



ARKANSAS HEALTH NETWORK, LLC CLINICALLY INTEGRATED NETWORK (CIN) ADMINISTRATIVE POLICY AND PROCEDURE

I. POLICY

It is the policy of the Clinically Integrated Network that Physicians, Physician Groups, and Practitioners meet the standards outlined in this policy in order to be eligible to participate in the CIN.

Once participating in the Clinically Integrated Network, Physicians, Physician Groups, and Practitioners authorize the Clinically Integrated Network to enter into Payor Contracts on their behalf consistent with this policy and any and all Clinical Integration Program participation agreements.

II. PURPOSE

To develop standards for identifying Physicians, Physician Groups, and Practitioners who are eligible to participate in the Clinically Integrated Network and ensure that the Clinically Integrated Network enters into appropriate contracts with Payors.

III. DEFINITIONS

Clinically Integrated Network (CIN): a structural collaboration between physicians, hospitals, and other entities to achieve: higher quality care for patients, better health for patients through education, and lower growth in health care expenditures through the elimination of waste and inefficiencies.

Arkansas Health Network (AHN) Board of Managers: the Clinically Integrated Network's physician-driven governing body.

Clinical Integration (CI) Program: the active and ongoing program of clinical quality, efficiency, and cost effectiveness initiatives developed, implemented, and operated by the CIN on behalf of and in collaboration with Participants.

Clinical Care Committee: The AHN Clinical Care Committee is a multidisciplinary, physician-led committee focused on improving quality outcomes. The Committee is responsible for developing, implementing, and evaluating evidence-based medicine guidelines and protocols that ensure clinical integration across the continuum of care, improved quality and patient safety, appropriate utilization of in-network resources, and improved patient outcomes. The Committee oversees AHN as a whole and individual achievement of clinical quality measures and key performance indicators for AHN value-based agreements and is responsible for identifying performance improvement opportunities. The Clinical Care committee reports to the AHN board.



Participant: a Physician, a group/entity through which a Physician(s) practices medicine, or Practitioner(s) that initially and continually meet the participation standards of the Clinically Integrated Network.

Patient: a recipient of healthcare services covered under a CIN Payor Contract.

Payor:

- a. Any insurance company or federal program authorized to provide health insurance in the state;
- b. A health maintenance organization;
- c. A health care service contractor;
- d. Any legal entity that is self-insured and provides benefits for healthcare services to its employees; or
- e. Any legal entity responsible for handling claims for healthcare services under a state or federal medical assistance program.

Payor Contracts: are contracts, agreements and/or arrangements that (1) obligate a participating provider to provide professional medical and related health care services to beneficiaries of a Payor product, and (2) obligate such Payors to pay a participating provider for such medical and other related health care services at the payment rates negotiated by CIN.

Physician: an individual duly licensed and qualified to practice medicine.

Physician Group: a medical group/entity through which a Physician(s) practices medicine.

Practitioners: a physician assistant, nurse practitioner, or other licensed health care professional who is duly licensed and qualified to provided medical or health services of his/her profession.

Resolution Planning Activities: activities or strategies implemented to resolve or satisfy a particular problem or requirement.

IV. CORE DRAFTING PRINCIPLES

The core drafting principles underlying this policy are to ensure the following objectives are achieved:

- A. The CIN is composed of licensed and qualified Physicians and Practitioners.
- B. The AHN Board of Managers follows a defined process for evaluating the status of new Physicians and Practitioners and existing Participants of the CIN.
- C. The CIN will enter into Payor Contracts on behalf of Participants that advance the purposes of the CI Program.

V. PRIOR APPROVAL

The AHN Board of Managers shall provide oversight for the administration of this policy.

VI. SCOPE

The requirements outlined in this policy will apply to all Physicians, Physician Groups, and Practitioners being evaluated for participation in the CIN, and existing Participants of the CIN.



VII. GUIDELINES

A. CIN Participation Standards

The standards outlined in this policy apply to all Physicians, Physician Groups, and Practitioners regardless of race, age, religion, sex, or national origin.

A CIN Participant must be a Physician, a medical group/entity through which a Physician(s) practices medicine, or a Practitioner(s) that can initially and continually meet the following participation standards:

1. Licensure

The Physician or Practitioner must possess a current, unrestricted license and/or certification to practice medicine or his/her profession (if not a Physician) in the state in which the Physician or Practitioner's practice is located. If the Physician or Practitioner's license and/or certification has ever been suspended, revoked, or restricted in any state at any time they will be ineligible to participate in the CIN. The Physician or Practitioner must provide written evidence of licensure and/or certification to the CIN if requested.

If the existing Participant's license and/or certification becomes suspended, revoked, or restricted in any state at any time they will be required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. Following notification the existing Participant will be removed from the CIN. At any time the CIN may require an existing Participant to submit written evidence of licensure and/or certification.

2. Board Certification Status

The Physician or Practitioner must currently be board certified (if applicable). If the Physician or Practitioner has ever been reprimanded, sanctioned, or disciplined by any licensing board or medical specialty board the eligibility of the Physician or Practitioner's to join the CIN will be submitted to the CIN Board of Managers for review and approval. The Physician or Practitioner must provide written evidence of board certification status to the CIN if requested.

If an existing Participant is reprimanded, sanctioned, or disciplined by any licensing board or medical specialty board he/she will be required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. The Participant's eligibility to remain in the CIN will then be submitted to the CIN Board of Managers for review and approval. At any time the CIN may require the existing Participant to submit written evidence of board certification status.

3. DEA Registration

The Physician or Practitioner (as applicable) must possess a current, unrestricted certificate from the Drug Enforcement Agency (DEA). If the



Physician or Practitioner's DEA registration has ever been suspended, revoked, or restricted in any state at any time they will be ineligible to participate in the CIN. The Physician or Practitioner must provide written evidence of DEA registration to the CIN if requested.

If an existing Participant's DEA registration becomes suspended, revoked, or restricted in any state at any time they will be required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. Following notification the existing Participant will be removed from the CIN. At any time the CIN may require an existing Participant to submit written evidence of DEA registration.

4. Standing with Medical Staff and Clinical Privileges

The Physician or Practitioner must be a member in good standing with the medical staff and have unrestricted clinical privileges as appropriate to their specialty at one of the CIN affiliated hospitals or be credentialed by a Payor participating in a CIN program as of the effective date of the CIN Participation Agreement.

Certain Physicians or Practitioners whose practice occurs outside the confines of the hospital for example: Primary Care specialties such as Family Medicine, Internal Medicine, and Pediatrics, and other specialists such as Dermatologists, Allergists, Immunologists, Psychiatrists/Physical Medicine and Rehabilitation, Podiatrists, Chiropractors, Ophthalmologists, Endocrinologists, Rheumatologists, and Psychiatrists, are exempt from the clinical privileges requirement. The CIN can determine if a Physician or Practitioner is exempt from the affiliated hospital clinical privileges requirement by using the following criteria:

- i. The Physician or Practitioner maintains a specialty area and/or practice location where the likelihood of the need for hospitalization of patients is extremely low.
- ii. The scope of services performed by the Physician or Practitioner are diagnostic or therapeutic and are performed on non-acute patients such that the likelihood of the need for hospitalization of patients is extremely low.

If the Physician or Practitioner has ever been denied membership and/or reappointment to the medical staff of a CIN affiliated hospital or does not have clinical privileges at a CIN affiliated hospital and the do not meet one of the specialty exceptions outlined above the eligibility of the Physician or Practitioner to join the CIN will be submitted to the AHN Board of Managers for review and approval. If the AHN Board of Managers approves the Physician or Practitioner to be eligible to join the CIN, he/she will have 180 days following the effective date of the CIN Participation Agreement to obtain medical staff membership and clinical privileges at a CIN affiliated

hospital. The Physician or Practitioner must provide written evidence of medical staff membership or clinical privileges to the CIN if requested.

If an existing Participant is denied membership and/or reappointment to the medical staff or has their affiliated hospital clinical privileges suspended, limited, or revoked for a medical disciplinary cause or reason he/she will be required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. The Participant's eligibility to remain in the CIN will then be submitted to the AHN Board of Managers for review and approval. At any time the CIN may require the existing Participant to submit written evidence of medical staff standing or clinical privileges.

5. Federal Health Care and Private Payor Programs

The Physician or Practitioner must be able to participate in Federal Health Care Programs, such as Medicare and Medicaid, and/or other private Payors. If the Physician or Practitioner has ever been excluded, debarred, or suspended from participation in any such Payor program, the eligibility of the Physician or Practitioner's to join the CIN will be submitted to the CIN Board of Managers for review and approval. If a Physician or Practitioner has been excluded from a Federal Health Care Program, the length of the ineligibility will be limited to the duration of the exclusion from the Federal Health Care Program. If a Physician or Practitioner has been excluded from a private Payor program they may continue to participate in the CIN until their exclusion has been reviewed and approved by the AHN Board of Managers. The Physician or Practitioner must provide written evidence of his/her ability to participate in Federal and Private Payor programs to the CIN if requested.

If an existing Participant becomes excluded, debarred, or suspended from participation in Medicare, Medicaid, or any other Federal Health Care Program or other Payor they will be required to notify the CIN in accordance with the terms of that Payor Contract (but in no event more than seven (7) days) after he/she becomes aware of the event. At any time the CIN may require the existing Participant to submit written evidence of his/her ability to participate in Federal and Private Payor programs.

6. Maintenance of Books and Delinquency of Medical Records

The Physician or Practitioner and/or their group should be able to maintain any and all books and records, including patient medical records, as may be reasonably required with regard to the management, administration, and operation of their medical practice.

If an existing Participant is reprimanded, sanctioned, or disciplined by the affiliated CIN hospital medical staff or network, he/she will be required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. The Participant's eligibility to remain in the CIN will then be submitted to the AHN Board of Managers for review and approval.

7. Professional Liability Coverage

The Physician or Practitioner and/or the Physician Group must at its sole cost and expense, maintain continuous coverage, policies for professional liability, general liability, and worker's compensation insurance at amounts as specified in the CIN Participation Agreement. If the Participant is unable to obtain the necessary insurance coverages they will be ineligible to participate in the CIN. The Physician or Practitioner must provide written evidence certificate of insurance or other written evidence of the required insurance policies if requested.

If the Physician, or Practitioner and/or the Physician Group terminates, declines to renew, cancels, or reduces coverage of any insurance policy they will be required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. Following notification the existing Participant will be removed from the CIN. At any time the CIN may require an existing Participant to provide written evidence certificate of insurance or other written evidence of the required insurance policies.

8. Convicted of Certain Types of Felony or Misdemeanor

If the Physician, or Practitioner has been charged with or convicted of a felony, a misdemeanor involving fraud, controlled substance, or moral turpitude, or any crime relevant to the provision of medical services or the practice of medicine his/her eligibility of the Physician or Practitioner to join the CIN will be submitted to the AHN Board of Managers for review and approval.

If an existing Participant has been charged with or convicted of a felony, a misdemeanor involving fraud, controlled substance, or moral turpitude, or any crime relevant to the provision of medical services or the practice of medicine he/she is required to notify the CIN in writing as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. The Participant's eligibility to remain in the CIN will then be submitted to the AHN Board of Managers for review and approval.

9. Clinical Quality

AHN participating providers are required to meet and maintain quality and performance standards set forth by the AHN Clinical Care Committee. Quality performance reports will be generated at the CIN aggregate and/or participant level, at least annually to detail Participants' compliance with the quality performance measures.

The AHN Clinical Care Committee will review these reports at least annually and will identify Participant(s) whose data demonstrates potential areas for improvement. Periodically a small number of performance measures will be identified for targeted patient and participant education opportunities.

If the Participant level compliance report demonstrates a need for improvement as identified by the Clinical Care Committee, AHN staff will work with the individual Participant to engage in educational opportunities with the desired result being improved quality of care and performance metrics.

The Clinical Care Committee will be apprised of said educational efforts and will monitor the participant level compliance reports for those identified participant providers to ensure performance measures compliance improves and/or is maintained in accordance with AHN requirements. In the event of lack of quality performance measures improvement to meet the standards, in spite of the guidance and support from AHN, and per recommendation of the Clinical Care Committee, the AHN board will review and make final determination for possible termination of the provider's participation agreement.

10. Information Technology Capabilities

The Physician or Practitioner and/or the Physician must be able to:

- i. Maintain high speed internet access in the medical office.
- ii. Maintain at a minimum a certified Meaningful Use Stage 2 Electronic Health Record system.
- iii. Maintain and actively use an email account.
- iv. Use of CPT Category II, ICD-10 coding or its successor.
- v. Be willing to participate in information system training as prescribed by the CIN Board of Managers.
- vi. Be willing to provide access to data including electronic claims and quality data to track and report on performance.

If a Physician or Practitioner is unable to meet the above IT capability requirements the eligibility of the Physician or Practitioner to join the CIN will be submitted to the AHN Board of Managers for review and approval.



The Physician or Practitioner and/or the Physician Group must be able to provide written evidence of the ability to meet the required IT capabilities to the CIN if requested.

If an existing Participant becomes unable to meet the required IT capabilities they will be required to notify the CIN as soon as reasonably practicable (but in no event more than seven (7) days) after he/she becomes aware of the event. The Participant's eligibility to remain in the CIN will then be submitted to the AHN Board of Managers for review and approval. At any time the CIN may require the existing Participant to submit written evidence of his/her ability to meet the required IT capabilities.

11. Other

- i. The Physician or Practitioner and/or Participant Group must be willing to provide access to data required to track and report on quality and cost performance.
- ii. The Physician or Practitioner must exhibit leadership skills and be an advocate for CI principles among their peers.
- iii. The Physician or Practitioner must provide the CIN with the address or addresses at which he/she delivers healthcare services and a telephone number(s) where the provider can be reached.

B. Participation Standards Exceptions

Requests for exceptions to the participation standards, must be made by written request to the AHN Board of Managers or other designated committee. The request shall include the compelling reason(s) for the exception and all other relevant information and necessary documentation. The AHN Board of Managers or the designated committee, during its next regularly scheduled meeting, shall review the exception request and either approve the request, deny the request, or request additional information in order to make a decision.

C. Participant Review and Approval Process

All requests for new Physicians and Practitioners will be reviewed by AHN Board of Managers during a regularly scheduled meeting to determine if they meet the participation standards outlined in this policy.

1. After review, the AHN Board of Managers will either:
 - i. Approve the Physician or Practitioner to become a Participant.
 - ii. Approve the Physician or Practitioner to become a Participant with a documented exception.

- iii. Approve the Physician or Practitioner to become a Participant pending the completion of resolution planning activities.
- iv. Defer a decision pending further investigation.
- v. Decline eligibility of Physician or Practitioner to become a Participant.

2. If the AHN Board of Managers:

- i. Recommends approval to for the Physician or Practitioner to become a CIN Participant (with or without a documented exception), the CIN Participation Agreement will be executed.
- ii. Recommends approval for the Physician or Practitioner to become a CIN Participant pending resolution planning activities. For certain participation standards the AHN Board of Managers may decide to execute the CIN Participation Agreement pending resolution planning activities. The Physician or Practitioner must meet with a designated CIN designated representative. During the meeting the Physician or Practitioner and the CIN designated representative will develop and agree upon a resolution plan for meeting the unsatisfied participation standards. Following that meeting the Participation Agreement may be executed.

Resolution plans will have a duration of between 60 to 90 days, but the AHN Board of Managers shall have the discretion to shorten or lengthen the time span.

At the end of the AHN Board of Managers approved timeline for the resolution plan the AHN Board of Managers may recommend the following based on the Participant's actions:

- a. No Action: If, the AHN Board of Managers determines that the Physician or Practitioner has completed the necessary resolution planning activities steps to fulfill the unsatisfied participation standard(s), the AHN Board of Managers will recommend no action and the Physician or Practitioner will remain a Participant.
- b. Timeline Extension: If the Physician or Practitioner is working to fulfill the unsatisfied participation standard, the timeline may be extended, for an additional 30 days, or other period as deemed

appropriate by the AHN Board of Managers.

- c. Immediate Probation: If, the AHN Board of Managers determines that the Physician or Practitioner has failed to fulfill the unsatisfied participation standard(s), the AHN Board of Managers shall recommend immediate probation for the Physician or Practitioner.

If the Physician or Practitioner is placed on probation, the following steps will take place:

- 1) The AHN designated representative and the Physician or Practitioner shall develop a 2nd resolution plan, which the Physician or Practitioner shall sign.
 - 2) The AHN designated representative shall inform the AHN Board of Managers of the resolution planning activities.
 - 3) The Physician or Practitioner shall remain on probationary status for no less than 6 months.
 - 4) At the end of the probationary period the AHN designated representative and the AHN Board of Managers will confer to determine if the Physician or Practitioner should be released from probation or be recommended for removal from the CIN.
 - 5) The AHN Board of Managers shall hold a ballot to determine the course of action.
- iii. Defers its decision, the AHN Board of Managers will undertake further investigation, reconsider the Physician or Practitioner, and make a final decision within 180 days.
- iv. Declines eligibility of the Physician or Practitioner to become a Participant, no CIN Participation Agreement shall be executed and the AHN Board of Managers will give written notice to the Physician or Practitioner with the reason that they are being declined.

If a Participant is being removed from the CIN for not meeting continually meeting participation standards the AHN Board of Managers must provide written termination notice with the effective termination date and the termination reason. Effective termination dates may vary by Payor Contract.

D. Once Approved as a Participant

Once the CIN Participation Agreement has been executed, the Physician or Practitioner will:

1. Provide Medical and Related Health Services to Beneficiaries

As a Participant, the Physician, Physician Group, or Practitioner will perform medical and related health care services for beneficiaries under a CIN Payor Contract in accordance with contract terms.

2. Participate in the CI Program

As a Participant, the Physician, Physician Group, or Practitioner will actively participate in clinical quality, efficiency, and cost effectiveness initiatives of the CI Program.

E. Additional Group Physicians and Practitioners

One or more additional Physicians and Practitioners employed or engaged by an existing Participating Physician Group may become Participants in the CIN if they satisfy all of the participation standards and approval process set forth.

F. Notice of Group Physician and Practitioner Termination

A Participating Group shall provide prompt written notice to the CIN in the event that any Group Physician or Practitioner resigns, is terminated by the Group, or otherwise ceases to perform professional medical services for or on behalf of the Group.

G. Contracting as a Participant

1. Maintain Their Own Physician or Practitioner Contracts

As a Participant, the Physician, Physician Group, or Practitioner may maintain their existing direct contractual arrangements with Payors or accept the contract negotiated by the CIN for the same Payor.

All CIN Payor Contracts shall contain specific language documenting the ability of the Participant to maintain existing direct contracts.

Except for existing direct contractual arrangements with Payors, no Participant may solicit, propose, negotiate, execute, or enter into a contract to provide services for the patients of any Payor that is a party to a Payor Contract for which the Participant opted out in accordance with this policy.



2. Authorize the CIN to Negotiate Payor Contracts

As a Participant, the Physician, Physician Group, or Practitioner authorizes the CIN to contract on their behalf with Payors, in accordance with the terms of the CIN Participation Agreement.

The AHN Board of Managers understands and agrees that the actual work activity of negotiating and delivering contracts on behalf of the CIN shall be conducted by the Dignity Health Managed Care Department.

Prior to the execution of any CIN Payor Contract, Dignity Health Managed Care will consult and review all contracts with the AHN Board of Managers, Payor Committee (or other applicable committee), and the CIN Executive Director.

Participation in a CIN Payor Contract does not prevent or restrict the Participant from participating in other contracts or arrangements outside of the CIN, subject to any limitations in the CIN Participation Agreement or this policy.

Payors are prohibited from terminating Participant contracts from networks unless for cause, subject to the terms and conditions of each CIN Payor Contract.

The AHN Board of Managers and CIN Management will make the terms of all Payor Contracts reasonably available to Participants.

3. Development of Value-Based Pricing Model(s)

Under the supervision of the AHN Board of Managers and/or the Payor Committee (or other applicable committee) the CIN will develop value-based pricing models for the services provided by Physicians, Physician Groups, or Practitioners who actively participate in the CI Program.

4. Participate in Incentive Fund Design

Under the supervision of the AHN Board of Managers and/or the Payor Committee (or other applicable committee) the CIN will develop pay-for-performance incentive models that reward Participants for efficient and effective performance under the CI Program.

5. Ability to Opt Out of CIN Payor Contracts

Under the supervision of the AHN Board of Managers and/or the Payor Committee, Participants may opt out of CIN Payor Contracts for one of the following reasons:

i. Dual Enrollment

If the Participant is already participating in the same Payor program with a different clinically integrated network, independent physician association, or accountable care organization, the participation is under the same tax identification number, or the Participant is

not allowed to participate in multiple programs. In this scenario, the Participant may choose which CIN Payor program they will participate in. Any request to opt out based on dual enrollment must include verification of such status.

ii. Downside Risk Arrangements

If the CIN Payor Contract imposes a downside risk compensation arrangement on the Participant, whereby the Participant is at risk for certain levels of health care expenses, such as in fixed compensation arrangements and provisions for refunds to the Payor. The Participant may prospectively elect to be excluded from all such downside risk arrangements, and the CIN will automatically effect the Participant's opt out election for all such arrangements until such election is rescinded under procedures adopted by the CIN.

iii. Doesn't Currently Accept Contracts from that Payor Type or Category

If the Participant does not currently participate or accept patients under the proposed Payor Contract (e.g., Medicaid managed care). The Participant may prospectively elect to be excluded from all Payor types or categories, and the CIN will automatically effect the Participant's opt out election for all such arrangements until such election is rescinded under procedures adopted by the CIN.

iv. Other CIN Approved Reasons

The AHN Board of Managers and/or the Payor Committee has the discretion to approve other reasons for Participants to opt out of participating in a Payor Contract.

The AHN Board of Managers and/or the Payor Committee may also request that a Physician, Physician Group, or Practitioner not participate in a Payor Contract based on the terms of such contract provided that such exclusion is permitted under the CIN Participation Agreement. For example, the AHN Board or Managers and/or Payor Committee may request that hospital-based providers be excluded from a particular Payor Contract.

6. Opt Out Notification Process:

If a Participant requests to opt out of participating in a Payor Contract, the Participant must provide written notice to the AHN Board of Managers and/or the Payor Committee with the basis of the request. No



opt out request will be granted for reasons related to compensation amounts.

The AHN Board of Managers and/or the Payor Committee may, in their discretion, grant opt out requests based on, without limitation, hardships, an inability to provide services under the relevant contract, or practical inapplicability of the contract to the Participant. Such specific reasons may be related to staffing levels, patient load, lack of expertise or capacity for the relevant population, geographic coverage, or other reasons.

The AHN Board of Managers and/or the Payor Committee may request any information from the Participant as is necessary or relevant to make a determination. Any decision of the AHN Board of Managers and/or the Payor Committee is final and non-appealable, subject only to reversal by the body that made the decision, in its discretion.

Physician, Physician Group, or Practitioner will not participate in a Payor Contract if it is so provided in the terms of the contract (e.g., contracts excluding certain types of providers).

7. Notification of Opt Out

When the CIN enters into a new Payor Contract, it will provide notice to all Participants (notice should be delivered at a minimum via an update in a physician facing newsletter or general education publication). Participants will have 60 days from that date of notice to provide written request of their desire to opt out of the contract to the AHN Board of Managers and/or the Payor Committee. Such notice must specifically indicate the basis for opt out as set forth in this policy, and must include objective verification as required and as the AHN Board of Managers and/or the Payor Committee may request. During its next regularly scheduled meeting the AHN Board of Managers and/or the Payor Committee shall review the out request and either approve the request, deny the request, or request additional information in order to make a decision.

Participants may also notify the CIN of their desire to opt out of a CIN Payor Contract prior to or immediately upon execution of the CIN Participation Agreement and joining the CIN.

VIII. RESPONSIBILITY

Participants: meet the participation standards of the Clinically Integrated Network and participate in the CI Program.

Clinically Integrated Network Management: responsible for ensuring that CIN Participants initially and continually meet participation standards and the requirements of the CI Program.

Clinically Integrated Network Board of Managers: responsible for enforcing the participation standards outlined within this policy, and if necessary recommending resolution planning



activities or removal from the CIN. Responsible for reviewing and approving CIN Payor Contracts.

Dignity Health Managed Care Department: responsible for negotiating Payor Contracts on behalf of the CIN.

IX. APPROVAL BODY

Arkansas Health Network Board of Managers