

# Rules of Participation

## Medicare Advantage Networks

The following rules of participation (“Rules”) apply to all Humana entities that operate a Medicare Advantage coordinated care plan or network medical savings account (MSA) plan as contemplated by 42 C.F.R. §422.202(a), and to Health Value Management Inc., d/b/a ChoiceCare Network (Humana). The Rules apply to physicians’, physician groups’, independent practice associations’ or other physician organizations’ (collectively, “Physician”) participation in Humana’s Medicare Advantage network(s) (“Network[s]”).

Humana’s rules include the following criteria and/or considerations:

1. Humana may make determinations as to the number and mix of physicians needed in its network(s) at any given time and may choose the manner to achieve same.
2. Physician must at all times meet all credentialing and recredentialing standards as outlined in Humana’s credentialing and recredentialing policies, as amended from time to time.
3. Physician must at all times demonstrate to Humana and/or ChoiceCare’s satisfaction the ability to meet all obligations set forth in the physician’s participation agreement with Humana and/or ChoiceCare, and physician must acknowledge that all terms of payment are set forth therein.
4. Physician must at all times comply with all requirements set forth in the applicable Humana or ChoiceCare provider administration manual.
5. Physician must demonstrate a practice history that Humana deems consistent and compatible with the Rules set forth herein.
6. Physician must practice within the applicable service area and geographic territory.
7. Physician must meet the Centers for Medicare & Medicaid Services’ (CMS’) and Humana’s access-to-care requirements applicable to Medicare Advantage members.
8. Humana may also consider physician performance metrics including, but not limited to, cost efficiency, effectiveness indicators and patient experience results comparable to benchmarks. Physician performance metrics may include the following:
  - A. Humana may selectively use claims grouper methodologies to analyze the cost efficiency of a broad range of physicians, both specialists and primary care, and use the resulting “efficiency measurement” to select physicians for participation.
  - B. Humana may selectively use “effectiveness indicators,” including those developed by emerging industry guidelines and/or by nationally recognized quality organizations.