

TACONIC IPA, INC. (“TIPA”)

ADMISSION CRITERIA

In order to be admitted as a participant in TIPA, an Applicant must meet the following Criteria, as determined by the Credentialing Committee and TIPA’s board of directors (the “Board of Directors”):

- (a) The Applicant must hold an unrestricted license to practice medicine in the state where the Applicant’s office is located. (If the Applicant’s license to practice medicine is subject to probation, or has or has ever had other limitations on his or her license to practice medicine, including suspensions and revocations pending appeal or subject to probation which have been stayed, such information, including an explanation of the nature and extent of any such action, must be disclosed.)
- (b) The Applicant must have full privileges on the staff of a hospital (a “Participating Hospital”) which is a provider participant in the prepaid health program offered by each third party payor with which TIPA has a service contract (*e.g.*, MVP Health Plan, Inc.) (“Payor”). As used herein, the term “full privileges” shall not include and specifically exclude consultative, courtesy, special, limited, designated and other privileges that in any way limit the full scope of admission of patients by Applicant. Applicants who have an office in TIPA’s Service Area but do not have privileges at a Participating Hospital must submit a letter from a qualified physician who is a participant of TIPA (“Participating Physician”) confirming that an arrangement has been established to provide appropriate inpatient care in a Participating Hospital. As used herein, the term Service Area shall mean Litchfield County Connecticut, Dutchess, Putnam, Orange, Ulster, Columbia, Greene, Westchester, Rockland and Sullivan Counties of New York and such other counties as TIPA may designate.
- (c) The Applicant must be able to assure that his or her services are available on a twenty-four hours a day, seven days a week basis, and that coverage for call and other absences, excluding only emergency situations, will be provided by other Participating Physicians and, if services are to be provided by licensed ancillary staff that the Applicant will provide disclosure in writing of such activity to TIPA and will provide supervision of such staff as required by and in accordance with the laws of the State of New York and the policies of TIPA;
- (d) The Applicant must be able to provide all of those professional services which may be required pursuant to TIPA’s Participating Physician Agreement (the “Participating Physician Agreement”);

- (e) The Applicant must have sufficient facilities and support staff to enable him or her to provide professional services which may be required pursuant to the Participating Physician Agreement;
- (f) The Applicant must carry medical malpractice insurance in the minimum amounts of \$1 Million per claim/\$3 Million annual aggregate and, if available to applicant he/she shall have applied for and obtained an excess layer of insurance from or through a Participating Hospital;
- (g) The Applicant must not be subject to exclusion from and must be currently able to participate in the federal and state funded programs of Medicare and Medicaid;
- (h) The Applicant must allow TIPA to conduct on-site office review and review of patient medical records. Such review of patient medical records shall be effected subject to, and in accordance with, the laws of the State of New York with respect to patient confidentiality;
- (i) The Applicant must agree to execute a Participating Physician Agreement and to comply with the terms and conditions thereof, as they are interpreted, from time to time, by the Board of Directors;
- (j) The Applicant must agree to abide by TIPA's fiscal determinations;
- (k) The Applicant must agree to comply with determinations made by the relevant peer review committees and by the Board of Directors;
- (l) The Applicant must maintain an office in the Service Area, unless TIPA, in its sole discretion, determines that there is an insufficient supply of physicians within the Service Area in the Applicant's specialty;
- (m) The Applicant must maintain medical records in accordance with prevailing community standards;
- (n) The Applicant must agree to abide by the practice standards or protocols or other specific guidelines (*e.g.*, InterQual) as used, adopted or developed by TIPA from time to time;
- (o) For physicians who apply after January 1, 1996, the Applicant must be board certified in the specialty in which he or she practices, within five (5) years of completion of residency and/or fellowship, by an Accredited Board. A list of Accredited Boards will be made available by TIPA upon written request from an Applicant. An applicant applying after January 1, 1996, who is relocating to the TIPA Service Area and who has been a participating physician with another independent practice association having a service contract with one of the same third party payors with

whom TIPA is contracting, may be treated as if he or she has applied to TIPA prior to January 1, 1996 for purposes of satisfying the board certification requirement;

- (p) If the Applicant is a member of a Group Practice, all members of the Group Practice must individually meet the Criteria and be admitted as participants of TIPA. As used herein, Group Practice shall have the meaning set forth in New York Public Health Law Section 238(5);
- (q) In addition to the foregoing Criteria, the Credentialing Committee may consider any other factors as may be lawful and consistent with TIPA's purposes and objectives.
- (r) The Applicant must establish in his/her office setting a system for electronic communication on or before July 1, 2000 which system is sufficient to store and process data which will be reasonably required by TIPA from its participating physicians and shall enable the Applicant to electronically send and receive claims processing data.