

CARESOURCE FAMILY OF COMPANIES

FAIR HEARING PLAN

A Provider subject to an Action proposed by or issued by Plan shall have the rights set forth in this Fair Hearing Plan. This Fair Hearing Plan applies only to Actions, as defined herein. Prior to the issuance of an Action, the Provider will have the opportunity to take corrective action. Following the issuance of a Notice of Action by Plan, the levels of appeal available to the Provider are as follows:

Level 1	Meeting with CMO or Designee
Level 2	Provider Fair Hearing Panel
Level 3	Review by the Board of Trustees

Except as set forth in Section II(B) herein, Provider under review for failing to meet standards for quality or utilization in the delivery of health care service will generally retain his or her status as a Participating Provider during the Provider's appeals under the provisions of this Fair Hearing Plan.

I. DEFINITIONS

Action. An action of Plan affecting the ability of Provider to provide services to individuals enrolled with Plan, including but not limited to rejection of the Provider's application for participation or summary suspension or termination of the Provider's Provider Agreement on the basis of Provider's failure to meet Plan's standards for quality or utilization in the delivery of health care services. Exclusions are set forth in Section II, herein.

Board. The Plan's Board of Trustees.

Board Decision. The decision issued by the Board, which may include affirmance, modification, or reversal of the PFHP Decision.

CEO. The Chief Executive Officer of Plan. Duties assigned to the CEO hereunder may be assigned to his or her designee.

CMO. The Chief Medical Officer of Plan. Duties assigned to the CMO hereunder may be assigned to his or her designee.

CMO Decision. The decision issued by the CMO or his or her designee following a meeting with the Provider, which may include affirmance, modification, or reversal of the Action.

Notice of Action. A written notice of an Action issued by Plan to Provider, which shall include the nature of the Action and the Provider's appeal rights.

Participating Provider. A health care professional or facility that has been credentialed or approved by Plan and entered into a Provider Agreement with Plan, to provide services to individuals enrolled with Plan in accordance with Plan requirements.

PFHP. The Provider Fair Hearing Panel.

PFHP Decision. The decision of the PFHP, which may include affirmance, modification, or reversal of the CMO Decision.

Plan. The entity within the CareSource Family of Companies that, through contracts with its Participating Providers, provides or arranges for the provision of medical services to its enrollees. This includes all CareSource Family of Companies health plans.

Provider. A health care professional or facility that is the subject of a proposed Action or an Action.

Provider Agreement. The contract between Provider and Plan for the provision of services by Provider to individuals enrolled with Plan, including but not limited to contracts titled "Provider Agreement" and "Group Practice Services Agreement."

II. PROPOSED ACTION, NOTICE OF ACTION, AND EXCLUSIONS

A. PROPOSED ACTION AND NOTICE OF ACTION

Prior to finalizing an Action, Plan will give Provider notice of the reason or reasons for the Action and an opportunity to take corrective action, if appropriate. When necessary, Plan will develop a performance improvement plan in conjunction with Provider. If the Provider declines to participate in a performance improvement plan or agrees to participate but fails to comply, in the reasonable determination of Plan, Plan may finalize the Action. If Plan finalizes the Action, the CMO or his or her designee will send a Notice of Action via certified mail, return receipt requested, to the Provider. The Notice of Action will include information regarding the Provider's further appeal rights. The procedures set forth in this Section II(A) shall not apply to a Provider whose participation has been summarily suspended in accordance with Section II(B).

B. EXCLUSIONS

This Fair Hearing Plan shall not apply, and the Provider shall have none of the rights set forth herein under any of the following circumstances:

1. the Provider Agreement is terminated without cause pursuant to the terms of the Provider Agreement;

2. the health care needs of Plan's enrollees are being met and no need exists for the Provider's continued services; or
3. Plan determines that the Provider does not otherwise meet the terms and conditions of the Provider Agreement.

Nothing in this Fair Hearing Plan will be construed as precluding Plan from summarily suspending a Provider's participation for the following reasons: the Provider's conduct presents an imminent risk of harm to an enrollee or enrollees; there has occurred unacceptable quality of care, fraud, patient abuse, loss of clinical privileges, loss of professional liability coverage, incompetence, or loss of authority to practice in the participating Provider's field; or a governmental action has impaired the participating Provider's ability to practice.

The rejection of a Provider's application for participation with Plan due to the Provider's failure to submit a complete application does not constitute an Action for purposes of this Fair Hearing Plan.

III. MEETING WITH CHIEF MEDICAL OFFICER OR DESIGNEE

A Provider for whom an Action has been taken has a right to request an informal meeting with the CMO or his or her designee to discuss the Action. The Provider must request such a meeting, in writing, within thirty (30) days of receipt of the Notice of Action. The request must be addressed to the CMO and must be hand delivered or sent via certified mail, return receipt requested. The request must be received by the CMO within the thirty (30) day period.

A. NOTICE OF MEETING

Upon receipt of a Provider's request for a meeting, the CMO or his or her designee will schedule the meeting. In no event will the meeting be scheduled for later than thirty (30) days after the Provider's request for a meeting is received, unless otherwise agreed to by the parties or, at the sole discretion of the CMO, for good cause. Promptly after the meeting is scheduled, the CMO or his or her designee will send a notice to the Provider, via certified mail, return receipt requested, of the date, time and place of the meeting.

B. MEETING PROCEDURE

During the meeting, the CMO or his or her designee and the Provider will discuss the reason or reasons for the Action. This is an informal meeting and not a hearing. The following procedural requirements apply:

1. Personal presence will be required. Failure of the Provider to appear at the meeting, without good cause, will constitute a waiver of the right to a

meeting and a voluntary acceptance of Action involved;

2. Representation of the Provider by legal counsel or any other individual is not permitted, unless such representation is approved in advance of the meeting by the CMO or his or her designee; and
3. The Provider may submit any documents or other evidence or a written statement to the CMO or his or her designee either before or during the meeting.

C. TIMING AND NOTICE OF DECISION

No later than fourteen (14) days after the meeting, the CMO or his or her designee will make a decision regarding the Action. The CMO or his or her designee will report the CMO Decision to the Chairperson of the Board. The CMO or his or her designee will, within seven (7) days after making the report to the Chairperson of the Board, send notice via certified mail, return receipt requested, to the Provider, of the CMO Decision and the Provider's further appeal rights.

IV. PROVIDER FAIR HEARING PANEL

Following the procedures set forth in Section III above, the Provider may appeal the Action by requesting a hearing with the Provider Fair Hearing Panel ("PFHP"). The Provider must request such a hearing, in writing, within thirty (30) days of receipt of the CMO Decision. The request must be addressed to the CEO and must be hand delivered or sent via certified mail, return receipt requested. The request must be received by the CEO within the thirty (30) day period. Failure to file such a request within the required time period shall constitute the Provider's complete and final waiver of any right to a meeting, hearing, and/or any appellate review of the Action.

A. NOTICE OF HEARING

Upon receipt of a Provider's request for a hearing, the CEO or his or her designee will promptly arrange for and schedule the hearing. Promptly after the hearing is scheduled, the CEO or his or her designee will send a notice to the Provider, via certified mail, return receipt requested, of the date, time and place of the hearing.

B. COMPOSITION OF THE PROVIDER FAIR HEARING PANEL

The hearing will be conducted by the PFHP, composed of not less than three (3) members selected by the CEO. The PFHP will be composed of Participating Providers with comparable or higher levels of education and training than the Provider and not otherwise involved in Plan's

network management. If possible, a representative of the Provider's specialty will be a member of the PFHP. No one who has participated in the case or circumstances giving rise to the hearing, and no one in direct economic competition or professionally associated with the Provider will be appointed to the PFHP. Knowledge of the matter involved will not preclude any individual from serving as a member of the PFHP.

The CEO or his or her designee will designate one of the PFHP members as the Chairperson. The names of the PFHP members will be promptly communicated to both parties, both upon the initial appointments and in the event of any subsequent substitute appointments. Within five (5) days of receiving the list of names, the Provider may object to any PFHP member. The objection must be in writing stating the basis of the objection. The decision as to whether to replace any PFHP member will be at the sole discretion of the CEO or his or her designee.

C. HEARING PROCEDURE

1. Appearances. The personal presence of the Provider is required. If the Provider fails to appear without good cause, as determined by the PFHP, the Provider will be deemed to have completely and finally waived his/her rights to the hearing and any appellate review. Both the Provider and Plan are entitled to have legal counsel, or any other person, represent them at the hearing. The PFHP may also have separate legal counsel to advise it regarding the procedures herein. If a party is represented by an attorney or anyone else, that attorney or person will be responsible for presenting the case. If the Provider will be represented by legal counsel or any other person, the Provider will notify Plan of such representation, in writing, at least fourteen (14) days in advance of the hearing.

2. Presiding Officer. The Chairperson of the PFHP will preside at the hearing. The presiding officer will determine the order of procedure and will make all rulings on procedure, including postponements and recesses, and the admissibility of evidence. The presiding officer may, in his or her sole discretion, call a pre-hearing conference in order to make decisions regarding exhibits, objections, or any other procedural matters as chosen by the presiding officer.

3. Attendance of PFHP Members. A majority of the PFHP must be present throughout the hearing and the PFHP deliberations. If a member is absent from any part of the proceedings, the member will not be permitted to participate in the deliberations or decision of the PFHP.

4. Rights of Parties. During the hearing, each of the parties will have the right:

- a. to call and examine witnesses;

- b. to introduce exhibits;
- c. to cross-examine any witness on any matter relevant to the issues;
- d. to rebut any evidence; and
- e. to submit a written statement at the close of the hearing.

Oral evidence will be taken only on oath or affirmation administered by a person entitled to notarize documents.

5. Procedure and Evidence. The following rules of procedure and evidence will apply to the hearing:

- a. The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of their affairs will be admitted regardless of the admissibility of such evidence in a court of law. Each party will, prior to or during the hearing, be entitled to submit memoranda that will become part of the hearing record. State and Federal Rules of Evidence do not apply to the hearing. It is the intent of this section that evidentiary disputes be resolved in favor of admissibility, with the PFHP deciding the appropriate weight to be accorded all evidence.
- b. If requested by either party or at the direction of the presiding officer, copies of the exhibits to be introduced and the names of the witnesses to be called will be exchanged by the parties no later than seventy-two (72) hours before the hearing is scheduled to begin. Additional exhibits and witnesses can only be introduced or called upon a showing of good cause
- c. If the Provider does not testify in his/her own behalf, the Provider may be called and examined as if under cross-examination by the Plan representative or the members of the PFHP.
- d. In reaching a decision, the PFHP may take official notice before the submission of the matter for decision of any generally accepted technical or scientific matter relating to the issues under consideration. Parties present at the hearing will be informed of the

matters to be noticed and those matters will be noted in the hearing record. Any party will be given the opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noted matters by evidence or by written or oral presentation of authority. The manner of such refutation will be determined by the PFHP.

- c. It will be the obligation of the Plan representative to present appropriate evidence in support of the Action. The Provider will thereafter have the burden of proving by clear and convincing evidence that the Action was arbitrary or capricious.

6. Record. A record of the hearing will be kept by a court reporter, and a copy thereafter may be obtained by the Provider upon payment of reasonable charges associated with the preparation thereof.

7. Deliberation and Adjournment. Upon conclusion of the presentation of oral and written evidence, the hearing will be closed, unless the PFHP permits the parties to submit final written statements. The PFHP will thereupon, at a time convenient to itself within twenty-one (21) days after the later of hearing closure or the submission of written statements, conduct its deliberations outside of the presence of the parties. The conclusion of deliberations will constitute adjournment of the PFHP.

D. TIMING AND NOTICE OF DECISION

Within seven (7) days of adjournment of the PFHP, the PFHP Decision will be sent to the Chairperson of the Board, the CEO, and the CMO. The Chairperson of the Board will, within seven (7) days of receipt of the PFHP Decision, send notice via certified mail, return receipt requested, to the Provider, of the PFHP Decision and the Provider's further appeal rights.

V. REVIEW BY THE BOARD OF TRUSTEES

Following issuance of the PFHP Decision, the Provider may request that the Board review the PFHP Decision. Such a request must be addressed to the Chairperson of the Board and must be hand delivered or sent via certified mail, return receipt requested. The request must include a brief statement of the grounds for appeal. If such request for Board review is not received by the Chairperson of the Board within fourteen (14) days of the date of the PFHP Decision, the PFHP Decision will thereupon become final and immediately effective. The Provider has the burden of proving by clear and convincing evidence that the PFHP Decision was arbitrary or capricious. Within thirty (30) days after its receipt of the request for review, the Board will affirm, modify, or reverse the PFHP Decision. The Board Decision will be final and conclusive of the matter. The Board Decision will be in writing, and the Board will deliver

copies thereof to the Provider, to the Chairperson of the PFHP, in person or by certified mail, return receipt requested.

VI. ADOPTION AND AMENDMENT OF FAIR HEARING PLAN

This Fair Hearing Plan will be effective upon adoption by Board. In the event of any conflict between this document and any other Plan rule, policy or agreement, the provision(s) of this Fair Hearing Plan will prevail. This Fair Hearing Plan may be amended by a majority vote of the Board, at any meeting of the Board at which a quorum is present. Proposed changes must be provided to each Board member at least seven (7) days before the meeting.

VII. COMPUTATION OF DAYS

Any reference to “days” throughout means calendar days. In computing any period of time pursuant to this policy, the day of the act or event from which the period of time begins to run will not be included. The last day of the period so computed will be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday.

**CARESOURCE MANAGEMENT
GROUP CO.**

By: 

Its: Vice-Chairperson of the Board

Date: June 29, 2017