

# 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 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 demonstrate to Humana’s satisfaction the ability to meet at all times all obligations set forth in Humana’s participation agreement with Physician and acknowledges that all terms of payment are set forth therein.
4. Physician must at all times comply with all requirements set forth in Humana’s provider manual.
5. Physician must demonstrate a practice history, which 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.