL PROVIDERS

HFNI may contract with organizational providers (facilities), including those listed below, to provide services to its members. Prior to finalizing any contractual arrangement to provide services, HFNI or its delegate(s) will complete a standardized process of data collection and evaluation of facilities. All providers are required to be Medicare-certified.

- Currently, 11.2014 HFNI does not credential facilities. This is intentionally left in the credentialing manual in the event HFNI decides to take action on facilities. (See attestation).

The credentialing process shall determine that contracting facilities are licensed to operate in the states in which they are located and/or in which they propose to provide services for HFNI members and that they are in compliance with other state and federal requirements, as applicable.

7.1 Facilities Credentialed.

Categories of facilities with which HFNI may contract include the following:

- Independent Laboratories
- Kidney Dialysis Centers
- MRI Centers
- Ambulatory Surgery Centers (ASC)
- Home Infusion
- DME
- Home Health Agency
- Skilled Nursing Facility (SNF)
- Nursing Homes
- Assisted Living Facilities
- Adult Day Care Services
- Homemaker, Companion Agencies (HCS)
- Home Medical Equipment (HME) Providers

7.2 Initial Credentialing Process.

Upon request of the HFNI Contracting Committee, a Facility Application is sent to a facility to assist in gathering relevant information. The facility must complete the application, providing all of the requisite information, with supporting documentation as warranted or requested. Upon submission of a complete application, the credentialing process shall generally follow the process as described in Chapter 3 of this Policies and Procedures Manual.

Once the application is received, HFNI shall verify the information begins and arrange for a facility site visit. Current site visits and survey results provided by regulatory agencies or accrediting agencies approved by HFNI (including, but not limited to, American Health Care Association; The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, and the Centers for Medicare and Medicaid Services (“CMS”)) may be accepted in place of the HFNI site visit. All information, including site visit findings and survey results is evaluated and sent to the Credentialing Committee for review and decision.

7.3 Site Visits.

A site visit by HFNI shall include a review of the medical record keeping system and a structured physical site review. A current copy of the Provider Site Visit Protocol will be maintained in this Manual as Appendix _____. HFNI will determine, in its sole discretion the scoring of the site visit.

If the total score on the site review falls below 85% or if any of the critical items is given a score below 2, the site visit shall be deemed unacceptable. In the event of an unacceptable site visit, HFNI may in its discretion decide not to continue the credentialing and contracting process, or it may implement an improvement plan for correction of the unacceptable items. If HFNI agrees to continue the credentialing and/or contracting process, an improvement plan must be initiated. Action to correct the deficiencies will be determined and a follow up site visit date will be set. A copy of the site visit and the corrective action plan will be given to the facility. The corrective action plan will include a date for a follow-up site visit.

HFNI will maintain a log of all initial and recredentialing site visits on a monthly basis, to include follow up dates and decision to follow.

7.4 Recredentialing Process.

All facilities under contract with HFNI will undergo a recredentialing review every three (3) years. The review process and standards for recredentialing are the same as those for initial credentialing.

- Gathering specific data from facilities regarding current licensure and accreditation
- Monitoring member complaints, clinical occurrences and incident reporting data to evaluate facilities on a continual basis
- Reviewing recent CMS survey results (if applicable)
- Immediately investigating serious incidents, which may include a site visit to the facility

7.5 Requirements for Credentialing and Recredentialing.

- Completed application with current date and signature of authorized official
- Current copy of valid license, as applicable to type of facility
- Copy of current liability insurance
- Medicare and Medicaid Numbers
- Copy of Medicare Certification
- Copy of Medicaid Certification
- Absence of Medicare Sanctions
- Facility's most recent CMS survey results
- Reports from accrediting bodies, as applicable

Unaccredited facilities may be required to submit additional information, including their most recent CMS site visit report and/or quality management documentation.

7.6 Acceptable Accreditation Agencies.

HFNI will accept accreditation from the following agencies:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF)
- Accreditation Commission for Health Care (ACHC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission (TJC)

7.7 Denial/Termination.

If an initial or recredentialing application for a facility is denied, or if the contract for services is terminated, a letter describing such action will be sent to the facility by certified mail, return receipt requested. The facility shall be given written notice of the reason(s) for and an opportunity to seek review of the action by submitting a written statement or appearing at a meeting. The procedure shall be determined by the President and CEO, and shall be informal; in no event shall

there be a right to a hearing unless required by law. Final decisions following appeals will be made by the Board of Directors, and issued in writing.

Notwithstanding the above provisions, if a facility's agreement with HFNI provides for reduction, suspension or termination without cause upon specified notice, that provision may be invoked. In such cases, the terms of the agreement shall prevail and no reason(s) for the reduction, suspension or termination need be stated or substantiated.

8. CONFIDENTIALITY

8.1 General.

The records and proceedings of HFNI and its committees and representatives, including information regarding any applicant or contracted practitioner, shall be maintained in confidence to the fullest extent permitted by law. Dissemination of such information shall only be made where expressly required by law, or pursuant to officially adopted policies of HFNI or, where no officially adopted policy exists, only with the express approval of the Board of Directors or its designee.

8.2 Breach of Confidentiality.

Inasmuch as effective credentialing and peer review, including consideration of the qualifications and professional performance of practitioners to provide patient care services, must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of HFNI's Board of Directors, committees and/or representatives, except in conjunction with the official business of HFNI, is outside appropriate standards of conduct and will be deemed disruptive to the operations of HFNI. If it is determined that such a breach has occurred, the Board of Directors may take such action as it deems appropriate, including suspension or termination of a practitioner's affiliation or his or her appointment as an HFNI committee member or representative.

8.3 Confidentiality Statement or Assurance.

HFNI may require that committee members and representatives sign a written statement or assurance of confidentiality as a condition of serving in such a capacity.

9. BOARD OF DIRECTORS; DUTY OF CARE AND LOYALTY

HFNI has an important interest in assuring that the members of its Board of Directors discharge their responsibilities and otherwise serve in a manner consistent with their legal duties of care and loyalty. Therefore, each member of the Board of Directors shall sign a

written Acknowledgment of Duty. A copy of the form approved by the Board of Directors will be maintained in this Manual as Appendix 8-1.

10. BEHAVIORAL STANDARDS

10.1 Policy

It is the policy of HFNI that all affiliated practitioners must adhere to basic standards of professionalism and civility in their communications with HFNI staff, health plan representatives, other health care providers (including nurses), patients and patients' families. This policy applies to all methods of communication, including but not necessarily limited to correspondence, conversation (direct or by telephone) and charting. Medical records must be used only for the appropriate documentation of patient-care information, including noteworthy events, observations and orders, and must not be used as a vehicle for unprofessional comments regarding managed care policies and procedures, or other extraneous matters. Rudeness, cursing, displays of anger and other types of abusive or disruptive behavior will not be tolerated. Conduct which is inconsistent with this policy is deemed unprofessional and against the interests of HFNI, and may be grounds for corrective action as provided herein.

10.2 Enforcement

10.2.1 Initial Consideration/Investigation of Issues

Allegations of unprofessional conduct shall be reported initially to the Executive Director, who shall decide how to proceed. His or her options shall include but not be limited to maintaining a record of the matter without further investigation or action; investigating the matter personally and making a report and recommendation to the Board of Directors and/or Executive Committee; or referring the matter to the Medical Director or the Utilization Management/Quality Management Committee (UM/QMC) for investigation and the preparation of a report and recommendation to the Executive Director and/or the Board of Directors.

10.2.2 Action

The Executive Director, the Medical Director, the UM/QMC Committee and the Board of Directors shall have broad discretion in deciding how to address problems of unprofessional conduct.

The Executive Director, the Medical Director and the UM/QMC shall each have the authority, unilaterally, to issue written or oral admonishments, warnings or reprimands; to refer a practitioner for education or counseling by Provider Relations; or to make

recommendations that these or other actions be taken by the Board of Directors.

If the Executive Director, the Medical Director or the UM/QMC is inclined to recommend to the Board of Directors that a practitioner's contract with HFNI be reduced, suspended or terminated, the practitioner shall be given an opportunity to address the issues, as described in Section 6.2.1 of this Policies and Procedures Manual, before the final report and recommendation is submitted to the Board of Directors

The Board of Directors shall have the authority to take whatever action it deems appropriate. If reduction, suspension or termination of a practitioner's contract with HFNI has been recommended by the Executive Director, the Medical Director or the UM/QMC, the Board of Directors shall afford the practitioner a right of appellate review or an appellate hearing, as described in Sections 6.2.4 through 6.2.6 of this Policies and Procedures Manual, before taking final action.

11. LEAVES OF ABSENCE

11.1 Voluntary Leaves of Absence

11.1.1 Leave Status – A Provider (PCP or RCP) may request up to a 90 day leave of absence status.

In order to request a Leave of Absence (LOA) (any time greater than four (4) weeks/28 days) the Provider must notify HFNI in writing of his/her intent to take LOA, the reason for the request and the exact period of time of the leave. Arrangements for his/her patient coverage must be approved by the HFNI Board of Directors.

The Providers' credentials must be in good standing at time of request and must remain current through the recredentialing cycle. If Provider's participation status or credentials expire while on leave, the Provider must reapply and go through the initial credentialing process.

11.1.2 Military Leave – Deployment

Any Provider fulfilling military obligations will be granted automatic leave. A letter stating the departure date will still be needed. Upon return, reinstatement will be facilitated pursuant to the law, and subject to such measures as may be necessary to assure current competence and fitness for practice in the physician's specialty.

11.1.3 Humanitarian Leave

Any Provider performing humanitarian duties (such as Doctors without Borders, Volunteers in Service to America, etc.) for an extended period

will be granted automatic leave upon request. For the purposes of this section “Extended Period” shall mean any time in excess of one hundred eighty (180) days. A letter stating the departure date, and return date if known, will still be needed. Upon return, reinstatement will be facilitated pursuant to the law, and subject to such measures as may be necessary to assure current competence and fitness for practice in the physician’s specialty.

11.1.4 Expiration of Voluntary Leave

At least thirty (30) days prior to the expiration of the leave, the Provider must request reinstatement of his/her status with HFNI by submitting a written notice to that effect to the Board of Directors of HFNI. The Board of Directors may request information regarding the physician’s activities while on leave and/or such information as it deems necessary to assure that the physician is currently competent and fit to return to practice in his or her specialty. Reinstatement will not be effective unless and until it is approved by the Board of Directors.

11.2 Medical Leaves of Absence

In the event of illness or impairment, notification in writing must be received from the Provider or provider’s designee explaining the nature of illness and anticipated length of time to be on leave. The Medical Director and Executive Director may authorize an immediate medical leave of absence, if needed. Arrangements for his/her patient coverage must be approved by the HFNI Board of Directors.

11.2.1 Reinstatement Following Medical Leave

Following treatment/rehabilitation, the Medical Director and Executive Director may also authorize temporary reinstatement until information may be presented to Board of Directors. In the case of illness and/or rehabilitation, the request for reinstatement shall include a release to work from the treating physician or program director and shall be presented to the Board of Directors, with a statement from the Provider attesting to his/her recovery and ability to return to medical practice. The Board of Directors shall have the prerogative to require additional information or fitness evaluations before acting on the request for reinstatement. Failure to request reinstatement or to provide a requested summary of activities or otherwise comply with the Board of Directors’ requirements as above provided shall result in expiration of Provider Participation, privileges, and prerogatives without right of hearing or appellate review. Credentials must remain current and in good standing with the IPA during this time. Should Provider miss his/her recredentialing cycle, Provider will be decertified and must reapply as a new applicant.

12. MEMBER COMPLAINTS

12.1 Policy

It is the policy of Health First Network, Inc. to review member complaints and quality issues as submitted by the Health Plans at time of recredentialing or sooner if information is available. If a practitioner has three (3) or more valid complaints, a letter will be sent to the practitioner stating the number and nature of complaints.

12.2 Procedure

At time of recredentialing, reports are received from the Health Plans indicating specific member and/or quality issues for Primary Care Physicians. All information is reviewed with the HFNI Medical Director prior to being submitted to the Credentials Committee for review. Some issues such as billing issues, will be tracked and referred to Provider Relations for education, but will not be counted against the provider unless a trend is noticed. All issues marked by the Health Plan as Quality will be reviewed and reported to the practitioner.

12.3 Exceptions

The above provisions are intended to address routine issues that do not involve the prospect of serious or immediate harm to patients or others or to the business interests of HFNI. HFNI reserves the right to take any lawful action, at any time, to deal promptly and effectively with issues that warrant immediate attention.