

AMPLIFON HEARING HEALTH CARE, CORP.

PROVIDER RESOURCE MANUAL

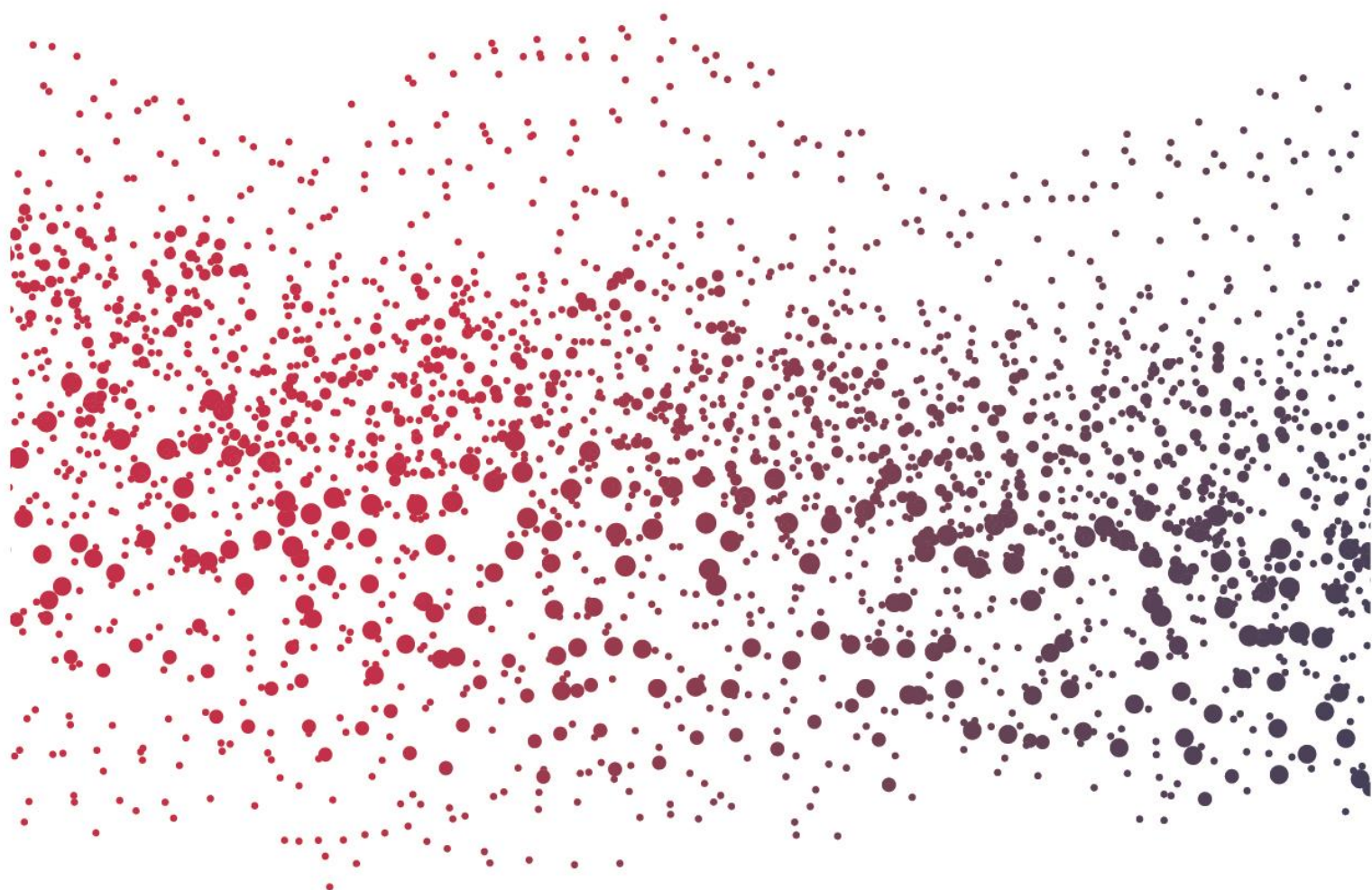


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INTRODUCTION

We would like to welcome you to the Amplifon Hearing Health Care provider network! The owner of the location(s) in which you practice has entered into a Network Participation Agreement with Amplifon Hearing Health Care, Corp. (“Amplifon”) to provide hearing health care products and services through the Amplifon Hearing Benefits Program (“Program”) to Amplifon members.

Through the agreement process the business owner(s) have indicated that you, as part of the practice, will be providing Program products and services. We truly value your participation in our provider network and look forward to working with you to provide the highest quality hearing health care services and products to people experiencing hearing loss.

About Amplifon Health Care

Since 1995 Amplifon Hearing Health Care has provided diagnostic services, hearing aid products, and services to individuals through employer groups, insurance companies, managed care organizations, government agencies, third party administrators, unions, medical groups, and other organizations (“Plan Partner”). Amplifon provides an organized and professional approach to the implementation of hearing benefit programs that has proven valuable for the Plan Partner, our members, the hearing health care locations (“Location”) and audiologists, hearing aid dispensers, and hearing instrument specialists (“Provider”) participating within our network (“Network”).

Through the combined efforts of our Network and our partnerships with leading hearing instrument manufacturers including GN ReSound, Miracle Ear, Phonak, Rexton, Signia, Sonic Innovations, Starkey, Unitron, Oticon, and Widex (“Contracted Manufacturers”), we offer the highest level of quality care and over 2000 models of hearing aids at competitive prices.

Amplifon Mission Statement

Our mission is to provide the hearing impaired with hearing aids at discounted rates from the leading hearing aid manufacturers, an inclusive hearing aid package, and price consistency through a nationwide provider network of local and convenient hearing care professionals.

Amplifon Code of Conduct

Amplifon conducts its affairs with uncompromising integrity. As responsible custodians of Amplifon’s reputation, providers participating in our Network are expected to demonstrate the highest standards of business ethics; conducting themselves in an honest and fair manner when interacting with members, our employees and representatives.

AMPLIFON CONTACT INFORMATION

Corporate Office Address

5000 Cheshire Parkway North
Plymouth, MN 55446

Provider Resources

Phone: 1.800.920.4327
Email: cases@amplifon.com
Main Fax: 1.888.371.5961

Credentialing Department

Phone: 1.800.862.9381
Email: credentialing@amplifon.com
Main Fax: 877.853.3010
Secondary Fax: 763.268.4017

Batteries

Phone: 1.877.203.0683
Email: batteries.batteries@amplifon.com

Days and Hours of Operation

Monday to Friday 7am – 7pm Central Time

Member Resources

Phone: 1.844.267.5436
Email: clientservices@Amplifon.com
Secondary Fax: 763.268.4210

Workers' Compensation

Phone: 1.888.319.9206
Email: workcomp@amplifon.com
Fax: 1.888.844.5713

AMPLIFON BENEFITS PROGRAM

Benefit Plan Types

Amplifon provides different plan types, based on the needs of the Plan Partner, which are reflected in an agreement between Amplifon and the Plan Partner. A member's plan type will be identified on the referral information when a member is referred to you by Amplifon.

<ul style="list-style-type: none"> • Discounted pricing on hearing diagnostics, services, and products • Member is responsible for full payment at time of service or fitting <p>Discounted</p>	<ul style="list-style-type: none"> • Discounted pricing on hearing products and services • Member's health plan may pay a portion or all of the charges <p>Funded</p>	<ul style="list-style-type: none"> • Services and products to employees under a workers' compensation claim • Approved and paid through the employer plan <p>Workers' Compensation</p>	<ul style="list-style-type: none"> • Provider may offer the Amplifon Benefits Program to patients who do not otherwise have discounts/insurance covers, etc. <p>Universal Referral</p>
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Amplifon Program Benefit Package

The Amplifon Benefits Package includes:

- Discounted rates on hearing aids and diagnostic services
- Sixty (60) day trial period for hearing aids
- Five (5%) low-price guarantee
- Three (3) year repair warranty on hearing aids (some exclusions apply)
- Three (3) year loss and damage warranty on hearing aids (some exclusions apply)
- One (1) time loss & damage coverage (deductible applies)
- One (1) year of professional service from the provider that fit the authorized hearing aid(s)
- No restocking fee for hearing aids returned within the trial period
- One (1) year (minimum) free batteries mailed directly by Amplifon to member's home (some exclusions apply)
- Batteries available at discounted rates after free supply period
- Ten percent (10%) discount on hearing aid repairs (available for hearing aids purchased through Amplifon only)
- Financing options through Amplifon vendor partner (with or without interest)
- First earmold included with BTE hearing aid, open BTE and RIC products.
- Discounts on replacement earmolds.

Note: Products or services paid for through the Amplifon Program cannot be charged to the Amplifon member.

AMPLIFON DISCOUNT AND FUNDED PLANS MEMBER CARE PROCESS

Minimum guidelines are established to assure continuity and quality of services rendered to members. We require that the following guidelines be applied to all Amplifon Network Locations and Providers when servicing Amplifon members. Providers and Locations recognize that Amplifon is a hearing healthcare benefits and product purchasing entity.

The Participating Provider and Network Location must perform all the pre-fitting through post-fitting procedures in accordance with individual state licensing laws, rules and regulations, and the Amplifon Program. This includes, but is not limited to testing procedures, fitting procedures, documentation and record keeping, and post fitting procedures.

Member Referral Process

The Network Location and Provider rendering services for the member must be fully credentialed, active and in good standing with Amplifon.

A member contacts Amplifon to access their Amplifon Program benefits as determined by Amplifon and the Plan Partner.

- 1) The Amplifon Client Services Representative assists in scheduling an appointment for the member with the Amplifon Network Location of their choice.
- 2) If the Amplifon member has selected a Network Location and/or Provider, but is unable to schedule an appointment during the call, Amplifon creates a referral notification (“Referral”). The Referral is emailed to the Network Location and the member, instructing the member to contact the Network Location to schedule an appointment. The Network Location may choose to proactively contact the member to schedule an appointment.

A Network Location and/or Provider may not refuse service to any member referred by Amplifon. Concerns regarding providing services to an Amplifon referred member may be directed to Amplifon Client Services.

On-Line Referral System

Member referrals are managed through our on-line referral system MyAmplifonUSA.com. The designated Amplifon Referral contact(s) will receive an email notification of a member referral requiring attention. To protect the privacy and security of the member’s protected health information (PHI) and personally identifiable information (PII) the notification email does not contain any member details. PHI/PII information can only be obtained by logging into MyAmplifonUSA.com.

Fax Referrals

If a Network Location is unable to utilize or access MyAmplifonUSA.com referrals may be sent via fax. Fax referrals are utilized if it is the only option available to best facilitate the Referral process with the Network Location.

Pre-Fitting Process

Prior to ordering hearing aid(s), a comprehensive case history must be completed. This includes:

- Obtaining required questions from the member
- Providing documentation in accordance with state licensing requirements
- An otoscopic examination
- Hearing evaluation protocol specific with state licensing regulations

Diagnostic Testing

Providers shall perform diagnostic testing they deem appropriate in order to best determine the needs of the Amplifon member. Medically necessary diagnostic testing will be paid at Amplifon's established rates, as reflected in the Diagnostic and Services Fee Schedule at www.myamplifonusa.com. Amplifon members cannot be charged for diagnostic testing if the Location does not charge for this service under normal business practice.

Amplifon recommends a minimum of the following:

- Air conduction
- Bone conduction
- Speech audiometry (SRT and discrimination testing)
- Immittance testing (when deemed medically necessary)
- Most comfortable listening level
- Uncomfortable listening level
- Speech in noise testing (optional but highly recommended)
- Hearing aid evaluation to include:
 - Medical clearance or waiver
 - Assessment of communication needs (i.e. Aphab, COSI, etc.)
 - Technology explanation and expectations
 - Explanation of benefits
- Amplification recommendations
- Prescriptive real-ear measurements (when appropriate)
- Impression(s)

Diagnostic Testing Payment Process

Payment for diagnostic testing is processed according to plan type:

Discount Plan

The Member pays the Network Location directly for the diagnostic testing at Amplifon's established fees at the time of service. No portion of the diagnostic fee should be forwarded to Amplifon.

Funded Plan

Payment for diagnostic testing is dependent on the Funded Plan requirements outlined in the agreement between Amplifon and the Plan Partner. Funded Plan payment options will be provided in the Referral.

The two most common payment options through a Funded Plan include:

- 1) The member pays the Network Location directly for diagnostic testing then seeks reimbursement from their health plan; or
- 2) The Network Location sends the completed Receipt of Delivery Form, documenting the diagnostic services rendered, to Amplifon. Amplifon bills the Plan Partner for the diagnostic services on behalf of the Network Location. Amplifon forwards payment for the diagnostic services, as well as the Provider Reimbursement Fee.

Hearing Instrument Selection

The selection of hearing instruments is at the discretion of the Provider and the Member, based on best meeting the medical needs of the member. Amplifon has partnered with several key hearing instrument manufacturers to provide the highest quality products to the member. Only hearing instruments offered through Amplifon contracted manufacturers should be recommended and dispensed to Amplifon members.

Ordering Hearing Aids and Earmolds

Hearing aids and earmolds are ordered directly from the applicable manufacturer, using the **Purchase Order Number (PO#)** provided in the Amplifon referral documentation, **Amplifon’s Bill-To account number** as listed below, and **your Network Location’s Ship-To account number**.

Hearing Aid Manufacturers

<u>Manufacturer Name</u>	<u>Phone Number</u>	<u>Bill-To Account Number</u>
Miracle Ear	(800) 314-2694	CM7135
Phonak	(800) 777-7333	5120010036
ReSound	(800) 248-4327	G123155
Rexton	(800) 876-1141	RA0712
Signia*	(800) 998-9787	117135 or 121128
Sonic Innovations	(888) 423-7834	HPO-04608
Starkey*	(800) 328-8602	M5007
Unitron	(800) 888-8882	5520010036
Widex*	(800) 221-0188	74850
Oticon	(800) 526-3921	26453

First Time Set-Up

When placing your first order for the manufacturers listed below, use the contact information below to set up the Ship-To Account Number for your Network Location under the Amplifon Bill-To Account. All other manufactures will use this Network Location’s ship-to account number.

<u>Manufacturer Name</u>	<u>Contact Name</u>	<u>Contact Information</u>
Signia	Customer Service	(800) 998-9787
Starkey	Contact your Starkey Inside Sales Representative	
Widex		US-credit-VIP@widex.com

Earmold Labs

<u>Labs Manufacturer Name</u>	<u>Phone</u>	<u>Bill to #</u>
Emtech Laboratories	(800) 336-5719	32243
Great Lakes Earmold	(800) 842-8184	HEARPO
Precision laboratories	(800) 327-4792	55446K

Note: Earmolds are included in the price of BTE products. Only standard shipping (First Class Mail) is authorized with an earmold order from Emtech, Great Lakes Earmold, or Precision Laboratories. Earmold orders through the hearing aid manufacturer can be ordered with original hearing aid orders only and with standard manufacturer shipping methods (i.e. fed ex).

Price Match Guarantee

If your retail pricing for a hearing aid(s) is less than the Amplifon discounted pricing, Amplifon will honor a five percent (5%) Price Match Guarantee. You are required to contact Amplifon Client Services (800-920-4327) to obtain a newly established price prior to offering any pricing to the Member. If the member agrees to the Amplifon offered price the sale must be processed under the Amplifon Program at the new guaranteed price.

Hearing Aid Fitting Protocol

Fitting hearing aid(s) to an Amplifon member shall include the following elements:

- Physical fitting of device in ear to verify placement, size, and comfort to member
- Programming/adjustment of hearing aid based on member hearing and comfort levels
- Fitting verification by either unaided versus aided sound field testing (functional gain) or real-ear measurements (probe microphone measurements/speech mapping)
- Explanation to the member of the hearing aid(s) including:
 - Insertion and removal
 - Hearing aid components/landmarks
 - Wear and care
 - Battery usage/management
 - Telephone use
 - Troubleshooting guide
 - Accessory use (i.e. remote control, battery charger, etc.)
- Scheduling a post-fitting appointment 7-14 days after the initial fitting date
- Provide all manufacturer materials (i.e. cleaning tools, instruction manuals, cases, etc.)

Post-Fitting Protocol

The following are required during the seven (7) to fourteen (14) day post-fitting appointment:

- Identify areas of success
- Identify and resolve problem areas
- Answer questions
- Schedule additional or final post-fitting appointment
- Perform Hearing Aid Validation so that disability has been reduced and that appropriately established goals have been addressed (i.e. APHAB Form A or COSI)
- Encourage member to return for periodic maintenance and annual evaluations

One (1) year of service, including follow-up care, is provided to members who utilize and are fit with a hearing aid(s) under the Amplifon Program with no set number of appointments specified. Follow-up care needs are determined by and at the discretion of the hearing health care provider and the member, product fitting protocols, and member requests.

Amplifon requires the hearing aid(s) fitting to occur within twenty (20) days from the date of initial consultation whenever possible. If this is not possible, the Network Provider or Network Location representative should contact Amplifon with an estimated date of fitting. If hearing aids are not fit within thirty (30) days of the hearing aid invoice date the Provider or Location representative must contact Amplifon.

On the day of the hearing aid(s) fitting, the Network Provider completes the 4-step process in MyAmplifonUSA.com, prints all paperwork including the Receipt of Delivery Form, and faxes it to Amplifon along with the Manufacturer's Packing Slip.

Trial Period

Through the Amplifon Program, members receive a sixty (60) day trial period, beginning the day of the hearing aid(s) fitting. If the member returns the hearing aid(s) within the sixty (60) day trial period, there is a full refund issued with no restocking or dispensing fee payment made to the Network Provider/Location.

Selling and Fitting Non-Amplifon Contracted Hearing Aids

Providers and Network Locations are required to only offer the products and services available to members through Amplifon Contracted Manufacturers and the Amplifon Program. Failure to comply

with this requirement may result in termination of a Provider and/or Network Location from the Amplifon Network, or other actions legally available to Amplifon.

Payment for Hearing Aids

Payment in full is due at the time the hearing aid(s) are fit. Amplifon members have several payment options available: credit card (i.e. Visa, MasterCard, Discover), check, or financing.

Receipt of Delivery Form

The Amplifon Receipt of Delivery Form must include:

- Device(s) ordered (include manufacturer and model name)
- Serial number
- Chargeable options
- Amplifon price
- Payment type
- Member co-pay (when applicable)
- Date of service
- Warranty expiration date
- Sixty (60) day trial period
- Cancellation policy
- Name of Network Provider who fit the hearing aids
- Signatures of network provider and patient

Amplifon's Receipt of Delivery Form is for payment record, to be used in conjunction with the Network Location or Provider's purchase agreement/contract. The purchase agreement/contract should be modified, or an addendum attached, specifying Amplifon Program policies versus office policies (i.e. sixty (60) day trial period, no restocking fee, payment to be made to Amplifon, warranty expiration dates).

Credit Card Payment Process

For payments by credit card, enter credit card information directly into the MyAmplifonUSA.com system and obtain their signature on the Receipt of Delivery form and submit to Amplifon at 1.888.844.5713. Amplifon accepts Visa, Master Card, American Express and Discover Card.

Check Payment Process

Checks should be made out to: **Amplifon Hearing Health Care, Corp.**

A copy of the Receipt of Delivery Form, with the payment type of "check" indicated, is submitted to Amplifon to notify us of the sales. The check and copy of the Receipt of Delivery Form, is mailed to Amplifon at: **5000 Cheshire Parkway N, Plymouth, MN 55446, Attn: Billing Department**

Financing

Financing is available through the Amplifon's CareCredit™ program. **Financing should be arranged prior to the fitting of the hearing aid(s).** The Amplifon's CareCredit™ program offers payment plans to qualified members without interest (6 or 12 month repayment plans only) and with interest (24, 36, and 48 month repayment plans).

Application Process

A member may apply for financing from CareCredit™ over the phone with CareCredit™ at 1-866-893-7864, online at www.carecredit.com or hard copy application.

Hard Copy applications may be requested by the member or Network Provider by calling Amplifon Client Services at 1-800-920-4327. Amplifon will fax/email the application either to the Network

Provider or to the member directly, as requested.

Payment Process

Payment is processed by Amplifon at time of fitting, not through the Network Location's own CareCredit™ account. See the CareCredit™ policies for complete rules and guidelines or contact Amplifon Client Services for more information.

Provider Fitting-Fee Payment

Payment of the provider fitting fee is specific to each Plan Partner's program with Amplifon. Reimbursement is issued sixty (60) days from Amplifon's receipt of **(1) completed Amplifon Receipt of Delivery Form, (2) the member's payment, and (3) a copy of the manufacturer's packing slip.**

Please note that reimbursement is not paid if the hearing aid(s) is/are returned within the sixty (60) day trial period.

To ensure timely reimbursement, the required documents listed above should be sent to Amplifon within twenty-four (24) hours, or the next business day, of fitting the hearing aid(s). Incomplete or incorrect paperwork will be returned for completion or correction. Only claims for members actually seen for services or products through the Amplifon Program will be accepted. Network Providers cannot submit claims on behalf of hearing health care professionals that are not fully credentialed by Amplifon.

Current Procedure Terminology (CPT) codes plus (HCPCS) codes are to be used for all service and hearing instrument dispensing. Current ICD code should correspond with member's diagnosis.

Providers must comply with applicable Medicare procedures related to appeals and expedited appeals including gathering and forwarding information on appeals to Medicare and choice payers.

Carrier/Health Plan Billing and Payment

Providers and Locations do not submit bills or claims directly to the Amplifon member's insurance carriers/plans.

Amplifon Funded Plans Processing

Provider and Location requirements are as follows:

- Amplifon authorization must be obtained prior to providing services or dispensing product(s). Claims received for services or devices rendered without prior authorization will not be reimbursed until authorized.
- Amplifon will submit all accurate and complete claims to the payer upon receipt of accurately completed and valid paperwork.
- All Claims should be submitted to Amplifon within twenty-four (24) hours of date of service or delivery. Claims submitted twenty (20) days from the date of service or delivery may not be reimbursed.
- In some plans there is a twelve percent (12%) administrative fee withheld from the listed Amplifon discounted price. This administrative fee does not apply to hearing aid reimbursement fees.

Member Plan Reimbursement

The Amplifon member pays for all products and services up front at the Amplifon discounted rate. Amplifon provides a receipt to the member upon processing of the payment through the Amplifon Program, which the member can use to submit to their carrier/payer as required for reimbursement. It is the member's responsibility to understand their carrier/plan benefits and how to seek

reimbursement.

Please see [the Workers' Compensation Plan Member Care](#) section for claim payment information.

Hearing Aid Return/Exchange Process

An Amplifon Program member has the option to return or exchange the purchased hearing aid(s), without penalty, for a full refund within sixty (60) days from the date of fitting ("Trial Period").

Hearing Aid Return

If the Member returns the hearing aid(s) within the Trial Period, the Location or Provider must:

- 1) Complete the Amplifon Return/Exchange process in the myamplifonusa.com portal.
- 2) Return the hearing aid(s) to the manufacturer using the manufacturer's return form(s) and process.

Note: The Provider's fitting fee is normally issued after completion of the Trial Period and is not issued if the hearing aid(s) are returned during the Trial Period. If the Patient returns the hearing aid(s) after payment has been issued to the provider, Provider must return payment to Amplifon within thirty (30) days of the member returning the hearing aid(s).

Hearing Aid Exchange

Hearing aid(s) may be exchanged within the Trial Period. To exchange hearing aid(s), the Network Provider/Location must complete the following steps:

- 1) Complete the Amplifon Aid Return/Exchange process in the MyAmplifonUSA.com portal.
- 2) Return the hearing aid(s) to the manufacturer using the manufacturer's return form(s) and process.
- 3) Order the new hearing aid(s) using Amplifon's manufacturer Bill-To account number and the new PO# from the new Receipt of Delivery Form.
- 4) After fitting the new hearing aid(s) forward the Receipt of Delivery Form to Amplifon.

Amplifon will issue the Provider's fitting fee within sixty (60) days of receipt of the new Receipt of Delivery Form.

Loss and Damage Warranty Process

Amplifon has established a set deductible amount with each Contracted Manufacturer for lost or damaged hearing aid(s), as well as a discounted rate for replacement ear molds. These processes are handled directly by the Network Provider/Location and the applicable manufacturer.

Hearing Aid Replacement or Repair

The process is as follows:

- 1) Network Provider/Location verifies the warranty with the Contracted Manufacturer and completes and submits the necessary warranty documentation, using their direct Bill-To and Ship-To account number.
- 2) The Amplifon member pays the deductible amount to the Network Provider/Location. Refer to the Amplifon FAQ/Process Manual located in the MyAmplifonUSA.com system or price guide for the deductible amount for the applicable Contracted Manufacturer's make/model of hearing aid.

Diagnostic Testing

Diagnostic testing required for refitting of replacement hearing aid(s) is charged at the same Amplifon discounted rates, under the same processes as the initial referral.

Replacement Earmold

Replacement earmolds are charged at forty-five dollars (\$45) each and billed through the Network Provider/Location account. The Provider collects and retains payment from the Amplifon member.

Universal Referral Plan

The Universal Referral Plan allows Network Providers/Locations to utilize/offer the Amplifon Program Discount Plan to members who:

- 1) Do not have a hearing aid benefit through a contracted plan with Amplifon
- 2) Are responsible for paying the full cost of the hearing services and products out-of-pocket

Universal Plan Process

- 1) Network Provider/Location contacts Amplifon Client Services to obtain authorization and referral notification.
- 2) Amplifon activates the Member and sends an email notification to the Network Location.
- 3) The Network Location follows the Discount Plan process, providing the authorized hearing aid(s) and collects payment in full from the Member, made payable to Amplifon.
- 4) The Network Provider submits the completed Amplifon Receipt of Delivery Form, Member payment and Manufacturer packing slip to Amplifon within twenty-four (24) hours.
- 5) Amplifon issues the Network Provider/Location fitting fee sixty (60) days after delivery of the hearing aid(s), unless returned by the Member prior to that time.

Amplifon Plan Partner Referral Program

Amplifon contracts with many types of organizations including HMO's, PPO's, Unions, Employers, Insurance Companies, and Medical Groups. Network Providers may request Amplifon initiate contracting with an organization in their area by completing an Amplifon Contract Referral Form. Amplifon may pay five hundred dollars (\$500) for referrals that result in a signed contract with the new organization.

Incentives will only be paid if all questions on the Amplifon Contract Referral Form are answered and Amplifon is not in current negotiations with the organization. If we receive more than one referral for the same organization, the Participant/Provider who submitted the referral first will receive the incentive. **Please fax completed forms to Amplifon at 1.888.371.5961.**

WORKERS' COMPENSATION PLAN MEMBER CARE

Amplifon works with carriers and employers ("Carrier") to provide services and products for workers' compensation claimants ("Claimant").

Amplifon coordinates communication between our Network Providers/Locations and our contracted Carriers to process hearing loss claims through its dedicated Workers' Compensation Team.

Workers' Compensation Plan Benefits

Products and services available to Claimants, fee schedules, and Network Provider/Location reimbursements are specific to each Carrier's contract with Amplifon. The negotiated rates of services/items are provided with the initial referral paperwork. The information may also be obtained by contacting the Amplifon Workers' Compensation Department at 1.888.319.9206.

Network Locations/Providers providing products and services to Claimants through the Amplifon Workers' Compensation Plan Program are required to provide the following:

- Sixty (60) day trial period starting the day of fitting
 - During the trial period the claimant may return for adjustments or in-office support as much as needed, or they may return the hearing aid(s)
- First Year Support:
 - Follow-up visits for one (1) year after the initial hearing aid(s) fitting
 - Programming adjustments
 - Routine cleaning
 - Minor in-office repair
- Sound field measurement or probe microphone measurements to verify hearing ability
- Warranty support (shipping to manufacturer for warranty work)
- Instruction manual and hearing aid cases provided by manufacturer
- Additional impressions needed for remake or exchange of hearing aids or earmolds.
- Products that have an acquisition cost of less than fifteen dollars (\$15) and are not listed on the encounter form.
- One (1) package of batteries at fitting

Services

Authorization should be obtained prior to services being rendered to a Claimant to guarantee payment. If prior authorization was not given, neither the Carrier nor Amplifon is responsible for any payment of service.

The Network Location/Provider may not seek payment from the Claimant for services that have not been submitted for prior authorization. If prior authorization was declined by Amplifon, the claimant has the option to pay for declined services.

The fee schedule specific to the Claimant's Carrier ("Fee Schedule") outlines all services and reimbursement rates allowed by the Carrier. If a service determined to be medically necessary for the Claimant is not specified on the Carrier's Fee Schedule, the Network Location/Provider is to contact Amplifon Workers' Compensation Department for authorization consideration.

Referral Process

A Carrier, or Claimant at the direction of their Carrier, will inform Amplifon of a Claimant needing services. Amplifon contacts the Claimant to select a Network Location/Provider and forwards the Claimant referral and authorization documentation (“Authorization”) to the selected Network Location/Provider. After receipt of the Amplifon Authorization, Network the Location/Provider and staff are strictly prohibited from contacting the Carrier directly regarding the subject Claimant. All questions, comments, or concerns are to be addressed directly to Amplifon’s Workers’ Compensation Department.

If the Claimant requests services from a Network Location/Provider prior to Amplifon being contacted by the Carrier, the Network Location/Provider must contact Amplifon to confirm approval and obtain the Authorization.

Diagnostic Testing

Testing results provided by the Carrier, if performed within six (6) months of the referral, will be forwarded to the Network Location/Provider as part of the Authorization. If Amplifon does not receive acceptable test results, the Authorization will include approval for a comprehensive hearing evaluation (CPT Billing Code: 92557). The Network Location/Provider shall conduct the authorized testing and forward the results to Amplifon with the hearing aid recommendation.

If additional testing is needed, the Network Location/Provider must contact Amplifon for approval prior to tests being performed. **Please note only Audiologists are reimbursed for approved testing.**

Evaluation and Product Selection Requirements

Amplifon requires the following diagnostic tests to support the selection of hearing aid submitted for review and approval by the Carrier and the Amplifon staff audiologist:

- Audiogram within six (6) months of fitting amplification
- Pure tone air audiogram (250Hz, 500Hz, 1kHz, 1500Hz, 2kHz, 3kHz, 4kHz 8kHz)
- Pure tone bone audiogram (500Hz, 1kHz, 2kHz, 4kHz)
- Word recognition scores – monaural and binaural
- Speech in noise score
- Most comfortable levels
- Uncomfortable loudness levels
- *Optional:* Comprehensive Audiological Evaluation (92557). If this evaluation is authorized by the Carrier, the Location/Provider will receive notification from Amplifon.

Prior Authorization Details

The Hearing Aid Prior Authorization Request Form is used to record diagnostic test results, hearing aid recommendations, etc. for review by the Amplifon staff audiologist. If the Network Location is unable to use the Prior Authorization Request Form as provided by Amplifon, the Network Location may submit the required information in another form.

In addition to the diagnostic testing results, the Hearing Aid Prior Authorization request must include the following information:

- A list/description of any physical limitations related to the work environment.
- Brief member case history relating to the hearing loss and need for hearing aids.
- Work environment needs (i.e. wearing of hard hats, head gear or ear protection, telephone usage) and the safety of the claimant and/or others contingent on the claimant’s ability to hear and communicate with minimal distractions.
- Is the Claimant still employed with the employer that the claim is through?

- Are there any other extenuating issues (dexterity problems, ear size, fit issues, allergic reactions, cognitive issues, etc.) that should be considered in the review process? If so, provide a brief explanation on how these impact your recommendation.
- New Hearing Aid(s) Recommendation: Exact style, make, and model of the recommended hearing aids.
- Replacement Hearing Aid Recommendation: Current hearing aid manufacturer, model, serial number, current condition, and date of fitting.

Amplifon will contact Network Location/Provider to obtain the additional information if additional information is necessary due to Carrier requirements.

Hearing Aid Selection

Only hearing aid(s) available through Amplifon Contracted Manufacturers should be recommended to claimants, based on medical necessity and audiological appropriateness. Many workers' compensation state guidelines require employee claimants be fit with hearing aid(s) that are "medically necessary" in order to provide the claimant with hearing at "functional" levels.

State guidelines do not stipulate that employees be fit with the highest technology level of hearing aids available, nor are they required to include accessories such as Bluetooth® enabled devices or remote controls. Only appropriate information containing justified necessary items will be reviewed for audiologic appropriateness and necessity by Amplifon.

All products and services must have prior approval by the claims adjuster to guarantee payment for all workers' compensation claims.

Hearing Aid Product Recommendations

Amplifon provides the Network Location/Provider the Authorization and hearing aid lists, specific to the claim being processed, to select from. The Network Location/Provider is required to submit a primary and secondary recommendation with justification for both.

Amplifon recommends the fitting of ITE and BTE style aids whenever possible as these are our preferred style of products due to several factors including:

- Lower occurrences of repair/replacements
- More standard features on ITE/BTE style of aids
- Support from administrators for these hearing aids

Amplifon will consider fitting ITC/CIC hearing aids with justification of medical necessity such as:

- Claimant is still employed and uses hearing protection with hearing aids in place.
- A Replacement request is submitted and claimant originally had CIC or ITC product, which is the appropriate product for their hearing loss. This will be verified by manufacturer's "best fit" guidelines.
- Dexterity or physiology issues.
- Employment related phone usage.

Justification of Medical Necessity

Entry-level hearing aids are available without justification, with the exception of a CIC. Mid-level and advanced digital products, as well as CIC products, require justification of medical necessity. Fax information to Amplifon at 1.888.844.5713 or by email at workcomp@amplifon.com.

Amplifon defines "Medical Necessity" of services or products as being:

- 1) Rendered for the treatment or diagnosis of an injury or illness; and
- 2) Appropriate for the symptoms, consistent with diagnosis and otherwise in accordance with

- “sufficient scientific evidence” and professionally recognized standards; and
- 3) Not furnished primarily for convenience of member, attending physician, or other provider.

“Sufficient scientific evidence” shall be determined by Amplifon based on peer reviewed medical literature; publications; reports; evaluations and regulations issued by state and federal government agencies, local carriers and intermediaries; and such other authoritative medical sources as deemed necessary by Amplifon.

To be considered, the justification submission should include the following:

- Hearing test (as provided by Carrier or approved test performed by Provider)
- Hearing aid(s) recommendation (include Network Location/Provider normal retail price)
- Written justification of medical necessity when required

Examples of justification include:

- Slope and degree of hearing loss (i.e. precipitous slope, unusual configuration, etc.)
- Speech in noise testing present significant deterioration in present of noise
- Work setting or environment
- Physical limitations
- Poor word discrimination

If the recommended product is not located through a Contracted Manufacturer, contact Amplifon at 1.888.319.9206 to determine next steps.

Replacement Hearing Aid Approval Process

Many carriers require the current hearing aid(s) be deemed un-repairable by the manufacturer prior to consideration of replacement. Several state guidelines are very specific that the technology level and fitting range of replacement hearing aid(s) be consistent with the hearing levels at the closure of the original claim. Changes in slope and degree of hearing may require the claimant to open a new state claim.

Loss and Damage

If the claimant damages the hearing aid(s) during this trial period and the manufacturer will not return for credit, the claimant may be responsible for damaged aid(s). No exchange or return of product will be allowed if the hearing aid(s) do not meet the manufacturer’s return-for-credit policy when a loss and damage claim occurred within the trial period.

At any time when a hearing aid loss/damage warranty is utilized for a claimant, submit a notification/request to Amplifon for claimants’ compensation carrier to be notified of replacement request. Include any testing fees that are required to refit the hearing aid(s) for consideration with the loss/damage hearing aid claim. Amplifon will notify the Network Location/Provider of the decision, if the Carrier will replace or if the Claimant will be responsible.

Hearing Aid Exchange

Amplifon has a sixty (60) day trial period for all hearing aid(s) fit within the Amplifon program. When an exchange of product is required during this period, forward the notification/request to Amplifon Workers’ Compensation Team with appropriate justification. When approved, Amplifon will fax a new Final Authorization for the approved hearing aids. If payment was received for the original hearing aid request and a refund is due to Amplifon, please forward a refund check to Amplifon within thirty (30) days. If Amplifon owes the Provider any additional Provider reimbursement, this will be forwarded to the Provider within sixty (60) days from the date Amplifon receives the signed Final Authorization.

Hearing Aid Return

In the event the member returns the hearing aid(s) within the sixty (60) day trial period (“Trial Period”), the following steps are required:

- 1) Complete the Return/Exchange form and fax to Amplifon at 1.888.371.5961
- 2) Return the hearing aid(s) to the manufacturer using their return form.

Note: The Provider’s fitting fee is normally issued after completion of the Trial Period and is not issued if the hearing aid(s) are returned during the Trial Period. If the Patient returns the hearing aid(s) after payment has been issued to the provider, Provider must return payment to Amplifon within thirty (30) days of the member returning the hearing aid(s).

Workers’ Compensation Service Plan

Amplifon has a service plan called Preventative Protection Plan (PPP). It is the responsibility of the Amplifon Workers’ Compensation Representative to review Provider’s request and submit under the correct service plan required by the carrier. The approval notification will identify the required item(s) to provide and the reimbursement amount.

The PPP allows for an annual service(s)/product(s) provided to claimant at a reimbursement amount of one hundred twenty-five dollars (\$125) per claimant. This can be requested when annual services are needed.

This fee includes:

- One hundred dollars (\$100) for Provider’s service for the hearing aid(s)
- Twenty-five dollars (\$25) for acquisition costs of any product(s) purchased to maintain hearing aid(s) (i.e. tubing, lubricant, wax filters, etc).
- Any product(s) listed on the encounter form or has an acquisition cost of fifteen dollars (\$15) or more, will not be included in the PPP and can be requested for reimbursement. Invoice will be required for payment.

The PPP covers annual service(s)/product(s) provided to Claimant. Required services that must be completed within the year of service include:

- Screening to verify no change in hearing has occurred
- Programming and/or electroacoustic verification to ensure hearing aid(s) is set appropriately for hearing loss and working appropriately
- Clean and check hearing aid(s) to ensure working to specification
- Continued maintenance of hearing aid(s) is required for a year

Earmolds

Requests for replacement earmolds should be made through the Amplifon Workers’ Compensation Department, who will review the request and submit it to the carrier for approval. If approved by Amplifon and the carrier, Provider may order earmolds through Amplifon contracted manufacturer using Amplifon’s account number, PO#, and the Network Locations Ship To information. After claimant has received earmolds, return signed authorization form for payment to be forwarded at sixty (60) days.

Repairs

After the manufacturer warranty expires, the Carrier may approve the cost of appropriate repair(s) resulting from normal wear for the authorized and purchased hearing aid(s).

The Network Location/Provider must submit a request to Amplifon for an out-of-warranty repair authorization. Upon approval by Amplifon and the Carrier, the repair may be completed using

Amplifon's manufacturer Bill-To account number. All repair records must to be retained in the Claimant's member file, including the in-warranty period, and supplied to Amplifon upon request.

The Carrier may not cover certain types of repairs, maintenance, and supplies, including:

- Repairs that are not due to normal wear
- Batteries to hearing aids not authorized or purchased by the Carrier
- Maintenance to accessories not authorized or purchased by the Carrier
- Non-work related loss or damage to the hearing aid(s) (i.e. pet chews the hearing aid)

Batteries

All future battery requests will be ordered directly from Amplifon by the claimant. Amplifon will mail eighty (80) battery cells per aid to the claimant.

Batteries for New Hearing Aids

The Network Location/Provider should provide one (1) package of batteries to the Amplifon member at the time of fitting. When the completed Amplifon Final Authorization Form and manufacturer packing slip are received, Amplifon will mail out eighty (80) cells of batteries per aid and request the claimant bring a package of these batteries to the fitting appointment. If no batteries are brought to the appointment, Network Provider will dispense one package of batteries at the fitting.

Replacement Batteries

Replacement batteries will be provided by Amplifon directly. The Claimant should contact Amplifon for batteries to be mailed.

- Authorized hearing aid(s) and services should be delivered to the Claimant within twenty (20) days of the authorization date. Any authorized hearing aid(s) or services not delivered within the twenty (20) days must be re-authorized by contacting the Amplifon Workers' Compensation Department for reauthorization.
- If a Network Provider/Location is paid directly by the Carrier for a Workers' Compensation Claim, the Network Provider/Location must report this payment to Amplifon within five (5) business days of its receipt.

Provider Reimbursement

Hearing aid reimbursements are dependent upon Amplifon's contractual arrangement with the Carrier. Only audiologists will be paid for diagnostic and evaluation tests.

Network Location/Providers are prohibited from contacting the Carrier directly for payment of products and services provided to Amplifon referred Claimants. Products or services rendered to Claimants without prior authorization from the Carrier and Amplifon will not be paid. The Claimant may choose to pay for products and services rendered that were declined by the Carrier and Amplifon, this is only applicable to products and services submitted for authorization and declined prior to rendering.

Hearing aid(s) and services approved under a Workers' Compensation claim require a signed Workers' Compensation Final Authorization Form, or acceptable equivalent, with the Network Provider's signature for reimbursement. Payment will be made sixty (60) days from Amplifon's receipt of the authorization form.

AMPLIFON PROVIDER NETWORK MANAGEMENT

Amplifon engages hearing healthcare businesses and hearing care professionals to provide services and products to Amplifon members. Our Provider Network includes licensed audiologists and hearing aid dispensers/hearing instrument specialists from private practice, hospitals, clinics, physician offices, and hearing aid service centers.

Network Participation Agreements are executed between Amplifon and the business owner/owner equivalent of the business. The participation agreement encompasses all locations and hearing care professionals employed by that business that wish to participate in the Amplifon Program and meet Amplifon's credentialing requirements.

COMPLIANCE REPORTING

Reporting Requirements

It is Amplifon's policy that all employees, contractors, consultants, temporaries, and other workers at Amplifon, including all personnel affiliated with third parties, report any activity that they reasonably believe is in violation of the law, ethical standards, or Amplifon policies. Reporting enables Amplifon to investigate potential problems quickly and to take prompt action to resolve them. The Reporting Party need not be certain that the violation has occurred to report it, but, must use good judgement to avoid baseless accusations.

Reports of violations may be made through a Compliance Reporting Mechanism, to any member of management/senior staff, or a member of the Human Resources or Legal departments. All reports will be handled in a manner that protects the confidentiality and other rights of all personnel involved, including anyone who is the subject of a compliance investigation, to the extent permissible by law. Amplifon's No-Retaliation Policy is enforced.

All reports will be evaluated promptly, thoroughly, and fairly by persons having a sufficient level of expertise and knowledge with regard to the issue presented by the reporter.

Compliance Reporting Mechanisms

HelpLine: 1-800-234-9314 or 763-268-4103

Email: compliancedept@amplifon.com

Mail: Amplifon Hearing Health Care, Attn: Compliance Officer, 5000 Cheshire Parkway N, Plymouth, MN 55446

Non-Retaliation

Amplifon Hearing Health Care does not tolerate retaliation or intimidation of any kind. Retaliation of any kind should be reported immediately to a member of the management team, the Human Resources Department, or through a Compliance reporting mechanism. Anyone who retaliates against another will be subject to disciplinary action, up to and including immediate termination.

Examples of possible acts of retaliation include, but are not limited to:

- ◆ Termination, demotion, suspension, refusal to hire, or denial of training and/or promotion
- ◆ Threats, unjustified negative evaluations, unjustified negative references, or increased surveillance
- ◆ Discrimination and/or harassment
- ◆ Bullying by intimidation, humiliation, social isolation (directly or indirectly)
- ◆ Creating a hostile and/or intimidating or offensive work environment

- ◆ Any action that is likely to deter a reasonable person from reporting illegal conditions, violations of law, rules, policies, or procedures, and/or cooperating in/with an institutional investigation

Retaliation does not include disciplinary actions taken against an employee because of their own violation of company policies, laws, regulations, or procedures, justified negative comments due to poor work performance or history, etc.

Location and Provider Conduct

To ensure that Amplifon is meeting its obligations to its Plan Partners and maintaining the highest quality network, Network business owners and Providers are required to:

- Notify Amplifon immediately of any lawsuits or judgments brought against a Provider, owner, or person with a controlling interest in the Business
- Immediately notify Amplifon of any staff or location changes and updates
- Ensure business is not employing or contracting with an individual or entity excluded from participation in Medicare or other federally or state funded health care program
- Provide Amplifon Program products and services without discrimination on the basis of age, sex, marital status, sexual orientation, ethnicity, national origin, religion, health status, disability (mental or physical), payment source, or the fact they are Amplifon members
- Comply with all applicable Amplifon policies and procedures
- Not engage in conduct that in any way causes Plan Partners to alter, modify, or terminate its relationship with Amplifon
- Participate in and fully cooperate with Amplifon quality improvement review(s)

Location Participation

Each Network Location must meet the following minimum criteria prior to rendering Amplifon Program products and services:

- Network Location must be successfully credentialed and have a minimum of one (1) successfully credentialed Network Provider
- Be licensed and registered in its state of operation
- Meet minimum equipment requirements
- Operate under an appropriate infection control program
- Be ADA (Americans with Disabilities Act) compliant
- Maintain phone coverage during the core business hours as the location advertises

The Business owner is responsible for ensuring their Network providers participating in the Amplifon Program cooperate with the Program policies and procedures, including but not limited to the terms and conditions of the Network Participation Agreement and this manual.

Provider Participation

Participating Providers may provide Amplifon Program products and services from multiple Locations, so long as; (i) each location is successfully credentialed and covered under an Amplifon Network Participation Agreement to participate in the Amplifon Network and (ii) Provider is credentialed by Amplifon to provide services from each location.

Provider credentialing approval is not transferrable. If a Provider transfers to a Location under a different owner than their current Location(s), the Provider is required to complete the Credentialing process under the new owner prior to providing Amplifon Program products and services.

Network Providers and Business owners must:

- Maintain licenses, certifications, and credentials specified under federal, state, and local law
- Carry Professional Liability Insurance with minimum limits of one (1) million dollars per occurrence/three (3) million dollars aggregate
- Provide licensure renewal information to Amplifon in a timely manner
- Provide evidence of Provider CEU's as requested by Amplifon
- Attend/obtain certain training as requested by Amplifon

Network Availability

We are constantly monitoring the geographical needs of our network to ensure the coverage for our members provides the most convenient access to hearing health care providers and locations. When geographical needs of a certain state, region, or county have been met, we close the network for that area. Our Network needs change on a regular basis and we encourage Business Entities and Providers interested in participating within the Amplifon Network to check with us for openings.

Credentialing Process

Amplifon credentials each location and provider (audiologists and hearing aid dispensers/hearing instrument specialists) in accordance with health care industry and applicable accreditation bodies' guidelines.

New Locations

Each Tax ID/Employer Identification Number (EIN) is required to submit an Initial Credentialing packet with supporting documents. The locations and providers listed within the application must successfully complete the credentialing process prior to providing Amplifon Program products and services.

A complete Initial Credentialing packet includes:

- Location and Provider demographic information
- Business Owner Disclosure and Attestation – signed and dated by owner/owner equivalent
- W9 – signed and dated by owner/owner equivalent
- Business License or Registration (if applicable)
- Proof of Professional Liability Insurance with minimum limits of one (1) million dollars per occurrence/three (3) million dollars aggregate
- Network Participation Agreement – signed and dated by owner/owner equivalent

New Providers

New Providers requesting participation within the Amplifon Network must have their Business owner/owner equivalent submit a Provider Update Form. Providers may not render services to Amplifon Members until fully credentialed by Amplifon, even if previously credentialed by Amplifon under another Tax ID/Employer Identification Number (EIN).

Failure to comply with Amplifon's credentialing requirements or notification requirements may result in action against the Business Entity or provider, including but not limited to denial of participation or removal from the Amplifon Network.

Re-Credentialing

Re-Credentialing is required for each location and occurs every thirty six (36) months from the previous credentialing approval date.

Re-Credentialing Locations

Network Locations are required to complete a Location Re-Credentialing Packet with supporting documents to maintain participation status in the Amplifon Network. Network Providers working for multiple business entities will be required to re-credential with each business entity.

A complete Location Re-Credentialing packet includes:

- Location, Provider and Owner demographic information
- Business Owner Disclosure and Attestation – signed and dated by owner/owner equivalent
- W9 – signed and dated by owner/owner equivalent
- Business License or Registration (if applicable)
- Proof of Professional Liability Insurance with minimum limits of one (1) million dollars per occurrence/three (3) million dollars aggregate

Failure to submit a completed Location Re-Credentialing Packet with supporting documents within sixty (60) days of initial contact by the Amplifon Credentialing Department may result in action against the Network Location, including but not limited to removal from the Amplifon Network.

On-Going Monitoring

Amplifon performs Medicare and Medicaid Sanction monitoring on a monthly basis in the interim between credentialing cycles. Business Entities, Business Owners and/or Providers with an active Medicare/Medicaid Sanction are ineligible for participation within the Amplifon Network.

If a Provider has a Medicare/Medicaid Sanction that has been lifted, the Provider will be required to present a copy of the reinstatement letter as issued by the Office of Inspector General (OIG), prior to consideration for participation within the Amplifon Network.

Amplifon completes Primary Source Verification (PSV) of state licensure in each state the Network Provider currently renders services in, at the time of initial credentialing, re-credentialing and upon licensure expiration. Providers with disciplinary and/or adverse actions will be suspended from the Amplifon Network pending review and determination from the Amplifon Hearing Health Care Credentialing Committee including and up to removal from the Amplifon Network.

Expireables

Amplifon monitors and collects state licensure, business licensure (as applicable) and professional liability at the time of expiration. Amplifon will begin requesting renewal documentation thirty (30) days prior to the expiration of the document(s).

Failure to comply with requests for renewed documents will result in suspension from the Amplifon Network pending review and determination from the Amplifon Hearing Health Care Credentialing Committee including and up to removal from the Amplifon Network.

Equipment Requirements

Network Locations must meet industry standards for test setting, equipment, and hearing aid(s). Equipment must be calibrated annually and Network Locations shall provide proof of annual calibration upon Amplifon's request.

Amplifon requires Network Providers/Locations to utilize the following instrumentation when applicable:

- Sound Booth
- Audiometer

- Sound Field System
- Immittance Meter
- Probe Microphone System
- Auditory Evoked Potential System
- Electronystagmography System
- Otoacoustic Emission System

Advertising Guidelines

All advertising that directly solicits Amplifon members or uses the Amplifon name or logo must be submitted to Amplifon for review and approval prior to publication/distribution.

Advertising materials are defined as, but not limited to:

- Recall letters
- Promotions
- Direct mail
- Print ads
- Yellow pages ads
- Websites

Amplifon will review submitted copy and respond within thirty (30) business days.

All Network Location business promotional and advertising materials must be consistent with the ethical standards of the American Academy of Audiology (AAA) and the International Institute of Hearing Instrument Sciences (IIHIS). Network Locations/Providers must not send marketing materials or otherwise solicit members referred to them through the Amplifon Workers' Compensation Plans.

Please contact Amplifon Marketing department if you have any questions regarding our advertising guidelines.

Submit sample copy of materials to:
Amplifon Hearing Health Care, Corp.
Attn: Marketing Department
5000 Cheshire Parkway North
Plymouth, MN 55446
Fax: 763-268-4240

QUALITY ASSURANCE

The Amplifon's Quality Assurance (QA) Program objectively and systematically monitors and evaluates the quality and appropriateness of care and service provided to Amplifon members.

Amplifon Credentialing and Steering Committees

The Amplifon Credentialing Committee (ACC) has the right to determine which Providers or Locations may be credentialed, monitored, suspended or denied and how often. If the Credentialing department obtains unfavorable information regarding a Provider, Location, Owner/Owner Equivalent, the findings will be submitted to the ACC for consideration and final ruling.

ACC decisions are completed in a nondiscriminatory manner, in conjunction with applicable Amplifon corporate and Credentialing Department policies and procedures, contractual requirements and obligations, and/or provider manuals current at the time of the review. In the event that a member of the Credentialing Committee has previous knowledge of a case, they will recuse themselves from voting.

The Amplifon Steering Committee (ASC) is responsible for fulfilling the responsibilities of the Credentialing Committee if the Credentialing Committee is unable to perform them due to;

- Inability to reach a consensus on a decision
- Provider, Location, or Amplifon personnel requests review of the ACC decision
- Other duties as requested by Credentialing, the ACC or Amplifon executive management

The Steering Committee reserves the right to uphold or overturn decisions made by the Credentialing Committee.

Quality Indicators

Our QA program uses quality indicators that are objective, measurable, and based on current knowledge and clinical experience in order to monitor and evaluate important aspects of member care and service. Credentialing and re-credentialing primary source verification actions, conversion rates of individual network locations, member satisfaction survey, Provider satisfaction survey, and consumer complaints are utilized to measure and assure the quality of service and care. This data is collected on an ongoing basis, then aggregated and analyzed for patterns and trends.

Member Satisfaction

Amplifon surveys a statistically significant number of members fit with hearing aids through the Amplifon Program approximately ninety (90) days following the fitting in order to determine their satisfaction with the Program, the Network Provider, the quality of care provided to them, and the hearing aid(s) dispensed.

The survey outcomes are aggregated and reported annually to Amplifon and upon request to Plan Partners.

Information Systems Adequacy

The computerized record-keeping system tracks pertinent information relating to the hearing health care of our patients. The system was developed on an industry standard platform and is secure, scalable, and data-portable. All data is backed-up on a nightly basis and can be made readily available to authorized individuals/entities. The information system is able to track individual patient-

care data relating to the patient such as diagnosis, procedure, date and location of service, provider information, and aggregate data in order to identify utilization patterns. Claims and encounter information are stored for a minimum of ten (10) years.

Confidentiality

Amplifon takes our responsibility to protect the privacy and security of the records and information of our members', location owners', and providers' ("Confidential Records") very seriously.

Part of our efforts to achieve this is to:

- Require prior written authorization from a member to release their personally identifiable health information
- Control who has access to Confidential records by managing system user profiles
- Require minimum use necessary, only providing information necessary for the other party to perform their job function(s)
- Use encryption services when sending confidential/sensitive information via email

Complaint Resolution

Amplifon Hearing Health Care makes every effort to resolve any complaints presented as quickly as possible. Upon receipt of a complaint, the complainant is contacted within one (1) business day to discuss the complaint and the plan for resolution.

Provider Complaint Resolution

A provider may submit a complaint in writing or verbally. Amplifon will take the following steps to resolve the issue(s) with the complainant Provider:

- Live interview (phone/in person as appropriate) with complainant to define points to address
- Develop action plan to address defined points
- Introduce action plan to complainant Provider and implement agreed upon action plan
- Assess implementation of action plan through completion
- Evaluate effectiveness of the remedial action plan, taking additional steps if necessary or close out the matter if resolved

Member Complaint Resolution

A member may submit a complaint in writing or verbally. Member complainants shall be given the option to receive care from another Amplifon Provider. Retaliation of any kind against a member complainant by the submit Provider or Location may result in disciplinary actions including, but not limited to termination from the Amplifon Network.

Amplifon will take the following steps to resolve the issue(s) with the complainant member:

- Discuss complaint with Provider to determine possible causes of the complaint
- Determine immediate action to resolve the complaint
- Identify a remedial action plan to prevent repeat occurrences, if applicable
- Review the remedial action plan with the Provider and monitor until plan completion
- Evaluate effectiveness of the remedial action plan taken.

If the complaint reaches the threshold for ACC Review, the provider and complainant identifying information is redacted and the complaint is submitted to ACC for review and determination.

Provider/Location Audit Procedures

In the event Amplifon is notified of potentially inappropriate services or guideline violations that may impact member care, a Network Provider/Location may be subject to an on-site audit.

Amplifon will notify the Provider no less than five (5) business days prior to the audit and will provide the following information as part of the audit process:

- Date and Time of audit
- Nature of the complaint/concern
- Scope of audit

Remedial Action

Amplifon may place a Network Provider or Business Entity on Corrective Action(s) for failure to comply with Amplifon's Program policies and procedures, the terms of the Network Participation Agreement, this Manual, or for other reasons as determined by Amplifon.

Forms of Remedial Action

The Amplifon Credentialing Committee (ACC) reviews all matters and determines type of corrective action(s) placed against the Network Provider or Business Entity.

Corrective actions taken by Amplifon may include the following process:

- **Written Warning:** Notification of the violation is sent to the subject Provider or Location with a thirty (30) day corrective action plan.
- **Probation:** If the subject Provider or Location person(s) is non-responsive to a written warning or the severity of a violation warrants probation, they may be placed on one (1) year probation, during which time any further violations may result in immediate termination.
- **Termination:** Repeat violations, failure to comply with a written warning, unresponsiveness to inquiries, violation of probation, or the severity of a violation may warrant termination. Termination may be with or without written notice and may be effective immediately or on a future date as identified by Amplifon.

Appeal Process

Appeals Rights are offered to Network providers and Business Entities that are denied, restricted, suspended, terminated or other disciplined by ACC or ASC due to actions deemed adverse and/or egregious in nature.

Adverse and/or egregious actions include and are not limited to:

- Report of Medicare/Medicaid Sanction (OIG report)
- Failure to comply with Credentialing and/or Re-Credentialing Requirements
- Failure to comply with the Program Participation Requirements as noted in this manual

A Network providers and Business Entities will have thirty (30) days from the date of the final determination letter to exercise appeals rights. All appeals must be written and signed by a business owner or owner equivalent. Appeals may be submitted via USPS mail, fax or email.

Network providers and Business Entities that exercise appeals rights will be allowed to:

- Request a hearing before the ACC or ASC within thirty (30) days from date of appeal
- Present evidence on their behalf and in dispute of Amplifon's disciplinary action.
- Present representation by an attorney or another person of his/her choice.
- Attend in person or via conference call.

Upon receipt of the written appeal, Amplifon will send written confirmation of receipt of appeal. Within ten (10) business days of the appeals hearing, Amplifon will notify the business entity via USPS and Certified mail of its final decision. The final determination of the committee(s) shall be binding. Upon completion of the appeals hearing, a business entity shall have no further rights to appeal or to appear before the committee(s).