

Company Policy and Procedure Manual

TriageLogic, LLC
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Version 6.1

Approved By:

Charu G. Raheja, PhD
Chair/CEO
TriageLogic, LL

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Note: this covers:

https://accreditnet.urac.org/Application/3271/Evidence

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1. Welcome CORE 2

Welcome to Policy and Procedure Purpose/Interpretation

The purpose of this Manual is to provide employees of **TriageLogic ("TL")** with general information regarding the policies and procedures of the Company. Nothing in this manual or in any other documents (such as benefit statements, performance evaluations, or any other written or verbal communications) should be construed to create an employment agreement/contract (either expressed or implied) for anything other than at-will employment.

Writing or Revising Policy or Procedure

If you are a TriageLogic employee who is writing or revising a policy or procedure, please consult section # **2** of this manual: Policy and Procedure Development & Maintenance. The policy outlines the policy and procedure formatting and organization, and the process for approval of policies and procedures.

About Our Company CORE 2c

Today, TriageLogic is a leading provider of quality, affordable **triage solutions**. We are a physician-led company that offers leading-edge nurse triage services.

We serve busy practices in need of a phone triage system for patients. Some of our physician groups are part of a hospital or a health system. We service all locations in the United States. All groups of patients (e.g., pediatric, adult, geriatric) are covered by TriageLogic.

Triage Logic Nurse Triage on Call provides telephone nurse triage coverage for providers and their patients. **CORE 2b**

How it works:

1. Patient calls and talks to a triage representative
2. Nurse calls patient back and directs patient to the appropriate level of care
3. As the nurse handles the call, the system documents all the details and the encounter is sent to the physician's office

Key Features:

- Gold Standard Protocols from Schmitt-Thompson
- All calls recorded
- All licensed registered nurses
- Call back average time less than 30 minutes

Mission Statement CORE 2a

Our mission is to continue to lead the field of nurse triage. We commit our expertise, compassion and reliability to services that exceed expectations of medical professionals and their patients.

"Taking care of our communities one call at a time"

Date of incorporation as legal entity: November 2006, Nashville, TN

Company Demographics CORE1

A. Advisory Board – The board serves as an advisory committee to help the CEO plan strategy and keep up-to date with nursing, regulatory and other requirements.

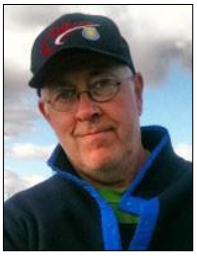
Advisory Board Members



Charu Raheja, PhD – Chair and CEO
PhD: Finance, New York University, NY
Special interests: CEO compensation, corporate governance, and healthcare research



Ravi Raheja, MD – Medical Director and COO
MD: Robert Wood Johnson Medical School, NJ
Pediatric Residency: Schneider Children's Hospital, NY
Special interests: General pediatrics, medical education and medical information technology



John Roberts, Esq.
JD: University of Minnesota Law School, MN
Partner, New Counsel, PLC, provider of legal and business advice to technology startups
Former Shareholder at Leonard, Street and Deinard, large corporate firm in Minneapolis, Minnesota
In-house legal positions, including General Counsel, Deputy General Counsel or Corporate Counsel Texas Instruments, DSC Communications Corporation, Net Perceptions and ValueVision Media Inc. (all publicly traded companies)



Shelley Rogers, RN
Associates in Nursing, Forsyth Technical Community College, NC
Previous Positions: Labor and Delivery Nurse at Forsyth Hospital, Behavioral Emotional Handicap (BEH) Teacher's Aide, NBHA District Director- District 6
Special interests: Youth Ministry and Missions

CORE 1 and 2d

B. Personnel types and number (professional, clinical, technical, administrative support, employee, contractor, etc.):

Professional / Management

1. Executive (1) – The CEO plans, manages, and ensures the efficient implementation of all objectives, goals and mission of the company, assures company's compliance with all city, state, and federal laws, initiates all company policies and regulations, ensures the company's increasing profitability and relevance, and represents the company in all public events.
2. Operational / Administrative (1) – The COO manages all operational aspects of the company including administrative, and reporting/evaluation systems and procedures, and assists the CEO in the implementation of company objectives, goals and mission.
3. Medical / Clinical (4)

    a) The Medical Director oversees all clinical staff training and continuing education, and, along with the technological department develops new technologies to improve the services of the company.
    b) Nurse Directors ensure the efficiency and continuing education of nurses, ensures compliance with the state board of nursing and state nurse practice requirements and related regulations, coordinates and discusses with Medical Director and COO on number and quality of phone calls served by the company
    c) Nurse Managers manage nurses' schedules, maintain and update nursing guidelines, maintain nursing staff and ensures continuous availability of nurse service, conducts planning, monitoring and evaluation with nurses, provides clinical support, ensures the effective implementation and use of relevant software, ensures all office equipment and supplies are available and working
    d) Client Relations supervises the day-to-day management of all clients. Serves as the primary contact person for nurse triage clients and the point of contact between the nurse managers, medical director and the clients.

Clinical (approximate 30 FTE's or 75 Part Time) – Nurses who directly provide nurse advice line to patients.

Technological/Technical (4) – These are various staff who: 1) design new technologies or modules that become relevant as more practices use the software, 2) provide software support to clients and ensure that all relevant technological systems are working efficiently all the time, 3) ensure the security of all clients' information, 4) provide training and support for intra-office communication systems, and 5) website development.

Sales (1) - Conducts and follows up sales calls, and clinches business contracts.

Marketing (3) – Designs, implements, and analyzes marketing strategies and paraphernalia, and designs and implements activities/strategies for continuing client relationships.

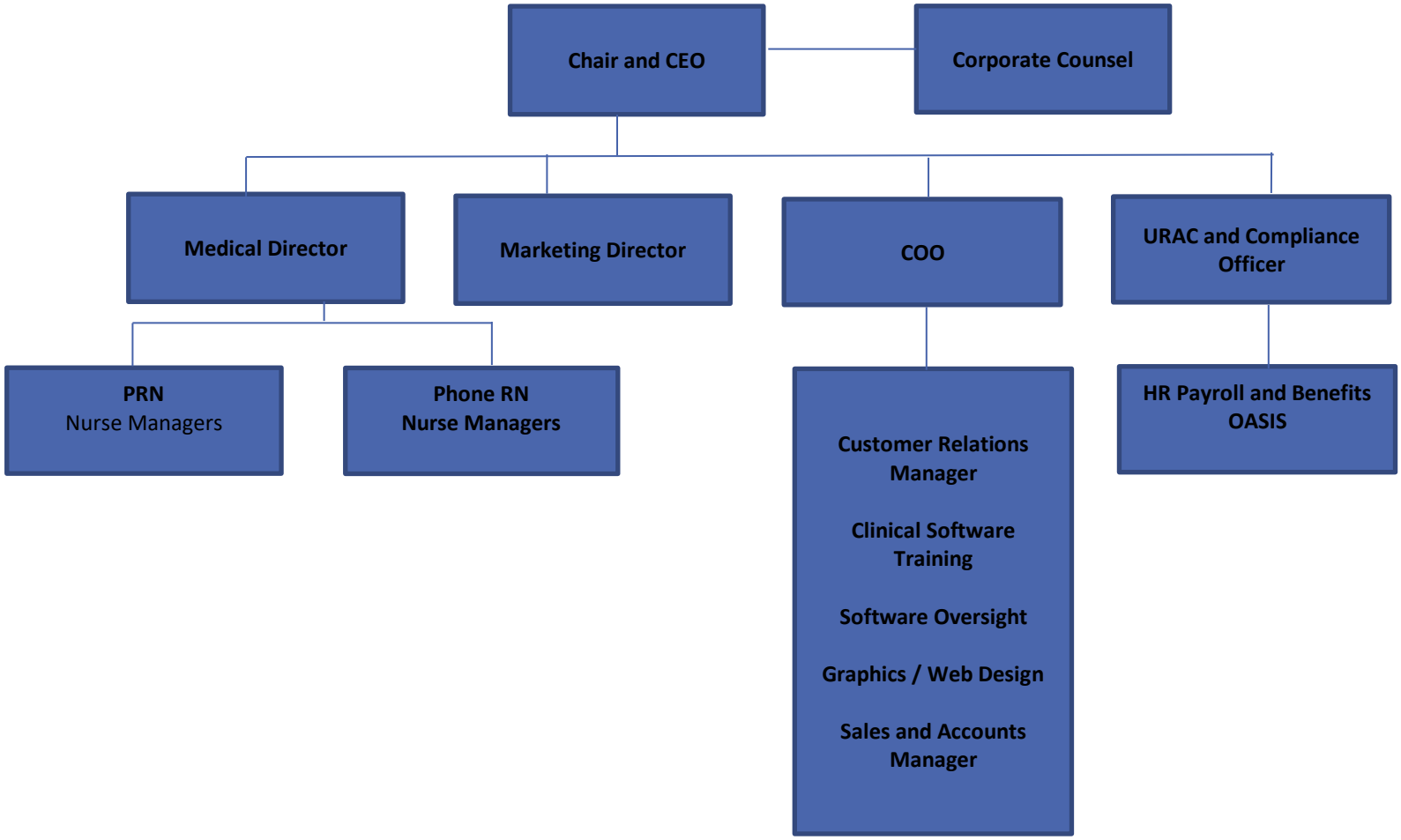
Administrative (2) – Files all company documents, prepares invoices, receipts and liquidation reports, and conduct other office support such as mailing/posting, scanning, printing documents, etc.

Chief Executive Name: Dr. Charu Raheja charu.raheja@triagelogic.com

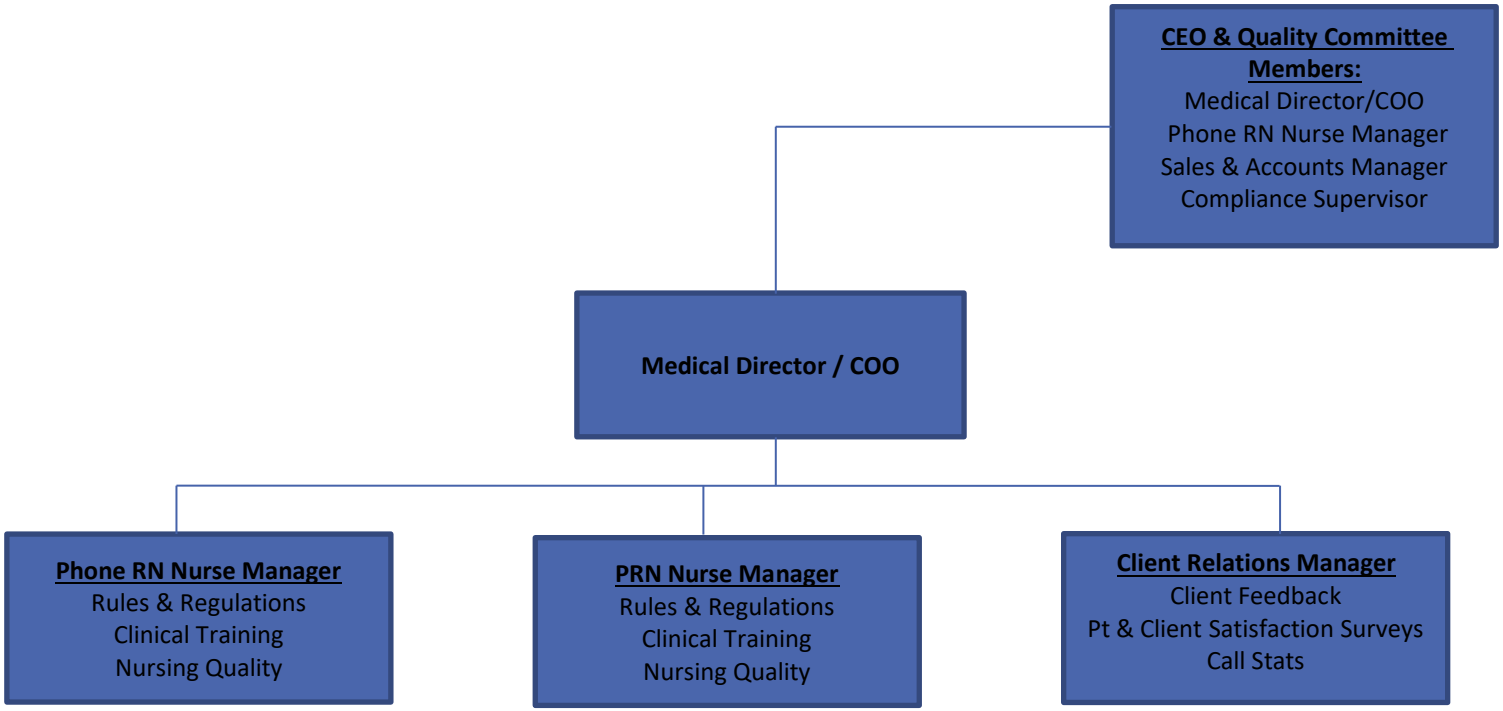
Corporate Medical Director Name: Dr. Ravi Raheja ravi.raheja@triagelogic.com

Compliance Officer Name: Julie Teague, CMAA julie.teague@triagelogic.com

Oversight Management Process

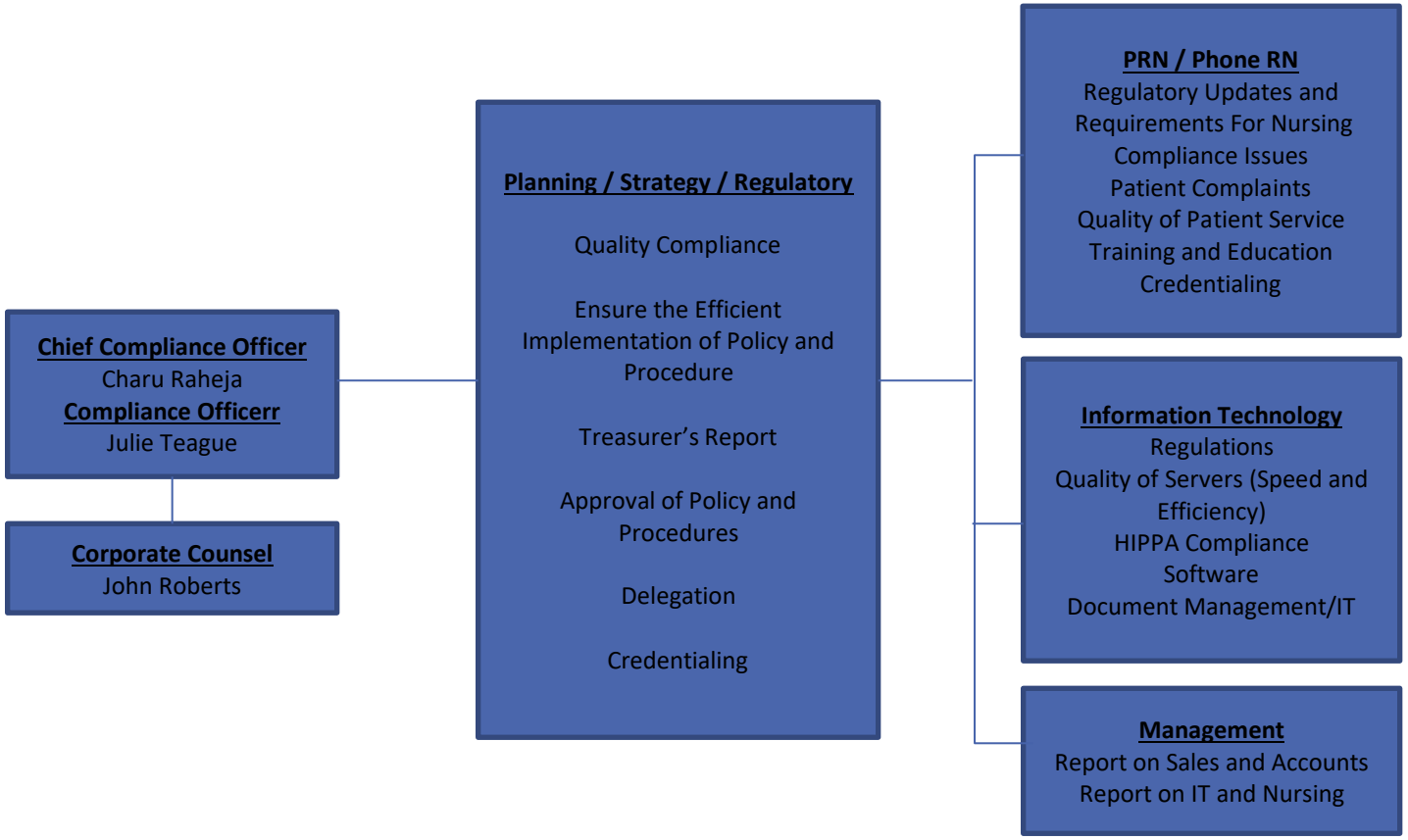


Quality Nursing Oversight Process All report to the Medical Director and COO. If there are any complaints, these are sent to the Client Relations Manager for resolution, and forwarded to the Medical Director for discussion and further attention, if needed. Rules and Regulations Managers are informed of the cases in order to avoid similar complaints in the future, or in order to formulate new policies procedures, if necessary. These are then reported to the CEO.



Information / Communication Flow

Medical Director / COO meets with Sales/Accounts, IT, and Nursing, then reports to CEO. Compliance Officer-cum-Chair and CEO meets with Marketing and Corporate Counsel and shares with Medical Director/COO the results of the meetings.



General TriageLogic Policy

CORE 3

This policy/procedure applies to: X Triage Logic __Phone RN X PRN	Effective Date: 11/13/13
Name of Policy/Procedure: Policy & Procedure Development and Maintenance	Most Recent Revision Date: 9/27/16
Policy #: 1	Most Recent Review:

I. POLICY

TriageLogic will maintain a policy and procedure manual online. A new electronic copy of the P/P in its entirety will be emailed to replace the existing manual should a revision or update occur. The P/P will be emailed to the managers and the managers are responsible to distribute to necessary staff. The policy/procedure will be emailed to PRN and other staff as it relates to their job.

TriageLogic (TL) is dedicated to standardizing the way business is conducted among all staff (employed and contract). When people do things the same way every time, they eventually become able to complete the process in a shorter amount of time, which means they can do more work in the same amount of time. Consistency also breeds confidence. Consistent methods assure clients that the company will handle accounts with the same care and precision during each interaction. Consistency helps employees and alike know what to expect when faced with a given situation.

TriageLogic has employees in multiple locations and/or employees that work different shifts, staff that leave the company and new employees will join the company. The easiest way to communicate expectations and processes to all employees without missing anyone, leaving information out or being inconsistent is to write and distribute a formal policy and procedure document. Making sure that everyone has access to the same information assures quality management.

All policies and procedures will be reviewed and approved by the Planning/Strategy/Regulatory Committee annually, between the months of August and October. This includes all policies and procedures related to the following: Clinical Policies, Quality, and IT. **CORE 3c**. Since policies and procedures can change throughout the year, new policies and procedure revisions can be brought to any weekly committee for approval and documented in the minutes.

Depending on the change made to the policy/procedure, employee training will take place at individual monthly meetings. In addition, when the policy is updated, the employee will receive a current copy of the policy/procedure manual in its entirety and will attest they received it and will comply.

A standardized format for policies and procedures will not be required at TriageLogic as some forms are better than others for a given process; however, the following are required of every TL policy and procedure.

Effective dates, review dates (including the date of the most recent revision) and an approval signature from the Planning/Strategy/Regulatory Committee.

CORE 3 (d)

The **Effective Date** is defined as the date upon which the policy or procedure is to take effect. This date may be different from the date upon which the policy or procedure was recorded with a revision date.

The Most Recent Revision is defined as assigning a unique revision number to a policy or procedure and dating it. These numbers are generally assigned in increasing order and correspond to a newer version of a policy or procedure. Revision control is used for keeping track of incrementally different versions of policies and procedures.

The **Most Recent Review** date is the date that the policy or procedure was reviewed or evaluated. The revision date does not change on the policy or procedure unless a revision was made to it.

Revision of an Existing Policy/Procedure

Effective Date: 09/1/13

Most Recent Revision 10/1/13

Most Recent Review: 10/1/13

Related Documents

See Master List of Policies and Procedures

II. Document Management Policy (Managing Documents) CORE 3a, c, d

This policy/procedure appliesto:	Effective Date: 11/13/13
X Triage Logic __Phone RN X PRN	
Name of Policy/Procedure: Document Management	Most Recent Revision Dated:
Policy #: 2	Most Recent Review: 9/27/16

A. PURPOSE

This policy establishes the framework under which official records and documents of TriageLogic are created and managed.

B. POLICY

Records and documents created, received or used by Triage Logic staff in the normal course of business, including all email communication, are the property of the Company, unless otherwise agreed. This includes reports compiled by external consultants commissioned by the Company.

The Company email system is Company property, and as such, is subject to monitoring. System monitoring is done for employee protection and the protection of the rights or property of the Company.

As noted above, electronic mail is subject at all times to monitoring, and the release of specific information is subject to applicable laws and Company rules, policies and procedures on confidentiality. Existing rules, policies and procedures governing the sharing of confidential information also apply to the sharing of information via commercial software.

Triage Logic's official records constitute its corporate memory, and as such are a vital asset for ongoing operations, and for providing evidence of business activities and transactions. They assist in making better informed decisions and improving business practice by providing an accurate record of what has occurred before.

Therefore, **records** are to be:

- Managed in a consistent and structured manner
- Managed in accordance with Triage Logic guidelines and procedures
- Stored in a secure manner; (Call Center Software System)

And **documents** are to be:

- Created and managed by authorized officers and their direct subordinates

Recordkeeping and Document Management System

TriageLogic's recordkeeping and document management system assists staff to capture records, protect their integrity and authenticity, provide access through time, dispose of records no longer required in the conduct of its business, and ensure records of enduring value are retained. It also facilitates the creation, version control, authority of official corporate documents.

TriageLogic's recordkeeping and document management system is managed by the office of the CEO.

TriageLogic has authorized recordkeeping and document management system in either paper form, Sugar Sync and in its Call Center Software System.

All staff is to use the Call Center Software and Sugar Sync to ensure that:

- official records and documents are routinely captured and subjected to the relevant retention and disposal authority;
- access to records and documents is managed according to authorized access and appropriate retention times regardless of location;
- records and documents are protected from unauthorized alteration or deletion;
- documents are version controlled as required;

All staff, who create, receive and keep records and documents as part of their daily work, should do so in accordance with established policies, procedures and standards. Staff should not undertake disposal of records without authority – and only in accordance with authorized disposal methods.

III. Company Website Policy CORE 3a

This policy/procedure appliesto: **X Triage Logic** **__Phone RN** **X PRN**	Effective Date:4/16/2013
Name of Policy/Procedure: Website Policy	Most Recent RevisionDate:4/16/2013
Policy #:3	Most Recent Review: 9/27/16

PURPOSE

This policy explains our information practices, defines your privacy options and describes how your information is collected and used.

This policy covers the website at http://www.triagelogic.com (the "TL Website"). The TL Website is owned and operated by Triage Logic Management and Consulting, LLC ("TLMC"), a Tennessee limited liability company ("TL"). Should you have privacy questions or concerns, send an email toinfo@triagelogic.com.

By using visiting the TL Website, you agree to the collection and use of information in the manner described in this policy. TL shall have right at any time and without prior notice, at its sole discretion, to revise this policy. If we make material changes to this policy, we will notify you at this TL Website, by email, by means of a notice the next time you log in to the TL Website, or by means of a notice on the TL Website homepage. Such revisions and additions shall be effective immediately upon notice. You are responsible for reviewing the TL Website periodically for any modification to this policy. **Any access or use of the TL Website by you after notice of modifications to this policy shall constitute and be deemed to be your agreement to such modifications**.

The Information we collect

This policy applies to all information collected on the TL Website and any information you provide to TL. You will most likely provide us personal information to us when you request information from TL, register as a user of TL Website or participate in certain TL promotions or events. The personal information we may collect includes: your name, address, email address, name of employer and phone numbers.

Posting or Sending Information

The TL Website may permit you to post information to the TL Website or send information to TL. When you post information to the TL Website, other site visitors can also view that information. We urge you to exercise caution when providing personally identifiable information to TL or the TL Website.

Our Collection of Your Data
In addition to the personal information you supply, we may collect certain information to evaluate how visitors, guests, and customers use the TL Website. We collect data to make the TL Website work better for you in the following ways: to improve the design of the TL Website, to provide personalization on the TL Website and to evaluate the performance of our marketing programs. The technologies we may use to gather this non-personal information may include "IP" addresses, "cookies", browser detection, and "weblogs".

How we Use Information
Our primary goal in collecting your information is to provide you with a personalized, relevant, and positive experience with the TL Website.

You can register on the TL Website to receive promotions and updates, or to be contacted for product information purposes. You can control your privacy preferences regarding such marketing communications (see the section below entitled "Your Privacy Preferences").

From time to time, you may be invited to participate in optional customer surveys or promotions, and TL may request that you provide some or all of the above listed personal information in those surveys or promotions. We use information collected from surveys and promotions to learn about our customers in order to improve our services and develop new products and services of interest to our customers.

IP addresses define the Internet location of computers and help us better understand the geographic distribution of our visitors and customers and manage the performance of the TL Website. Cookies are tiny files placed onto the hard drive of your computer when you visit the TL Website, so we can immediately recognize you when you return to the TL Website and deliver content specific to your interests. You may modify your browser preferences to accept all cookies, be notified when a cookie is set, or reject all cookies. Please consult your browser instructions for information on how to modify your choices about cookies. If you modify your browser preferences, certain features of the TL Website may not be available to you.

We may detect the type of web browser you are using to optimize the performance of the TL Website and to understand the mix of browsers used by our visitors, guests, and customers. To learn about how people use our site, we examine weblogs, which show the paths people take through the TL Website and how long they spend in certain areas.

TL may contract with unaffiliated third parties to provide services such as customer communications, website analytics and other services. When we do this, we may provide your personally identifiable information to third parties only to provide those services, and they are not authorized to use your personally identifiable information for any other purpose.

Our Commitment to Data Security
Access to your data is limited to authorized TL staff or approved vendors. Although total security does not exist on the Internet, TL shall make commercially reasonable efforts to safeguard the information that you submit to TL or that TL collects.

Use of the TL Website by Children
The TL Website is not intended for use by children under the age of 13.

Your Privacy Preferences
When you sign up as a registered user of the TL Website you may begin receiving marketing communications such as e-mail newsletters, product and service updates and promotions. Our customers generally find this type of information useful. If you do not want to receive these updates, you must "opt-out" by unchecking the "Add me to the mailing list" box on the registration page, or should you choose to opt-out after registering, you can use any of the following methods: select the "unsubscribe" link at the bottom of the email and follow the opt-out instructions; or send an email to unsubscribe@triagelogic.com.

How to Access or Correct Your Information
You can access and maintain your personally identifiable information that we collect by sending us an email to info@triagelogic.com. To protect your privacy and security, we require a user ID and password to verify your identity before granting access or making corrections to such personally identifiable information.

Disclosure of Information
We reserve the right to disclose your personally identifiable information as required by law and when we believe that disclosure is necessary to protect our rights and/or comply with a judicial proceeding, court order or legal process. It is also possible that TL would sell the company or all or substantially all of its assets. In any transaction of this kind, customer information, including your personally identifiable information, may be among the assets that are transferred. If we decide to so transfer your personally identifiable information, you will be notified by an email sent to the last known email address in our files and/or by notice posted on the TL Website.

Privacy and Other Websites
The TL Website may contain links to other websites. TL is not responsible for the privacy practices of these other sites. We encourage you to be aware when you leave our site, and to read the privacy statements of each web site that collects personally identifiable information. Some linked sites may be co-branded with our trademarks and those of our business partners. They may have the look and feel of www.triagelogic.com, but the URL in your browser window will indicate that you are visiting a different site. This policy only applies to information collected by TL.

Company website policy will at all times be available in TL website. Currently, it is listed in the following area: http://www.triagelogic.com/Privacy

2. Compliance – CORE 4 & 5

1. Law and Regulatory Compliance – General

This policy/procedure applies to: **X Triage Logic** **__Triage Logic Management** **__X__ Phone** **RN X PRN**	Effective Date: **11/13/13**
Name of Policy/Procedure: Regulatory Compliance Policy	Most Recent Revision Date: 10/30/15
Policy #: 4	Most Recent Review: 9/27/16

I. PURPOSE

This policy applies to Triage Logic Management & Consulting, LLC ("TL") and shall apply to all employees of TL, agents of TL and employees of TL subcontractors (collectively the "Service Providers").

II. POLICY

The purpose of the policy is to establish a process to report Potential Compliance Issues, including any potential identified issues or questions associated with TL's Standards of Conduct, TL policies and procedures, laws and regulations relating to Federal health care programs, including but not limited to Health Insurance Portability and Accountability Act (HIPAA), and URAC. Furthermore, to the extent that there is a potential violation of a criminal, civil, or administrative law, it is the intent of this policy to allow issues to be promptly and thoroughly investigated and appropriate corrective action to be implemented.

PCI - Potential Compliance Issues. All individuals are expected to report PCI immediately upon discovery or notification of the same. Reports can be made to an immediate supervisor, department director, Facility Compliance officer, Chief Compliance Officer or designee.

If reports are made to a supervisor or department director, that individual is expected to immediately forward the report to the Medical Director and to the CEO.

III. PROCEDURE

a. Compliance Plan for TriageLogic, LLC – CORE 4

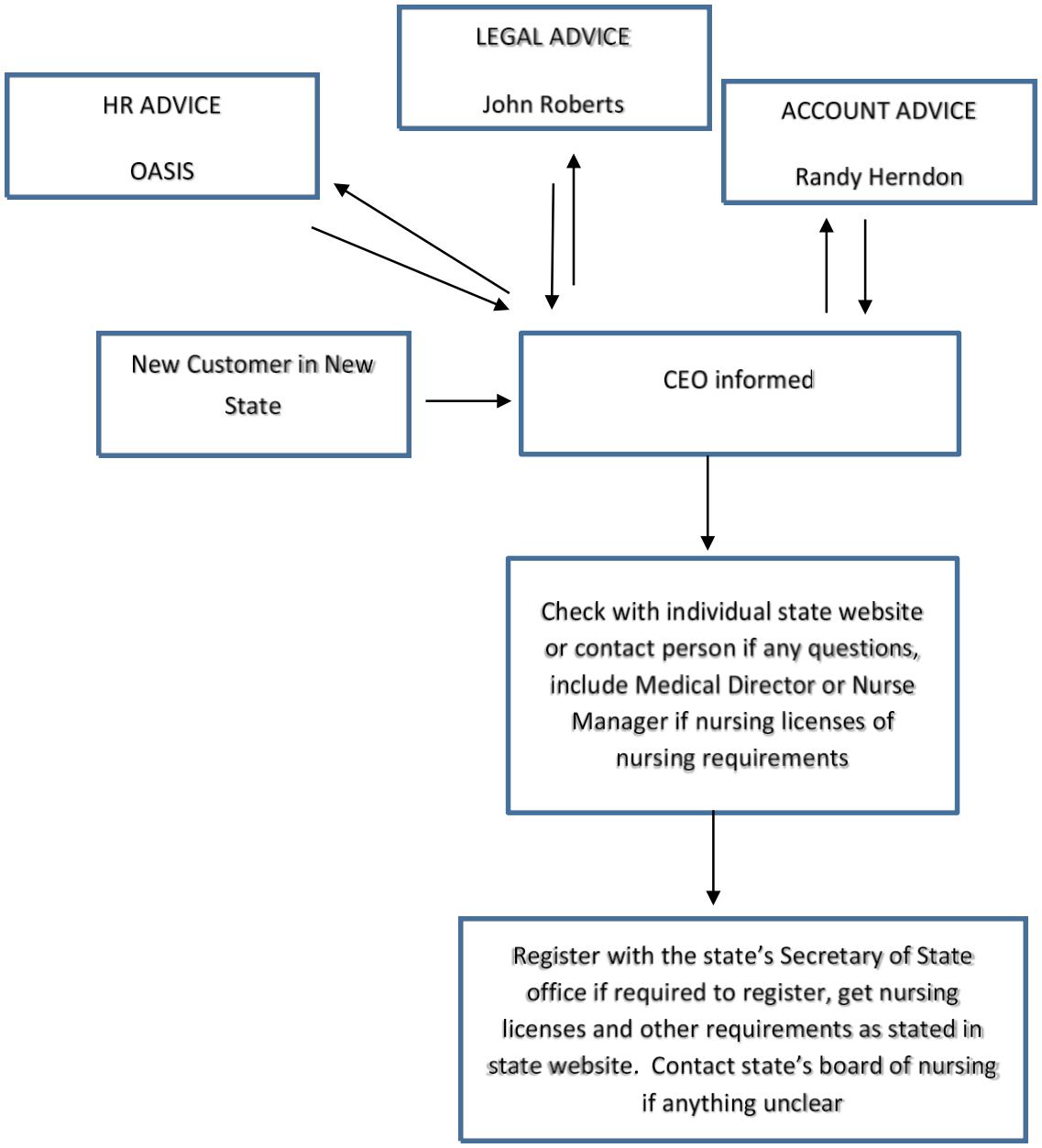
TriageLogic, LLC ("TL") voluntarily implements a compliance program to foster an environment of ethical and legal behavior in support of the mission of TL. The main elements of TriageLogic's Compliance Plan are:

1. Commitment to Compliance
   a.) Standards of Conduct
   b.) Marketing

c.) Retention of Records/Documentation

2. Designation of a Compliance Officer
3. Training and Education for Compliance
4. Communication of Compliance Guidelines
5. Disciplinary Guidelines
6. Auditing and Monitoring
7. Correction Action

Federal and State Rules Verification Process



Additional:

1. Annual meeting with accountant to discuss any changes in law and need for new filings (2nd quarter of the year).
2. Meeting with John Roberts upon renewal of contracts or for new contracts.

1. Commitment to Compliance

a.) Standards of Conduct

TriageLogic promotes adherence to the Compliance Program as a major element in the performance evaluation of all staff members. TriageLogic employees are bound to comply, in all official acts and duties, with all applicable laws, rules, regulations, standards of conduct, including, but not limited to laws, rules, regulations, and directives of the federal government and the state of Florida, URAC standards and rules, and policies and procedures of TriageLogic.
These current and future standards of conduct are incorporated by reference in this Compliance Plan.

All candidates for employment shall undergo a reasonable and prudent investigation. Criminal background checks will be performed on all staff that will have access to PHI, along with verification of licensure status, certification credentials verification and reference checks, to the extent permitted by law. Due care will be used in the recruitment and hiring process to prevent the appointment to positions with substantial discretionary authority, persons whose record (professional licensure, credentials, prior employment) gives reasonable cause to believe the individual has a propensity to fail to adhere to applicable standards of conduct. **CORE 4 b**

All new employees will receive orientation and a copy of TriageLogic's compliance policies and procedures. Participation is a required training condition of employment.

Every employee will receive periodic training as changes or revisions occur to the initial compliance training received upon hire.

In addition, all employees with access to patient information or any other private information are required to sign our standard HIPAA agreement (as shown below at the end of this table).

Non-compliance with the plan or violations will result in sanctioning of the involved employee(s) up to, and including, termination of employment.

b.) Marketing

TriageLogic will promote only honest, straightforward, fully informative, and non-deceptive marketing.

c.) Retention of Records/Documentation

Triage Logic will ensure that all records required by federal and/or state law are created and maintained. All records will be maintained for a period of no less than seven years. Audio records will be kept for a period of 3 months. Documentation of compliance efforts will include staff meeting minutes, memoranda concerning compliance, problems identified and corrective actions taken, the results of any investigations, and documentation supportive of assessment findings and plan of care.

2. Designation of a Compliance Officer

TriageLogic has a designated compliance officer to serve as the coordinator of all compliance activities.

The responsibilities of the compliance officer are:

- Overseeing and monitoring the implementation of the compliance program
- Reporting as needed to the Medical Director/COO and subsequent affected committees of compliance issues, policy and procedure changes/revisions.
- Developing and distributing or giving to the CEO to distribute all written compliance policies and procedures to all affected employees.
- Periodically revising the program in light of changes in the needs of the organization and in the law; and changes in policies and procedures of government.
- Developing and coordinating educational and training programs that focus on the elements of the compliance program and seeks to ensure that all employees are knowledgeable of, and comply with, pertinent federal and state standards.

The compliance officer has the authority to review all documents and other information relative to compliance activities, including, but not limited to, records concerning marketing efforts, arrangements and agreements with clients, HIPAA documentation and patient data.

3. Conducting Training and Educational Programs CORE (b)

TriageLogic requires all employees to attend specific training upon hire and on a p.r.n. basis thereafter. This will include training in federal and state regulations, program requirements, policies and procedures. The training will emphasize TL's commitment to compliance with these legal requirements and policies. The amount of training will depend on the degree of compliance issues handled by the employee based on the job description.

4. Communication CORE 4c

TriageLogic has an open-door policy where employees may seek clarification from the compliance officer in the event of any confusion or questions regarding a policy or procedure.

Any person who has reason to believe that a potential problem or questionable practice is or may be in existence should report the circumstance to the Compliance Officer. Such reports may be made verbally or in writing, and may be made on an anonymous basis. The Compliance Officer will promptly document and investigate reported matters that suggest substantial violations of policies, regulations, statutes, or program requirements to determine their veracity. The compliance officer will maintain a log of such reports, including the nature of the investigation and its results. All compliance issues will be shared with the Medical Director/COO promptly.

The Compliance Officer will work closely with legal counsel who can provide guidance regarding complex legal and management issues.

Compliance officer or the CEO will report any changes to policy and new laws and regulations during the general management meeting. Such matters will be documented in the minutes and emailed to all employees who are affected by the new law or policy.

5. Disciplinary Guidelines

All members of TriageLogic will be held accountable for failing to comply with applicable standards, laws, and procedures. Supervisors and/or managers will be held accountable for the foreseeable compliance failures of their subordinates.

The supervisor or manager will be responsible for taking appropriate disciplinary actions in the event an employee fails to comply with applicable regulations or policies. The disciplinary process for violations of compliance programs will be administered according to practice protocols (generally oral warning, written warning, suspension without leave, leading to termination) depending upon the seriousness of the violation.

If the deviation occurred due to legitimate, explainable reasons, the compliance officer and supervisor/manager may want to limit disciplinary action or take no action. If the deviation occurred because of improper procedures, misunderstanding of rules, including systemic problems, the compliance officer will take immediate actions to correct the problem.

After receipt of an investigative report, the Compliance Officer and Medical Director/COO shall determine the action to be taken upon the matter.

6. Auditing and Monitoring

The Compliance Officer will conduct evaluation of compliance on an as needed basis and regularly report to the Medical Director/COO. Compliance officer is responsible for:

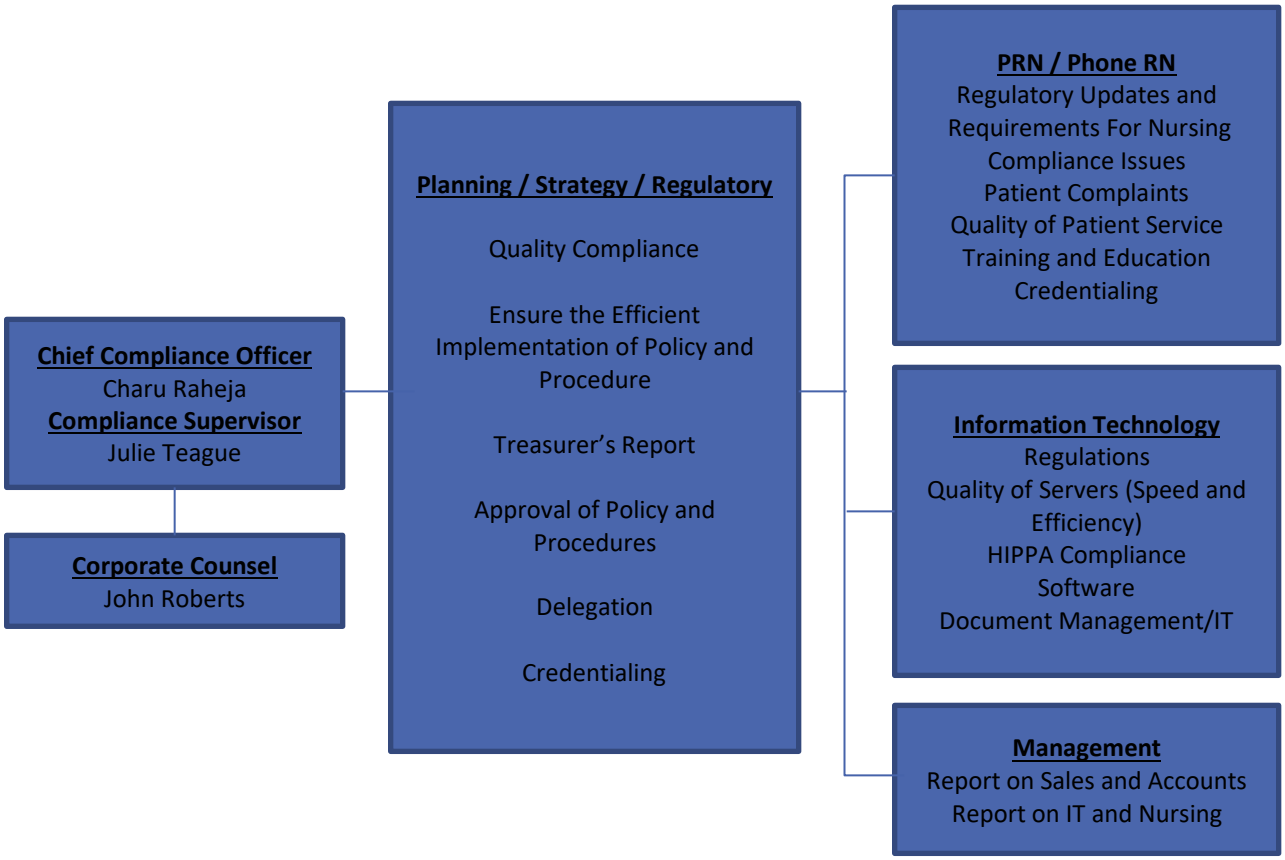
a) Keeping track of laws and regulations in the jurisdictions that the company conducts business. This may involve seeking guidance from an outside counsel on the current laws

and regulations, seeking help and guidance from the medical director, the nurse supervisor, or any other party that can help with information on rules and regulations. Currently, TriageLogic has a contract with Corporate Counsel to assist TL in staying abreast of law and regulations. Corporate Counsel is responsible for bringing to the attention of TL applicable laws and regulations related to their business model. **CORE 4a** The Medical Director is also responsible for keeping track of laws and regulations related to nursing and reporting it to the CEO. CORE 4b

b) Ensuring compliance with the law and policy by evaluating documents, auditing fillings, etc. **Core 4b**

c) Searching available databases such as: https://www.gsaig.gov/node/31 and www.dol.gov/ofccp/regs/compliance/preaward/debarlst.htm (businesses) and https://www.npdb.hrsa.gov/hcorg/pds.jsp, and https://exclusions.oig.hhs.gov/ to ensure that employees have not been barred from working in healthcare, upon hire. An attestation will be signed by each person performing the applicable checks.

See chart below on the compliance requirements and reporting (Figure 3a



7. Corrective Action

Violations of TriageLogic's compliance program, failure to comply with applicable state or federal law, and other types of misconduct may threaten TL's status as a reliable, honest, and trustworthy business. Detected, but uncorrected, misconduct may seriously endanger the mission, reputation, and legal status of TriageLogic. Consequently, upon reports or reasonable indications of suspected noncompliance, the Compliance Officer must initiate an investigation to determine whether a material violation of applicable laws or requirements has occurred.

The steps in the internal investigation may include interviews and a review of relevant documentation. Records of the investigation should contain documentation of the alleged violation, a description of the investigative process, and the documents reviewed, the results of the investigation, and the corrective actions implemented.

If the results of the internal investigation identify a problem, the response may be development of a corrective action plan, and reporting to the affected parties. Corrective action should be completed within 30 business days. **CORE 4c**

This compliance plan may be altered or amended in writing only with the concurrence of the Compliance Officer. The adoption of this Compliance Plan has been approved and authorized as designed below.

Charu G. Raheja — 1/18/17
Charu G. Raheja, PhD, CEO — Date

Ravi K. Raheja — 1/18/17
Ravi K. Raheja, MD, Medical Director, COO — Date

Julie Teague — 1/18/17
Julie Teague, CMAA, Compliance Officer — Date

This policy/procedure appliesto: X Triage Logic X Phone RN __PRN	Effective Date: 2/21/14
Name of Policy/Procedure: Verification of State, Federal and Nursing Laws for TriageLogic	Most Recent Revision Dated:
Policy #: 37	Most Recent Review: 9/27/16

I. Purpose

To understand what state and federal laws and regulations apply to providing nurse triage services and to ensure that these laws and regulations are followed by staff of TriageLogic. To implement a process to monitor changes to state and federal laws related to nurse triage services and put these changes into effect.

II. Procedure

A. Steps for Initial Entry Into a State To Provide Nurse Triage Services

1. Determine if the state participates in the nursing compact or requires state specific licensure for the nurses providing nurse triage services.
2. Review the State Board of Nursing to see what the nurse requirements are for that state to practice telephone triage nursing. Determine if there are any special laws on what a nurse can or cannot do in that state related to triage services.
3. Check with Legal Counsel to see what the corporate requirements are for offering triage services in that state. (For example: in California you must file as an LLC to do business in that state).
4. Use NexisLexis and/or Westlaw and/or internet search to research any state and federal laws related to nurse triage.

Once the four steps above have been completed, the results will be added to the crosswalk for annual monitoring of each states rules and regulations.

B. Steps for Annual Monitoring after Initial Entry Into a State

1. The Compliance Officer or an RN within the company will review the states nurses' license requirement (compact or state specific) and review the board of nursing to see if there have been any interval changes for nurse triage requirements.
2. Check with legal counsel to see if there has been any change to the state laws to provide services in that state.
3. Use NexisLexis and/or Westlaw and/or internet search to research any state and federal laws related to nurse triage.

The Corporate Compliance Officer will be responsible for monitoring on a yearly basis all State, Federal and Nursing Laws.

The Compliance Officer along with the CEO and Medical Director will review any changes to policies and procedures that need to be made to meet new requirements.

Affected staff will receive education on any new rule or law that may affect their position.

The Compliance Officer will verify that all new rules and regulations are being followed with mechanisms that deem appropriate to given changes (i.e., case audits, etc. as needed).

TriageLogic HIPAA Compliance Policy (updated December 2012)

This policy/procedure appliesto: **X Triage Logic** **__Phone RN** **X PRN**	Effective Date: 12/2012
Name of Policy/Procedure: HIPAACompliance	Most Recent Revision Date: 12/2012
Policy #: 5	Most Recent Review: 9/27/16

This **TRIAGE HIPAA COMPLIANCE POLICY** of Triage Logic Management & Consulting, LLC ("Triage") shall apply to all employees of Triage, agents of Triage and employees of Triage subcontractors (collectively the "Service Providers"). All agents with access to patient data must sign this document.

PURPOSE OF THIS POLICY. Service Providers are providing various health care services for Triage (the "Services") which may involve the observation or use of patients/patient records of hospitals, clinics or other health care organizations or entities that have entered into services agreements with Triage (these various health care groups shall be collectively referred to as the "Covered Entities"). In the course of providing such Services, Service Providers from time to time have access to or possession of Covered Entity's patient protected health information or "PHI," as such term is hereinafter defined. This Policy shall set forth the terms and conditions pursuant to which Service Providers shall use, secure and keep in confidence such PHI.

1. **Definitions**. For the purposes of this Policy, the following terms shall have the following meanings:

   (a) **Electronic Protected Health Information or "EPHI".** A subset of PHI, consisting of any PHI that is transmitted by electronic media or maintained in electronic media.

   (b) **Individual**. The person who is the subject of the PHI, and has the same meaning as the term "individual" as defined by the HIPAA Regulations.

(c) **HIPAA Regulations**. Those regulations codified at Title 45 of the Code of Federal Regulations (C.F.R.) and relating to privacy and security of PHI.

(d) **Protected Health Information or "PHI"**. Any information concerning an Individual, whether oral or recorded in any form or medium: (1) that relates to the past, present or future physical or mental condition of such Individual; the provision of health care to such Individual; or the past, present or future payment for the provision of health care to such Individual; and (2) that identifies such Individual with respect to which there is a reasonable basis to believe the information can be used to identify such Individual, and shall have the meaning given to such term under the HIPAA Regulations.

2. **Disclosures and Use of PHI**. Subject to this Policy, Service Providers shall not the use the PHI except as necessary to provide the Services. Service Providers hereby agrees that the PHI provided or made available to it shall not be further used or disclosed other than as permitted or required by this Policy. Without limiting the foregoing, Service Providers agrees: (i) not to share PHI with anyone not directly involved in the patient's care or treatment; (ii) not to discuss PHI in areas where it may be overheard; (iii) not to access any PHI without specific direction by Triage; (iv) not to attempt access to PHI for personal reasons; (v) to inform Triage of any personal relationships which Service Providers may have with a patient or patient's family whose PHI Service Providers may access; (vi) if allowed access to EPHI by Triage or the Covered Entity, to clear computer screens of PHI before leaving the screen; (vii) to return any PHI provided on paper to the professional staff member or employee who provided it or to dispose of it within the facility using a shred-it box or as otherwise directed by the person who provided it; (viii) not to store or transmit any PHI using a portable device or any other electronic means; (ix) not to remove PHI in any form from the Covered Entity's facility; and (x) not to make any photographs, videos, voice recordings or any other reproduction of any PHI.

3. **Service Providers Obligations**.

   (a) **Right of Access to PHI**. Service Providers and its representatives and employees shall forward all Individual requests for access to PHI to Triage within one (1) business days of receipt.

   (b) **Amendment of PHI**. Service Providers shall forward all requests for amendments to an Individual's PHI to Triage within one (1) business days of receipt.

   (c) **Accounting of Disclosures**. Service Providers shall forward all requests for an accounting of disclosures of PHI to Triage within one (1) business days of receipt.

   (d) **Reports of Improper Use or Disclosure and Cooperation**. Service Providers shall report in writing to Triage within one (1) business day of discovery any use or disclosure of PHI not provided for or allowed by this Policy. Service Providers shall cooperate with Triage and the Covered Entity in any review/investigation of an actual or potential breach of HIPAA privacy or security regulations.

4. **Termination and Breach**

(a) **Immediate Termination**. In regard to Triage employees, Triage reserves the rights to discipline any employee of Triage that has breached this Policy, including, the right to terminate such employee's employment with Triage. In regard to Triage subcontractors and agents, Triage reserves the right to terminate their agreement with such subcontractors and agents if they breach this Policy, and to seek such relief allowed by the contract with such subcontractor or agent and applicable law.

(b) **Injunctive Relief**. Notwithstanding any rights or remedies provided for in this Policy, Triage shall be entitled to obtain temporary and permanent injunctive relief from any court of competent jurisdiction to prevent or stop the unauthorized use or disclosure of PHI by Service Providers.

(c) **Return or Destruction of PHI**. Upon the termination or expiration of Service Providers' employment, agency or subcontract relationship with Triage, Service Providers hereby agrees to return to Triage all PHI received from, or created or received by Service Providers, from or on behalf of Covered Entity.

5. **General Provisions**

(a) **State Law Preemption**. Certain provisions of state law relating to privacy of PHI may not be preempted by, and may supersede, the HIPAA Regulations. With respect to such provisions of state law not preempted by the HIPAA Regulations, Service Providers shall maintain full and complete compliance with all state privacy requirements.

(b) **Property Rights**. All PHI shall be and remain the property of Triage or the Covered Entity. Service Providers agrees that it shall not acquire any title or rights to any PHI.

(c) **Changes**. This Policy may be unilaterally modified by Triage in response to new statutory or regulatory requirements related to HIPAA, the HIPAA Regulations or other applicable state or federal law relating to security and privacy of PHI. Any ambiguity in the language contained in this Policy shall be interpreted consistent with HIPAA Regulations.

Agreed to and Acknowledged by:

By: _____
(Signature)

Name: _____
(Print or Type)

Company: _____

Date: _____

2. Inter-Departmental Coordination – CORE 5

Interdepartmental communication in a nurse triage setting is fundamental to the provision of quality patient care. Effective communication modes are important because they result in the improvement of patient care.

TriageLogic implements the following processes for interdepartmental communication:

Regular Department/Team Meetings. Discuss progress over the past week, what lies ahead, and use the opportunity to give positive feedback and improve morale. See for example, TriageLogic's Management meetings.

Team Briefing. This is a way of passing information from the top of the business down to all employees, and allowing employees to send feedback to the top management.

Interdepartmental/Interdisciplinary Teams. Occasionally, we foster communication across departments and functions by creating teams to work on projects such as identifying cost savings or improved quality.

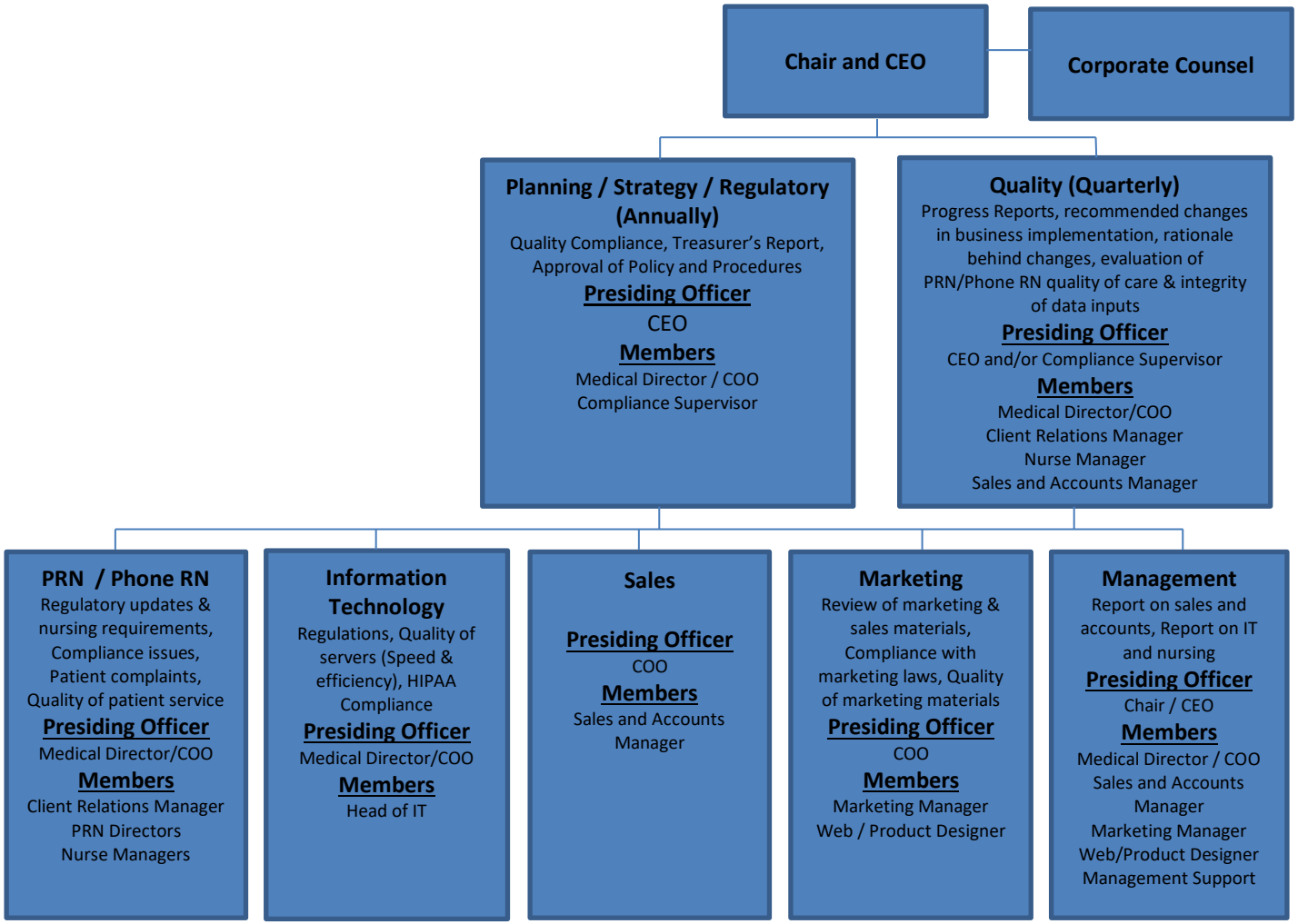
Newsletters. TriageLogic publishes newsletters with contributions from employees and information about current activities within the company. We publish both newsletters designed for outside audience as well as internal newsletters.

Meeting Minutes. We document action items and who is responsible for completing them at the end of meetings.

Email.

Social Networking. TriageLogic uses for technologies such as http://www.twitter.com and Facebook to communicate companyinformation.

TriageLogic Meeting Structure



3. Marketing and Sales Communication – CORE 10

This policy/procedure applies to: **X Triage Logic** **__PRN** **X Phone RN**	Effective Date: 11/13/13
Name of Policy/Procedure: Marketing and Sales Communications	Most Recent Revision Date:
Policy #: 6	Most Recent Review: 9/27/16

IV. PURPOSE

The purpose of this policy and procedure is to establish the lines of responsibility for, and the standard of, TriageLogic's (TL) branding, marketing and communications efforts to its clients and consumers. This policy and procedure applies to all TL divisions, partners, departments and programs.

V. POLICY

The goal of TriageLogic's marketing and sales communications policy is to produce both internal and external messages of high quality that are consistent with TL's mission, branding, positioning and strategic priorities.

These policies/procedures are intended to:

- Maximize opportunities to enhance TL's visibility;
- Ensure all information is consistent with TL's design and editorial standards;
- Provide central resources to assist all TL departments and programs;
- Integrate efforts between all areas of TL to optimize creativity in design and message, as well as to improve information flow, ensuring compliance;
- Ensure TL is efficiently leveraging its marketing and advertising investments at all levels and in all areas;
- Make information flow more efficiently; and
- Reduce miscommunication.

VI. PROCEDURE

Effective communications are central to the success of TL. For TL to properly communicate with a consistent voice to its clients and consumers, it is essential that the marketing and communications activities of TL be coordinated through one central area, the Marketing Committee embedded within the Office of the Chair and CEO. The Marketing Committee has the final approval authority for all marketing and sales communications for the company.

The Chair/CEO participates in the marketing meeting and is charged with oversight for the development of marketing and communications strategies, and for coordinating the external communications activities of TL. A marketing representative also reports marketing activities and plans during the management

meeting to ensure coordination of marketing work with the company goals and safeguard against possible misrepresentations. **CORE 10 A and B**

All external communications activities of TL will be coordinated through, and approved by, the Marketing Committee. These activities include, but are not limited to:

- Publications (including print and electronic "e-publications");
- Logos and unit identity;
- Advertising (The term advertising includes traditional media channels – TV, radio, billboard, magazine, newspaper, etc.) as well as marketing communications that utilize new media channels, including websites, email solicitations, product placement and other activities involved in marketing TL.
- General media relations (distribution of press releases, development of external newswires, faculty expert databases and all other activities related to media relations);
- Promotional videos;
- Primary TriageLogic web pages;
- Emergency communications;
- Market research; and
- Social Media.

The Marketing Committee assists with all TriageLogic communications to TL staff, PRN, and TLM (for software related marketing, ensuring that the TL image is accurately and positively portrayed in news, promotional materials, activities and events. TriageLogic emphasizes a collaborative approach through multiple communications networks, guided by the Marketing Committee and the Marketing and Sales Communications policy and procedure. Regular meetings promote a spirit of intellectual and creative collaboration to optimize excellence and creativity in design and messaging, and compliance with policy. Regular meetings also help TL to respond quickly should a problem arise we will respond by taking down the information and informing affected parties if necessary. Correction will be made as soon as possible and at maximum, within 45 business days. **CORE 10d**

All marketing and sales communication materials will be reviewed at least annually (most of them ongoing, but if not, then at least once every 12 months) by the Marketing Committee for accuracy, necessity and value. This review will include all communication materials with clients and consumers. **CORE 10c**

VII. RELATED DOCUMENTS

Master Marketing and Sales Communications List
Website
Brochures
Pay per Click campaign
Handouts for conferences
Newsletters
Blogs

4. Business Relations for Delegated Work

A. Delegation and Review CORE 6-9

This policy/procedure applies to: **X Triage Logic** **X PRN** **__Phone RN**	Effective Date: 11/13/13
Name of Policy/Procedure: Delegation Oversight Program	Most Recent Revision Date:
Policy #: 7	Most Recent Review: 9/27/16

I. PURPOSE AND SCOPE

The purpose of this guideline is to ensure the efficient operation of Triage Logic, LLC (the "Company") by providing guidelines for the appropriate signature authority and delegation of authority required for various transactions and activities at the Company.

II. GUIDELINE STATEMENT

In order to promote greater economy and efficiency, the Company has delegated authority concerning certain activities, such as nurse triage work. Accountability for the management of the delegated work by the Company ultimately rests with the CEO who expects those with signature authority under the terms of this guideline to safeguard Company resources by establishing and maintaining sound business controls that deter and detect any potential misuse of resources and legal requirements. The procedures outlined below identify those situations in which it is appropriate to use delegations of authority and the procedures that should be followed to make such delegations.

III. DEFINITIONS

Delegation of authority: As used in this guideline, a "delegation of authority" is the formal recorded conveyance of authority from the Company to the individual presidents and/or designees. Any such transfers of powers and duties are therefore significant actions requiring great care and scrutiny.

Delegator: The employee who has authority to take action on behalf of the Company who transfers ("delegates") his/her authority to an outside contractor ("Delegate").

Delegate: The contractor who is officially transferred the authority to act on behalf of the delegator.

Signature authority: As used in this policy, "signature authority" is the permission to execute transactions up to limits established by relevant Company policies and permission to approve

transactions for execution. This approval attests to the appropriateness of the transaction within Company's objectives and budgetary authorizations.

Responsible: Chair/CEO and Medical Director COO

Purpose: TriageLogic ("TL") developed and implemented a Delegation Oversight Program in an effort to make available a synopsis of the TL delegation process. The Delegation Oversight Program has four components as follows: (1) Selection of a Delegate; (2) Orientation for the entity approved for delegation; (3) Delegation Oversight; and (4) Withdrawal of Delegation. TL provides assessment and oversight for the following functions: PRN Nurse Call.

At this time TriageLogic does not delegate to any contractor that would require a site visit.

IV. GUIDELINE FOR PROPER DELEGATION OF AUTHORITY

General Scope of Delegation

Delegations of authority should be limited both in scope, number and time frame to those which are necessary to achieve efficiency while maintaining accountability. Delegations of authority are appropriate where the delegation will enhance the effectiveness and efficiency of the operation without risking the integrity of the internal control necessary for accountability. No delegation shall be made of all or substantially all of the powers held by any persons making a delegation, or where checks and balances would be minimized. Delegation of authority must not conflict with any Company policy. Individuals who receive delegated authority shall have active involvement with the activity being conducted; and have sufficient knowledge of the Company policies, rules, laws, regulations and procedures to ensure compliance, including compliance with URAC standards. **CORE 8b**

Delegator will provide for training to the Delegate to ensure compliance with legislation and the policies referred to above.

B. Selection of Delegate **CORE 7**

Prior to *delegating* functions to another entity, the *delegator and any other party assisting in finding a delegate must perform the following:*

1. Review all the potential contractors by doing the following: **CORE 7a**
   - Explore market for potential vendors
   - Meet with Owners
   - Due Diligence –such as references from current clients, surveys, discussion with current workers, etc.
   - Review contractor's ability to perform delegated function according to company's policy and procedure

2. Each party involved with the decision will develop a list of criteria for what is needed from the delegated contractor. **CORE 7b**

3. Enter into a written contract with contractor to satisfy URAC requirements **CORE 8 a-h**

Once a delegate has been selected, there must be a slow implementation of clients – a few at a time and evaluate capability and satisfaction.

I. DELEGATION MANAGEMENT AND EFFECTIVE DATES

The Office of the CEO will maintain a centralized file of all delegation of authority contracts related to this policy.

A delegation of authority shall become effective on the date the delegation is fully executed and the contract between the delegator and delegate is signed. Delegations shall continue until revoked or modified. The departments are responsible for maintaining active and up to date delegations of authority and should review all delegations annually (or through ongoing reviews) to assure that the delegations on file are current. The delegation must be fully executed before any documents are signed by the Delegate.

II. SIGNATURE AUTHORITY GUIDELINES CORE 8

Within each department, the department head is responsible for the overall operations of the department and may assign signature authority to certain employees in compliance with this policy. The signature authority matrix will be updated for specific transactions and reported to the CEO office.

Employees with signature authority are responsible for assuring the following:

- An understanding of what is being approved
- Specifies the responsibilities being delegated to the contractor and those retained in the organization **CORE 8a**
- The information and supporting documentation is accurate and complete
- The transaction is allowable, legal, reasonable and justified
- Services performed by delegate is in accordance the Company's requirements and the requirements by the company's certification requirements (such as URAC) **CORE 8b**
- There are adequate funds to cover the expense
- The internal controls for Delegation authority are specified (see below)

III. INTERNAL CONTROLS FOR DELEGATION OF AUTHORITY

It is the responsibility of the Delegator to maintain proper control and management of his/her area; the Delegator remains accountable for all actions taken by the Delegate. The Delegator shall take into account and maintain appropriate internal controls including separation of duties, reviewing reports, sampling completed transactions and monitoring the effectiveness of the controls established. Such controls need to be in writing in a contract between delegate and delegator. These internal controls need include (but are not limited to):

a. Require notification to the *organization* of any material change in the *contractor*'s ability to perform *delegated* functions **CORE 8c**
b. Specify that the *organization* may conduct surveys of the *contractor*, as needed **CORE 8d**

C. Delegation Oversight CORE 9

All transactions shall be authorized according to sound management practices.

The fundamental premise of segregated duties is that an individual should not be in a position to initiate, approve, and review the same action. Delegator is responsible for oversight of the delegated function and reporting the effectiveness and oversight results to superiors. The following oversight items need to take place:

1. An annual review of the *contractor*'s written policies and documented procedures and documentation of quality activities for related delegated functions **CORE 9a**
2. A continuing process to verify *contractor*'s compliance with contractual requirements and written policies and documented procedures; **such as scheduled** meetings with Contractors (no less than once in a quarter) **CORE 9b**
3. Scheduled meetings to discuss contractor's financial transactions with other clients or general policies and contracts with other stakeholders to ensure that contractor has no financial incentive to deviate from contract agreement. **CORE 9c** Approximately every 8 weeks a PRN/TL Management meeting is held to discuss the proceeding items.
4. Independent evaluation of delegate's work by delegator to ensure quality and compliance. Independent evaluation may include for example, annual surveys of people affected by contractor's work, scheduled verification of contractor's actual work performance such as listening to phone calls, verifying billing, etc.

I. ORIENTATION FOR THE ENTITY APPROVED FOR DELEGATION

Upon approval, the Planning/Strategy/Regulatory Committee schedules orientation for newly delegated entities. The delegated entity receives information including but not limited to:

- TriageLogic contact information
- Required TL reports and data
- The method and frequency by which the reports and data will be received by TL.
- Information regarding how and when the delegated entity must present reports to the appropriate committee.
- Information regarding participation in TL Quality Improvement activities.

II. WITHDRAWAL OF DELEGATION

In the event the delegated entity does not comply with TL requirements, refuses to implement requested improvement strategy, and/or fails to submit the required documents/reports, TL will submit the information to the CEO office with the recommendation to withdraw delegation.

All delegated activities are coordinated by the Planning/Strategy/Regulatory Committee with actual oversight and assessment conducted by the CEO. The Delegation Program is performed in collaboration with all TL committees and their policies and procedures specific to the delegated activity.

A) TriageLogic Currently delegates the following service that directly affects clients:

- Nurse Triage Contractor – PRN

B) List of Requirements for a nurse triage contractor: <u>The following criteria were applied in 2006 in evaluating PRN:</u>

1) Agree to weekly meetings to discuss current issues
2) Show a full training of nurses, including clinical as well as phone manners
3) Show understanding of HIPAA and regulations
4) Clear Communication channels with nurses
5) Regular surveys of patients and physicians
6) Nurse RNs only taking calls
7) RN licensing verification, with annual updated spreadsheet of nurse license and malpractice insurance proof
8) Nurse in charge and responsible for training and QA of other nurses
9) Proper complaint resolution process demonstrated

C) TriageLogic has the following regular checks with PRN:

1) Weekly meetings with medical director to discuss current issues with a nurse representative and PRN owner.

    a. PRN must agree to comply with TriageLogic Policies and Procedures at all times to remain a contractor
    b. PRN discusses any marketing materials and needs to be submitted to marketing committee
    c. Medical director discusses any patient and client feedback, nurse incentives and results from monthly reports

2) Meetings at least once every 2 months between PRN owners and TL management to discuss PRN financials and incentives, update contracts, etc. **CORE 9c**
3) Once a year PRN submits nurses licenses and any other proof of continuing certifications of nurses
4) Triagelogic studies data and reports from PRN nursing site. Medical Director receives and reviews reports at least once every 6 months
5) Contract review and discussion once a year to ensure regulations are being followed

5. Business Relationships with Clients CORE 11, 12

This policy/procedure applies to: X Triage Logic __Phone RN X PRN	Effective Date:11/13/13
Name of Policy/Procedure: Written Business Agreements/Client Contract Review	Most Recent Revision Dated: 9/27/16
Policy #: 8	Most Recent Review: 9/27/16

I. PURPOSE

TriageLogic will maintain signed written agreements with all clients. All agreements must clearly outline the scope of the business arrangement and the services to be provided.

II. POLICY

TriageLogic will maintain signed written agreements with all clients in both PDF and Original Hard Copy. The PDF version will be maintained by the Sales Account Manager and the Original Hard Copy will be maintained in the Corporate Office. Clients will be asked to mail the signed contract to the corporate office, but if they do not, a PDF will be sufficient.

A client is defined as: a company for which TriageLogic performs services.

III. PROCEDURE

It is the responsibility of the Sales Account Manager to obtain signed written agreements with all clients. Once the agreement is signed, the original hard copy is scanned into a PDF file by the Sales Account Manager and the Original is sent to the Corporate Office for permanent filing.

The Sales Account Manager will maintain a spreadsheet of all written agreements with clients.

Contracts with Clients are self-renewing, unless requested otherwise by client. The Sales Account Manager will report to the Medical Director or COO any contracts that are being terminated by client.

From time-to-time, the CEO may request the Medical Director and the Sales Account Manager to review contracts for any possible changes in prices and terms. New terms will be discussed with client at least 2 months prior to the contract renewal date.

Contract Requirements:
The Nurse Triage Services Agreement needs to satisfy US regulation requirements, HIPAA requirements and URAC requirements.
The following items outline the URAC requirements that need to be part of the TriageLogic Nurse Triage Contract. We have indicated the item number in the contract that satisfies the URAC requirements, and

the items that do not apply to TriageLogic's scope of service:

N/A – Not applicable
NT – Nurse Triage Contract

- Clearly defined roles and responsibilities, scope of the business arrangement - NT Contract items 1 and 2
- Services provided NT Contract item 3
- The relationship of the organizations program with the client NT Contract item 13
- Criteria for eligibility for the program N/A
- Procedures for opting-in, opting-out, or dis-enrolling from the program N/A
- Instructions for contacting the program for urgent and non-urgent situations NT Contract Exhibit B
- A description of the potential health benefits of receiving program services N/A
- The existence of restrictions, limitations or incentives in the program that may affect the participating consumer. N/A

IV. RELATED DOCUMENTS

See Nurse Triage Services Agreement

6. Client Management and Relations CORE 12, 17-24

This policy/procedure appliesto: **X Triage Logic** **Phone RN** **X PRN**	Effective Date: 11/13/13
Name of Policy/Procedure: Client Satisfaction/End UserSatisfaction	Most Recent Revision Date: 9/28/16
Policy #: 9	Most Recent Review: 9/28/16

I. OBJECTIVE

To conduct a survey of clients to determine the quality of service provided by the staff; to collect information on client needs and expectations; to identify perceived and potential problems that need improvement; and to make changes to improve service.

II. CLIENT SATISFACTION DOCUMENTATION (surveys, etc.) CORE 12, 17

TriageLogic surveys clients using a client satisfaction questionnaire developed in collaboration between the Medical Director and the Client Relations Manager. The questionnaire contains statement/questions to evaluate client satisfaction with the quality of the nurse triage service.

Client relations manager participates in conducting the survey for at least a sample of the clients once a year and reports the results to the Compliance Officer for the Quality Management Committee. Quality Management Committee meets quarterly (see below in this section for more information about the committee).

The Medical Director and Sales & Accounts Manager telephones and sets up meetings with clients on an as needed basis for feedback.

In addition, TriageLogic also maintains a complaint resolution process discussed below in the section.

III. END USER (CONSUMER) SATISFACTION PROCEDURE AND DOCUMENTATION CORE 39

The purpose of the end use satisfaction is to ensure proper patient care.

We currently conduct surveys that fall into the following quality domains: proficiency, responsiveness, communication, accommodation, and patient satisfaction. The survey is also seen as a vehicle for early identification of problems and of actions required for continuous quality improvement. An average score of 3.8 or above overall satisfaction was used as the acceptable performance standard. The survey is performed randomly on a portion of patients that are called to take part in the survey Patient survey is conducted at least once a year.

- Proficiency is the customer's perception of the capability, expertise, or knowledge of the staff and the manner in which services are provided.
- Responsiveness includes timeliness, assistance, and guidance.
- Communication focuses on clarity of verbal and written expression.
- Accommodation regards the behavior or interpersonal skills of staff; statements in this domain focus on respect, courtesy and sensitivity.
- Patient Satisfaction pertains to the overall patient impression of the encounter with staff; statements in this domain focus on improving services offered to clients and the appropriateness of the surveillance process.

Results:

The results of the client and consumer surveys will be tabulated and reported to the CEO and Quality Committee. The committee will review all survey results and determine priorities for improvement. All specific areas of concern will be incorporated into the Quality Improvement Program.

IV. RELATED DOCUMENTS

See Patient Evaluation Survey

See Client Satisfaction Survey

Patient Satisfaction Survey - Phone Follow Up

Unit: *

- ◯ PRN
- ◯ PhoneRN

Note Number: *

Regarding the nurse that called you back: On a scale of 1- 4, (4 being the highest) did she seem caring and responsive to all of your questions? *

Did the nurse give you clear and thorough instructions? (also on a scale of 1-4) *

From 1 - 4, how satisfied were you overall, with the services of the Nurse that called you back? (1-4) *

Comments (if any)

Client Satisfaction Phone Survey

Unit: *

- ◯ PRN
- ◯ PhoneRN

Practice Name: *

Point of Contact: *

Practice Phone Number: *

Overall how satisfied are you with your TriageLogic services on a scale of 1-10? *

Is there something about our service that you particularly enjoy that we should continue doing? *

Is there anything we should change? *

V. QUALITY MANAGEMENT PROGRAM CORE 17

This policy/procedure applies to: **X Triage Logic** **Phone RN** **X PRN**	Effective Date: 11/15/13
Name of Policy/Procedure: Quality Management Program	Most Recent Revision Date: 9/27/16
Policy #: 29	Most Recent Review: 9/27/16

Scope CORE 19 b

The goal of the Quality Management Program (QMP) is to establish leadership structure throughout the path of quality workflow that enables TriageLogic to provide a high quality call center service. TriageLogic QMP is designed to promote quality to patients, quality to clients (doctors and hospitals) and internal quality of nursing. **CORE 21b** This includes development of a program that provides for the continuous process improvement and evaluation of accurate, reliable, cost-effective **triage services** in both hospital and private practice settings.

Quality management is the continuing process whereby TriageLogic ensures quality, maintains compliance with applicable laws and regulations. Multidisciplinary committee membership demonstrates integration and collaboration throughout the TriageLogic quality management structure. Our members work to solve problems, improve systems and fulfill specific strategic initiatives.

a. Quality Management Program Requirements **CORE 19**

1.) The Quality Management Program oversight is done by the Quality Management Committee. **CORE 19a**

2.) The Quality Management Committee reviews the Quality Management Program at least once a year and makes updates to the program if needed. **CORE 19c**

3.) Overall responsibility for the Quality Management Program sits with the CEO, and the CEO sits on the quality management committee. **CORE 19e, 20a**

4.) Oversight for the QMP is shared by the Chair/CEO and COO. **CORE 19 e** The Compliance Officer also sits on this committee. The CEO is responsible for overseeing the surveys and non-clinical indicators and the Medical director is in charge of the clinical indicators. **CORE 19 e**

5.) The Medical Director is responsible for overseeing any clinical complaints and internal nursing quality. **CORE 19e** In addition, the Medical Director defines the goals of patient and

client satisfaction rates. The Medical Director is responsible reviewing and reporting the following:

a.) Review any complaints and identify areas that need improvement

b.) Review areas that are strengths and promote them to continue

c.) Receive input from client providers and report to the quality management committee at least once a year **CORE 20e**

d.) Review a summary of the following:

i) Patient Surveys – compare to previous quarter

ii) Patient Complaints

iii) Practice Surveys – compare to previous quarter

iv) Internal Quality of Nursing – review for ongoing standards – recommend changes or improvement to the internal nursing review

6.) The Quality Management Committee maintains, at all times, at least two quality improvement projects relating to error reduction or performance improvement. **CORE 22**

See sample form for tracking quality improvement project in the following website: http://www.medicalccp.org/Files/Provider/QISPD/SPDAdvanceDirectivesQIP2012Q1Update.pdf

The form at the end of this document establishes the items for the quality improvement projects.

7.) At least one of the two Quality Projects must address consumer safety (such recognizing 911 symptoms). **CORE 24a**

8.) Medical Director has to be involved in all projects of quality improvement that are of clinical nature. **CORE 24b**

b. Quality Management Committee **CORE 20**

1.) OBJECTIVES – The role of the Quality Management Committee is to: **CORE 19d**

a.) Provide a report of the quality Management program to the CEO and COO (CEO sits on the committee, making it an automatic report) **CORE 20b**

b.) Approve Quality Improvement Projects and Initiatives **CORE 20g**

c.) Provide Guidance to staff on quality management priorities and projects through Compliance Officers report in Management's meeting with staff. **CORE 20f**

d.) Monitor progress in meeting quality improvement goals **CORE 20h**

The Quality Management committee tracks trends performance related to patient access to service, complains and satisfaction.

2.) STRUCTURE **CORE 17**

CORE 19 c The permanent members of the Quality Management Committee are: CEO, Medical Director, Compliance Officer, and Sales & Accounts Manager **CORE 20 e**

The committee is responsible for approving all quality improvement projects, monitoring progress and meeting the improvement goals. **CORE 20 g & h** The committee will also evaluate the effectiveness of the Quality Management Program annually in during the summer month of each year. **CORE 20 i**

- Meets quarterly. Progress reports, recommended changes in business implementation, rationale behind changes, evaluation of PRN/PhoneRN quality of care and integrity of data inputs, evaluates nursing quality **CORE 20c**
- Maintains records of committee meetings, by having committee meeting minutes. This minute have to be approved by the committee. The CEO may sign the minutes to show that they have been approved. **CORE 20d**
- Quality improvement projects: decides on quality improvement projects, evaluates progress, goals of improvement project, etc.
- At least one of the two quality improvement projects pages must address consumer safety. In addition, Medical Director must be involved in the clinical aspects of the project. **CORE 24**
- Multidisciplinary committee membership demonstrates integration and collaboration of the quality management structure. . Our members work to solve problems, improve systems, or fulfill specific strategic initiatives. **CORE 19 e**
- At least once a year, committee members are required to report on the following:
  a.) CEO to report after evaluating PRN incentives to ensure that quality of care is not compromised
  b.) CEO reports on other resources and help evaluate whether they are using properly: marketing, computer, independent consultants, etc. (these issues come from discussions in general management meetings and what we have changed in the past year)
  c.) Medical Director to obtain documents from PRN to ensure compliance with regulations and policies and procedures and report to committee. Medical Director also presents reports on quality of nurses such as average call back times, etc. These reports can also be presented by an outside representative of the software system (Currently Rose Moon)
  d.) Compliance Officer obtains results of the surveying of a sample of clients, from the Client Relations Manager.
  e.) Committee to review actual quality of care (review surveys, data analysis, etc. This report is presented by the Compliance Officer or the Client Relations Manager)

NOTE: CORE 20e does not apply

Committee meetings ensure the following:

a.) Quality to Patients – ensure that we are tracking patient satisfaction through regular surveys. Ensure that when a patient presents a complaint that it is evaluated promptly and thoroughly. To have a process in place to track and monitor complaints.

b.) Quality to Clients (Doctors and Hospitals) – ensure that we are tracking client satisfaction through regular surveys. Ensure that when a practice or doctor's office has questions or concerns that they have a dedicated person they can contact to get answers. To have a formal process in place to evaluate and answer the clients questions.

c.) Internal Quality of Nursing – To have a rigorous process in place to internally monitor the quality of nursing and care provided by thenurses.

c. Quality Management Program Resources **CORE 18**

The day-to-day operations of the quality management program are managed as follows.

1.) Quality to Patients – a person dedicated to surveying and compiling survey results from patients. A staff member dedicated to receiving any inbound complaints from patients and evaluating those. The Medical Director is available to the RN for questions.
2.) Quality to Clients (doctors and hospitals) – a person dedicated to maintaining contact with the practices and receiving ongoing feedback. A person dedicated to surveying clients at least every twelve months and compiling the data for the Quality Committee to review. Currently, this duty is part of the job description of the Client Relations Manager.
3.) Internal Quality of Nursing – Three nurse managers are responsible for quality management of the nursing program at the clinical level. This is further outlined and explained under the clinical section.
4.) Quality of Marketing and Advertisement Materials. Currently this is the responsibility of the Web/Product Design & Management Support Staff.

d. Quality Management Documentation **CORE 21**

Minutes will be taken at all Quality Management Committee meetings and approved by the committee. The following information and procedure is required to be part of the Quality reporting (minutes) to help evaluate the effectiveness of the quality management programs and report relevant information to the staff.

a) Objectives, goals, and methods for measuring a specific quality issue that is part of the quality management program. These measures need to be quantifiable to be used in evaluating the base level, the acceptable level of performance, and the goals of the quality improvement project. **CORE 21a and c d**
b) Tracking and trending of the quality measure. This is important to help assess the effectiveness off the quality issue being considered. For issues related to patient care, the following need to be part of the quality measures. **CORE 21b**

i) patient ability to access the service (such as how fast is the nurse able to return phone call)
ii) patient complaints
iii) patient satisfaction

These measures and additional quality measures can be part of the survey asked to patients, but also reported by the software if software reporting is available for the measure

c) Once a quality improvement project takes place, it needs to be evaluated at least once a year in order to verify that it is improving and for the committee to decide whether it wants to continue the quality improvement project, or start a new project.

d) Certain quality measures projects such as patient and client surveys and software reports on nurse quality data (such as average callback times) are an ongoing part of the quality measures in the company. The quality improvement committee is responsible for keeping track of these ongoing projects and evaluating them at least once annually to ensure that they are reaching the minimum performance. Minimum performance of ongoing quality improvement projects are determined by the quality management committee, and can only be changed by the committee. **CORE 21e** Currently the following mandatory ongoing quality measures apply:

   i) Average minimum patient satisfaction rate from survey =3
   ii) Average minimum client satisfaction rate from survey =3
   iii) Less than 3% client or patient complaint a month (see current complaint form for how TriageLogic tracks complaints)
   iv) Average nurse call back time of 30 minutes or less (measured every quarter)

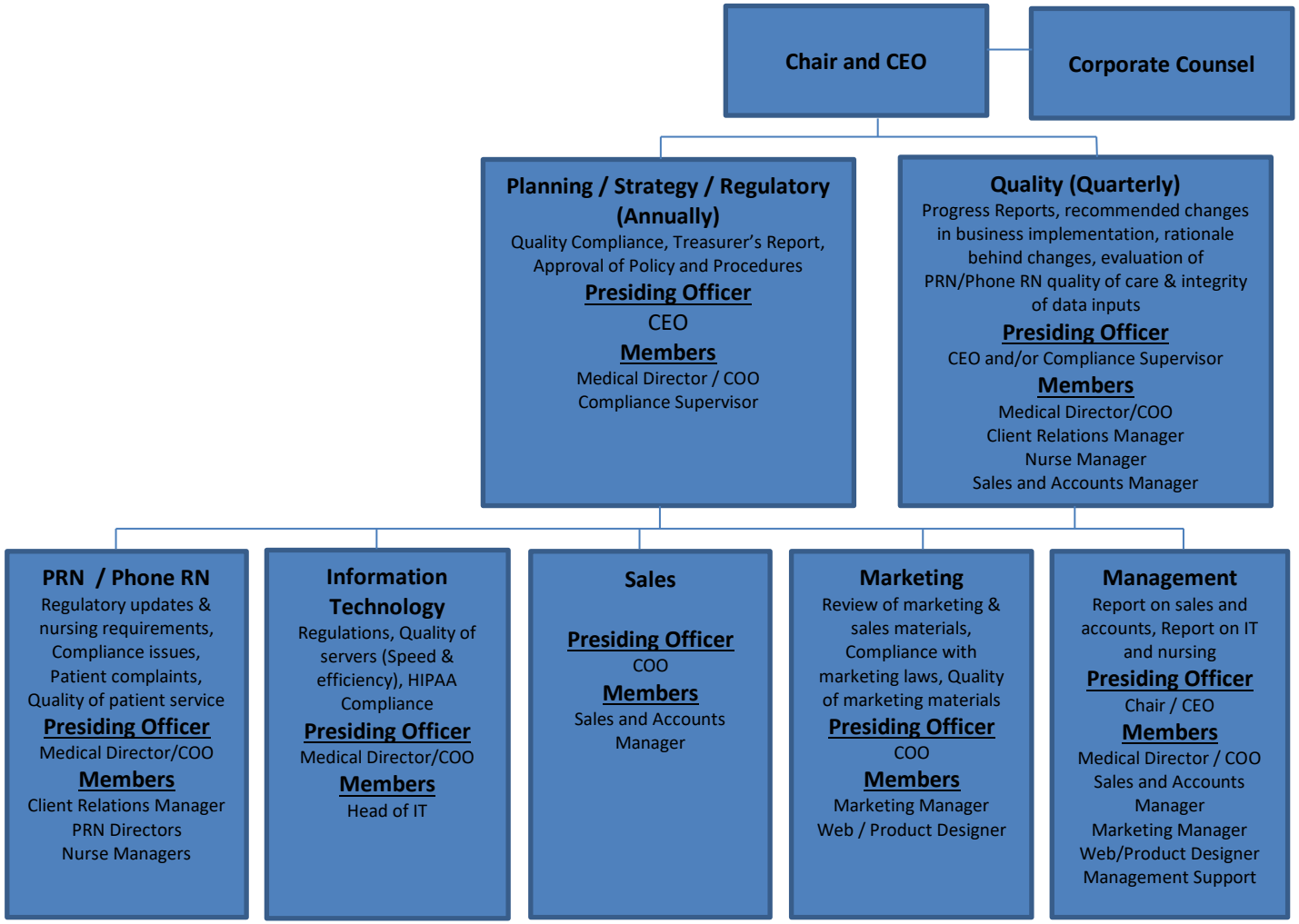
e) The medical director and the client relations manager are responsible for evaluating the ongoing minimum standards and reporting them to the quality management Committee. **CORE 21h**

f) If the average minimum quality is not met in a given period, then the medical director or the direct supervisor for the particular quality issue will meet with the managers and nurses involved and implement new training and evaluation methods to make sure that they are able to improve the quality to meet the minimum requirements. . **CORE 21f**

g) The Quality Management Committee provides feedback and guidance (in the form of summary reports) to staff, delegated staff and leadership on what they expect, what they are monitoring and, what they are looking for from nurse managers and practices. This information is communicated through weekly meetings as appropriate, with one of the members of the Quality Management Committee members reporting and explaining the measures during the meeting. **CORE 20f and CORE 21g**

The weekly meeting schedule is as follows:

Planning Quality Oversight Meetings are weekly unless otherwise specified.



Key Committees within TriageLogic include: Planning/Strategy/Regulatory, Quality, Nurse Manager and IT. Each committee will oversee the management of quality in their own area and their duties a delineated below.

Planning/Strategy/Regulatory – is responsible for the overall operation and administration of Triage including employment of personnel who are competent to perform their duties accurately, proficient for ensuring compliance with the applicable regulations. This committee is involved in the design, implementation, oversight and annual review of the Quality Management Program.

- Ongoing monitoring of quality improvement and regulatory compliance
- Interface and coordinate with regulatory agencies
- Maintenance of an updates regulatory compliance database
- Coordinate safety investigations and corrective action plans
- Provide oversight and guidance for Quality improvement and safety activities.

Quality Committee – is responsible for the implementation, coordination and maintenance of the quality improvement program at TriageLogic. This committee oversees the design and implementation of o company quality improvement and patient quality activities and ensures integration of QI activities other committees/staff (direct or indirect) of TriageLogic. This committee will review performance measurements, reports of occurrence, and other indicators identified to determine if a quality or patient quality issue requires further review. The Quality Committee will also be responsible for reviewing approving the Quality Management Program and indicators on an annual basis. **CORE 19(c)** If through performance monitoring the QM Committee encounters an opportunity for improvement that is urge committee will implement quality improvement activities. **CORE 17**

The committee facilitates the company QI plans, decides which processes and outcomes should be monitored, reviews results of data collection, assesses the effectiveness of actions and makes recommendations forimprovement.

Subcommittees or teams may be formed when problems or opportunities for new or improved service processes are identified.

Nurse Management Committee – is responsible for ensuring regulatory compliance, technical education competency of nursing staff. This committee will assist in the selection of QI monitors/indicators. may develop service expectations, review patient safety events, advise staff on timely efficient work and address challenges of triage calls. They determine how quality information is communicated to staff and encourage staff to report quality and safety/risk concerns. They collect data, report measur the Quality Committee and prepare any other summaries required.

Additionally, they perform the following duties:

- Ensure that all complaints are identified, investigated, corrected and documented.
- Solve interdepartmental Quality and Patient care problems.
- Establishing a system for identifying, correcting and documenting internal and external depart problems.

- Implement and maintain a comprehensive employee orientation, training and competency program.
- Ensure policy and procedure manuals are current and followed by staff.

IT Committee – is responsible for ensuring that data quality control is maintained. Review abnormalities, outliers, or other problems with quality control logs, preventive maintenance logs or other reporting formats assigned for review. Implement established policies and procedures for the area. Review monthly preventive maintenance documentation and bring problems to TriageLogic. Communicate and resolve issues that arise. Identify opportunities for improvement and equipment management

e. Quality Plan

To summarize, as indicated above, TriageLogic maintains a strong commitment to quality and patient safety and care. Employees and delegated staff are encouraged to discuss quality and safety concerns with their supervisor/manager. It is the responsibility of all personnel to do the right thing, all the time, for the patient. The quality plan should outline a process for identifying current and foreseeable customer needs using the 5 Key quality system components.

- Planning (organization)
- Teamwork (personnel)
- Monitoring (assessment)
- Improvement
- Review (organization)

Quality plans generate a process for effective, team-based decision making, sustaining ongoing monitoring of operational process and customer satisfaction, identifying process problems, implementing appropriate process improvement and practicing ongoing quality reviews. The focus is improved patient care and increased quality outcomes. This is accomplished through ongoing programs designed to assess, measure, improve and monitor improvement of care provided by TriageLogic. The goal of these plans is to ensure processes that systematically measure areas needing improvement, and develop programs appropriate to enhance patient health outcomes and patient and client satisfaction.

The Quality Management Committee aligns the Key indicators with the Quality Improvement Plan for TriageLogic. The Key indicators are selected on an annual basis. Quality indicators are observations, statistics, or other data that quantify and measure the performance of a process.

CORE 19 a

Program Approved by:

_____ Date: _____

Charu G. Raheja, PhD

_____ Date: _____

Ravi K. Raheja, MD

VI. QUALITY IMPROVEMENT PROJECTS Requirements and Goals Core 23

- Will have clearly-defined quantifiable measures for quality improvement
- Measure organization's baseline performance
- Re-measure performance at least annually as compared to the baseline performance
- Create specific goals for performance that are an improvement over the baseline performance
- Establish strategies for performance improvement
- Articulate projected time frames for the achievement of performance improvement goals
- Conduct a barrier analysis if the organization does not achieve its performance goals

Annual Program Evaluation – The framework for establishing next year's goals is documented here. Include evaluation of resources here.

Quality Improvement Project Form CORE 23 & CORE 24
Project Start Date:
Quantifiable Baseline Measures:
Quantifiable Baseline Goals:
Improvement Strategies & Dates Implemented:
Periodic Progress Measurements & Documented Discussions:
Any Changes in Improvement Strategy & Brief Description of Changes:

7. Data Integrity and Information Regulation

This policy/procedure appliesto: **_X_Triage Logic** **X PRN** **__Phone RN**	Effective Date: 11/13/13
Name of Policy/Procedure: Information Management	Most Recent Revision Date:
Policy #: 12	Most Recent Review: 9/27/16

CORE 13

Triage logic uses an electronic Triage System.

Triage Logic Electronic Triage System includes a core software program, nurse triage guidelines (the "*Protocols*"), and online and paper documentation (all of which shall be collectively referred to as the "*System*").

TriageLogic conducts weekly meetings with Software Provider to ensure proper integrity and interoperability of data. **Core 13c**

The software provider is also responsible for proper storage and destruction of data. **Core 13b** All patient data is kept in the software server and no patient information is in the nurses' computers.

Any issues with the system are reported in the Management meeting during the IT briefing, and any systematic problems are addressed by the quality management committee.

This policy/procedure appliesto:	Effective Date: 2/2/14
X Triage Logic **X Phone RN** **X PRN**	
Name of Policy/Procedure: Disposal of Protected Health Information (PHI)	Most Recent Revision Dated:
Policy #: 36	Most Recent Review: 9/27/16

VII. PURPOSE

To implement reasonable safeguards to limit incidental, and avoid prohibited, uses and disclosures of PHI, including in connection with the disposal of such information.

VIII. POLICY

PHI cannot be disposed of in paper records, electronic media, or other forms of PHI in dumpsters, recycling bins, garbage cans, or other trash receptacles generally accessible by the public or other unauthorized persons unless the protected health information (PHI) has been rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed prior to it being placed in a dumpster.

IX. SCOPE

The scope of this policy includes all individuals who are responsible for or who use TriageLogic electronic software. Vendors and contractors who have access to TriageLogic information resources are also subject to thispolicy.

X. PROCEDURE

A. **Offsite workforce disposal of protected health information.** It is the policy ofTriageLogic that all protected health information remain in the system software only. Printing of PHI is prohibited. If PHI is printed, it must be disposed of immediately after use by shredding in a crosscut shredder located in your home. TriageLogic prohibits any protected health information from leaving your home. Once the documents have been shredded completely, they may be placed in a trash receptacle.

Sensitive Data Removal Protocol

Confirmation in writing that data is no longer required, and service termination is accepted.
Here are the three reasons, and methods by which, data has to be destroyed:

1. A server is removed
2. A contractor leaves and we erase any TL data
3. A computer is retired and cleaned up completely

CASE: DATA CENTERS - SERVERS

Information stored within dedicated and virtual servers all need to be removed prior to format.
Confirm no ability to log in server with SSH test.
Inform datacenter of server wipe complete ready for removal.

CASE: USER DESKTOP CLEAN UP (any Operating System)

- Initiate LogMeIn session with Triage Logic IT.
- Remove all references to links to triage logic portal
- Remove any cache and offline storage, and saved login information from all browsers, as any browser may have been used.
- Search for .csv .xls .pdf .txt .doc files remove all Triage Logic related files.
- Remove LogMeIn program.
- Empty TRASH
- Use software shredder on trash.
- Update LogMeIn in this computer notes of clean up and wipe.

CASE: DESTRUCTION of user DESKTOP

-Initiate LogMeIn session with Triage Logic IT.
-.hard drive erased/reformatted based on individual operating system.

B. Violation of Policy

If there is a reasonable basis to believe that the proper procedures as outlined in this standard have not been or are not being followed, a report must be given to the Compliance Officer. If improperly sanitized electronic media is found, then the media should be reported to the appropriate departmental IT support personnel.

II. Business Continuity / Disaster Recovery

This policy/procedure appliesto: **_X_Triage Logic** **_X_PRN** **__Phone RN**	Effective Date: 11/13/13
Name of Policy/Procedure: BusinessContinuity	Most Recent Revision Date:
Policy #: 15	Most Recent Review: 9/27/16

A. Business Continuity Plan CORE14 a, b, c ,d

TriageLogic will only contract with a software vendor that provides the following minimum requirements

B. Support Infrastructure: The Software Vendor must provide the following:

1. 24/7 emergency support for any software or server related issues 365 days a year with a response time of 30 minutes for emergency support issues. The nurse manager on call will be responsible for accessing the emergency support system as needed. **CORE 14 d**
2. Testing of entire system at least once every 2 years to identify:
   a. Any potential issues that could affect the continuity of business, including but not limited to server attacks, virus, etc. **CORE 14 C**
   b. Assessment of potential vulnerabilities and the integrity of the system, including HIPAA compliance testing. **CORE 15a**

C. Server Infrastructure

1. Primary Server: This is defined as the main server that the clinical staff and non-clinical staff access via a secure interface to perform their triage duties

2. Mirror Image Backup server: This is a defined as a second server that is a mirror image of the primary server but is located in a geographically separate data center

3. Vendor provides weekly testing of data replication process and **CORE 14c** and **CORE 13 a**

D. Data Backup

1. Live Back Up Process: Any data changed on the primary server is reflected within 5 seconds or less on the mirror image backup server

2. Hourly and daily database dumps of all data: this is in addition to the live replication so the data is stored in a third offline database.

3. Replication logs of every data change can be re-ran to rebuild databases.

E. Data Center Infrastructure

TriageLogic only uses SSAE-16 certified data centers with the appropriate security and infrastructure. Our vendor's servers are collocated with Superb Internet (www.superb.net)

Below is a summary of their certifications. Additional details are available on their website.

Data Center Staff is ITIL Certified

ITIL advocates that our IT services must be aligned to the needs of the business and underpin the core business processes. It provides guidance to our organizations on how to use IT as a tool to facilitate business change, transformation and growth.

The ITIL best practices are currently detailed within five core publications which provide a systematic and professional approach to the management of IT services, enabling us to deliver appropriate services and continually ensure they are meeting business goals and delivering benefits.

The five core guides map our entire ITIL Service Lifecycle, beginning with the identification of customers' needs and drivers of IT requirements, through to the design and implementation of the service into operation and finally, on to the monitoring and improvement phase of the service. For more information on ITIL, visit www.itil-officialsite.com

All 3 Data Centers are SSAE 16 Audited

The SSAE-16 Auditing Standard is an enhancement to the current standard for Reporting on Controls at a Service Organization: the SAS70. These updates bring companies up-to-date with new international service organization reporting standards: the ISAE 3402. SSAE-16 is now effective as of June 15, 2011. All organizations are now required to issue their Service Auditor Reports under the SSAE-16 standards in an SOC1 Report.

The integrity of our data recovery facilities and data hosting solutions The security of our IT assets Our compliance with the Sarbanes-Oxley (SOX) Act of 2002 and other data privacy and data security compliance regulations Our overall IT compliance.

SSAE-16 ensures that companies, specializing in service, adhere to a strict set of international standards set by the Auditing Standards Board (ASB) of the American Institute of Certified Public Accounting (AICPA). For more information on SSAE 16, visit www.ssae-16.com

The combination of the strict server infrastructure, live data backup and Data Center Infrastructure provide maximum uptime and business continuity.

Below describes the different scenarios that can occur and how the operations are to continue. An email sent to 911@triagelogic.com will alert all the on call IT staff as well as the Medical Director and COO of an IT emergency.

1. **Primary server is unavailable** – Nurse Manager verifies that more than one user is experiencing an inability to access the primary server. Nurse Manager sends an email to 911@triagelogic.com and directs everyone to the backup site *Staff Policy and Procedure for IT Support*.

2. **Primary and Backup server is unavailable -** Nurse Manager verifies that more than one user is experiencing an inability to access the primary server and the backup server. Nurse manager sends an email to 911@triagelogic.com and directs everyone to manual triage mode which is described in the document *Staff Policy and Procedure for Managing Calls Offline.*

F. Staff Policy and Procedure for if server is not available CORE 14A, B

TriageLogic has determined that the maintenance of the software is crucial to the working of nurse triage. At a minimum, TriageLogic has determined that nurses must have access to protocols in order to be able to serve patients. As a result, we have the following process in place to ensure access to protocols at all times **CORE 14A**

If the software is not available, the following process must take place: **CORE 14B**

1. **User Unable to Login**: The user can get to the login screen but is unable to access the system. User must contact their nurse manager on call to inform them of the problem. The nurse managers have access and training to reset the user password after verifying the identity of the user. If the nurse manager determines that the user is a valid user and cannot get them to access the system, then the nurse manager will contact IT support

2. **Primary Server is unavailable**: The user cannot access the login screen for the system. User must contact their nurse manager on call to inform them of the problem.

    a. The nurse manager will attempt to log in to the system and verify if they can access the system
    b. If the nurse manager is able to access and login to the system, then they will verify the server website with the user and reset their password to see if they are able to get access. If the user still cannot access the system, the nurse manager will contact IT support to report the problem.
    c. If the nurse manager verifies that they are unable to access the login screen as well, then the nurse manager will access emergency support and direct the nurses to the back-up site.

3. **Primary and Backup Server is unavailable**: In the rare circumstance that both the primary and backup server is not available, the triage system will go into emergency mode which includes the following steps:

    a. Send an email out to the nursing staff to inform them that they must handle calls manually
    b. Contact the other nurse managers to inform them of the situation and enlist their help
    c. Contact the non-clinical staff and give them a fax number to start faxing the calls as they come in, instead of entering them directly into the triage system.

III. Information Confidentiality and Security CORE 15

This policy/procedure appliesto: **_X_Triage Logic** **_X_PRN** **_X_Phone RN**	Effective Date:11/13/13
Name of Policy/Procedure:INFORMATION SECURITY POLICY	Most Recent Revision Date:
Policy #: 14	Most Recent Review: 9/27/16

A. TriageLogic Information Security Policy

TriageLogic has the following in place to prevent and detect security breaches: **Core 15c**

1. Software Requirements

   TriageLogic will only contact with a software vendor if their software platform has the following minimum specifications as defined in BUSINESS CONTINUITY PLAN. In addition the software must support the following minimum requirements to allow for implementation of *TriageLogic Information Security Policy*.

   a. Role Based access to all Non Clinical, Clinical and PHI information in the system
   b. Role based access for administrative, edit and view privileges.
   c. Unique user name and password for each and every user
   d. Password requirements as per current security standards
   e. Logging of any view or edit actions in the system
   f. Ability to prevent alteration of a completed patient chart after it has been finalized.

Triage logic also meets with vendor weekly to assess potential risks, integrity and vulnerabilities to the confidentiality of the information system. Any issues that management identifies are addressed by vendor immediately. For example, upon TriageLogic request vendor created HIPAA compliance texting to allow nurses to communicate with physicians confidentially.

For example, the following issues are discussed over time:

Security violation issues, vulnerability scanning plans, results from most recent vulnerability scan (scan done every 2 years), network penetration testing policy and procedure, results from most recent network penetration test (network penetration test done every 2 years), configuration standards to

include patch management for systems which store, transmit, or access PII, encryption or equivalent measures implemented on systems that store, transmit, or access PII.
CORE 15a

2. Prevention, detection, containment, and correction of security violation **CORE 15c**

a) Requirement for hiring and human access

Work Environment

As part of their orientation each clinical nurse user who works remotely must verify that they meet the following requirements

1.) A dedicated room where they can work alone while taking calls or accessing the system.
2.) A quiet environment without any background noise that would be audible to a caller.
3.) High speed internet access (DSL, CABLE or Satellite).

b) System Access

All users have role-based access which is built into the software platform used by TriageLogic. All user access can be remotely controlled and modified in real time by the authorized system administrator. Each user must have the following minimum information in their system profile.

1.) First Name, Last Name, Date Of Birth, Home Zip Code, Home or cell phone number

c) Nurse Manager Access: TriageLogic's IT customer service representative can create a nurse manager user with written permission from the Medical Director or CEO.

d) Nurse Users Access (Clinical Users): Nurse Managers are permitted to create a nurse user after the nurse has completed their orientation checklist.

e) Non Clinical Staff Access: Each non clinical staff is given a unique user name and password with limited access to enter calls into the system. The Non Clinical Staff cannot view any patient encounters or data. The nurse triage client manager creates access for the non-clinical staff.

f) Client Access: Each practice manager or system administrator can be granted access to their patient encounters and call schedules. The client is responsible for designating an authorized user to access the system and any changes in writing. The nurse triage client manager creates access for each practice after they have signed an agreement for services and makes any changes to the user access or creates new users. New practices are discussed at the weekly meeting and access is approved by the nurse managers.

g) Resetting Passwords: The system allows for each individual to reset their own password by asking them to provide information within their system profile.

h) Clinical User: If the clinical user is unable to access the system, then they must contact the nurse manager as per the Policy and Procedure for TriageLogic Support.

i) Non Clinical User or Client: If a Non Clinical or Client user is unable to access the system, then they must contact their manager or supervisor who will then contact the client service manager to assist with access.

B. Policy on Emails and Other Forms of Communication

Email is not secure. TriageLogic requires that email **cannot** contain PHI anywhere in the heading or body of the message. To view any PHI, the user has to log into the system with a user name and password. When communicating about patients via email, we refer to ticket numbers or note numbers without mentioning any PHI. Reports and recordings are sent as links for which the user has to login to view the PHI. None of the following items can be included in any unsecure communication.

1. Names
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

C. Data Breaches CORE 15 C

1. Policy on Discovery, Reporting & Notification of Information Breaches

   a. Regularly Review, update and integrate security controls and reporting
   b. Medical director to Report any possible incident to the incident report

- Provide covered entity contact information
- Identify if breach occurred at or by a Business Associate
- Date of breach, Date of Discovery
- Approx. # of impacted individuals
- Type of Breach: Theft, Loss, Improper disposal, Unauthorized access, Hacking/IT incident
- Type of Sensitive Information Involved in Breach: TriageLogic has very little patient information: no social security, no addresses, and no fully identifiable information. Only patient name, reason for calling, and nurse issue.

2. Procedure for information breach notification

   Upon identification and reporting of a breach, CEO is briefed and an action plan is developed to inform the affected parties if necessary. Informing it done by contacting the patient's physicians and informing them about the breach and potential issues with the data. TriageLogic also informs insurance carrier for assistance in resolving data breach issue if necessary.

3. Conduct training for all members of the workforce

   All employees are trained in HIPAA policy and receive explanation and information about want constitutes a data breach, and how to protect data against potential security breach. For the no identifiable patient data is kept in employee computers.

D. Policy on Printing Documents with PHI CORE 13

The TriageLogic platform is a web based system. All data remains on the secure servers and requires appropriate role based access with a user name and password to access the data.

All users of the system are NEVER required to print any information based on standard workflows.

Users are NOT PERMITTED to print any information.

If the user needs to make notes about a patient, then they must use a note number as a reference and omit any PHI on the written notes.

In the unusual event that patient documents need to be printed, the Director of nursing/Nurse manager is the only one that is permitted to print information from the system with PHI. Any management staff who are permitted to print PHI have a cross-cut shredder at their desk to immediately shred the information after use.

E. Policy on removing PHI or other data from a computer CORE 13

The TriageLogic platform is a web-based system. All data remains on the secure servers and requires appropriate role based access with a user name and password to access the data.

All users of the system are NEVER required to save any information based on standard workflows.

Users are NOT PERMITTED to save any patient data to their local computer.

In the event that a computer needs to be replaced or a user leaves the company, the IT relations manager will coordinate a WebEx with a member of the IT team. The IT representative will access the user's computer and remove all relevant data based on the latest standards of IT security.

Additional questions?

Please refer to HIPAA-HITECH documents 45CFR subparts 160 and 164.

F. Protected Health Information Policy for Employees CORE 16

This policy/procedure applies to: **_X_Triage Logic** **_X_PRN** **_X_Phone RN**	Effective Date:12/2012, 8/6/2015
Name of Policy/Procedure: HIPAA COMPLIANCE POLICY, Employee Review Process	Most Recent Revision Date:12/2012, 8/6/2015
Policy #: 5	Most Recent Review:9/27/16

All Employees go through a HIPAA policy training to understand the implications and necessary steps in order to maintain patient confidentiality. In addition, all employees working with patient data with access to patient information have to sign our HIPAA compliance policy. **Contractors** need to have a similar policy in place in order to inform their nurses and staff about the policies. In addition, owners of delegated companies, committee members, and board members are required to sign a BAA which includes our HIPAA policy. Examples of topics discussed during employee training are as follows: Oral, written or electronic communication (Email cannot contain PHI). It is the responsibility of each employee to preserve confidentiality and PHI.

This TRIAGE HIPAA COMPLIANCE POLICY of Triage Logic Management & Consulting, LLC ("Triage") shall apply to all employees of Triage, agents of Triage and employees of Triage subcontractors (collectively the "Service Providers"). All agents with access to patient data must sign this document.

PURPOSE OF THIS POLICY. Service Providers are providing various health care services for Triage (the "Services") which may involve the observation or use of patients/patient records of hospitals, clinics or other health care organizations or entities that have entered into services agreements with Triage (these various health care groups shall be collectively referred to as the "Covered Entities"). In the course of providing such Services, Service Providers from time to time have access to or possession of Covered Entity's patient protected health information or "PHI," as such term is hereinafter defined. This Policy shall set forth the terms and conditions pursuant to which Service Providers shall use, secure and keep in confidence such PHI.

1. **Definitions**. For the purposes of this Policy, the following terms shall have the following meanings:

   (a) **Electronic Protected Health Information or " E P H I ".** A subset of PHI, consisting of any PHI that is transmitted by electronic media or maintained in electronic media.

   (b) **Individual.** The person who is the subject of the PHI, and has the same meaning as the term "individual" as defined by the HIPAA Regulations.

   (c) **HIPAA Regulations**. Those regulations codified at Title 45 of the Code of Federal Regulations (C.F.R.) and relating to privacy and security of PHI.

   (d) **Protected Health Information or " P H I "** . Any information concerning an Individual, whether oral or recorded in any form or medium: (1) that relates to the past, present or future physical or mental condition of such Individual; the provision of health care to such Individual; or the past, present or future payment for the provision of health care to such Individual; and (2) that identifies such Individual with respect to which there is a reasonable basis to believe the information can be used to identify such Individual, and shall have the meaning given to such term under the HIPAA Regulations.

2. **Disclosures and Use of PHI**. Subject to this Policy, Service Providers shall not the use the PHI except as necessary to provide the Services. Service Providers hereby agrees that the PHI provided or made available to it shall not be further used or disclosed other than as permitted or required by this Policy. Without limiting the foregoing, Service Providers agrees: (i) not to share PHI with anyone not directly involved in the patient's care or treatment; (ii) not to discuss PHI in areas where it

may be overheard; (iii) not to access any PHI without specific direction by Triage; (iv) not to attempt access to PHI for personal reasons; (v) to inform Triage of any personal relationships which Service Providers may have with a patient or patient's family whose PHI Service Providers may access; (vi) if allowed access to EPHI by Triage or the Covered Entity, to clear computer screens of PHI before leaving the screen; (vii) to return any PHI provided on paper to the professional staff member or employee who provided it or to dispose of it within the facility using a shred-it box or as otherwise directed by the person who provided it; (viii) not to store or transmit any PHI using a portable device or any other electronic means; (ix) not to remove PHI in any form from the Covered Entity's facility; and (x) not to make any photographs, videos, voice recordings or any other reproduction of any PHI.

3. **Service Providers Obligations**.

(a) **Right of Access to PHI**. Service Providers and its representatives and employees shall forward all Individual requests for access to PHI to Triage within one (1) business days of receipt. Access will only be granted on a need to know basis and as necessary for conducting the business of TriageLogic. **CORE 16 b, c**

(b) **Amendment of PHI**. Service Providers shall forward all requests for amendments to an Individual's PHI to Triage within one (1) business days of receipt.

(c) **Accounting of Disclosures**. Service Providers shall forward all requests for an accounting of disclosures of PHI to Triage within one (1) business days of receipt.

(d) **Reports of Improper Use or Disclosure and Cooperation**. Service Providers shall report in writing to Triage within one (1) business day of discovery any use or disclosure of PHI not provided for or allowed by this Policy. Service Providers shall cooperate with Triage and the Covered Entity in any review/investigation of an actual or potential breach of HIPAA privacy or security regulations.

4. **Termination and Breach**.

(a) **Immediate Termination**. In regard to Triage employees, Triage reserves the rights to discipline any employee of Triage that has breached this Policy, including, the right to terminate such employee's employment with Triage. In regard to Triage subcontractors and agents, Triage reserves the right to terminate their agreement with such subcontractors and agents if they breach this Policy, and to seek such relief allowed by the contract with such subcontractor or agent and applicable law.

(b) **Injunctive Relief**. Notwithstanding any rights or remedies provided for in this Policy, Triage shall be entitled to obtain temporary and permanent injunctive relief from any court of competent jurisdiction to prevent or stop the unauthorized use or disclosure of PHI by Service Providers.

(c) **Return or Destruction of PHI**. Upon the termination or expiration of Service Providers' employment, agency or subcontract relationship with Triage,

Service Providers hereby agrees to return to Triage all PHI received from, or created or received by Service Providers, from or on behalf of Covered Entity.

5. **General Provisions**

(a) **State Law Preemption**. Certain provisions of state law relating to privacy of PHI may not be preempted by, and may supersede, the HIPAA Regulations. With respect to such provisions of state law not preempted by the HIPAA Regulations, Service Providers shall maintain full and complete compliance with all state privacy requirements.

(b) **Property Rights**. All PHI shall be and remain the property of Triage or the Covered Entity. Service Providers agrees that it shall not acquire any title or rights to any PHI.

(c) **Changes**. This Policy may be unilaterally modified by Triage in response to new statutory or regulatory requirements related to HIPAA, the HIPAA Regulations or other applicable state or federal law relating to security and privacy of **PHI**. Any ambiguity in the language contained in this Policy shall be interpreted consistent with HIPAA Regulations

Agreed to and Acknowledged by:

By:_____
(Signature)

Name:_____
(Print or Type)

Company:_____

Date:_____

8. General Staff Employment CORE 25,26,27,28,29,30

Equal Employment Opportunity

TriageLogic commits to providing a work environment that is free of discrimination. It is the policy of TriageLogic that all applicants and employees are entitled to equal employment opportunity regardless of race, color, religion or creed, gender (including pregnancy or related medical conditions), national origin, age, disability, marital status, sexual orientation, veteran status or other protected characteristics as required by local, state and federal law.

In compliance with the provisions of all applicable state and federal civil rights laws, every effort will be made to employ the most qualified individuals without regard to the above factors. Additionally, it is and shall continue to be the Company's policy to provide promotion and advancement opportunities in a non-discriminatory fashion. TriageLogic is an equal opportunity employer. TriageLogic does not and will not permit any of its employees to engage in discriminatory practices involving their co- workers or individuals that they come in contact with as representatives of the Company. If an employee has an equal employment opportunity related question, problem, or complaint, they must first discuss it with their immediate manager/supervisor. If the employee is uncomfortable discussing the matter with their manager/supervisor, or if the matter involves their manager/supervisor, they may contact Human Resources and then the CEO.

Employment-at-Will

While the Company strives to make the employment relationship a mutually satisfying one, the Company can make no assurances, either express or implied, concerning the duration of employment. The employee and the Company have an employment-at-will relationship. The employment relationship is for an unspecified time period. Either the employee or the Company may terminate employment at any time, with or without reason or notice. In addition, it should be noted that no one has the right to alter the employment-at-will relationship other than the CEO of TriageLogic. Any such agreements by the CEO must be in writing and signed by the CEO or COO. Therefore, no statement or promise by a supervisor, manager, or department head may be interpreted as a change in policy, nor will it constitute an agreement made with an employee unless the agreement is with a signed contract.

Anti-Harassment Policy

TriageLogic is committed to providing a work environment that is free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including all forms of harassment based on protected factors (Race, Color, Sex, Religion, National Origin, Citizenship, Age, Marital Status, Disability or Sexual Orientation). In fact, the Company has established a "zero tolerance" policy regarding any form of harassment; however, management reserves the right to determine the appropriate discipline depending upon the severity of the offense. Harassment is a form of misconduct that undermines the integrity of the employment relationship. No employee should be subject to unsolicited

and unwelcome conduct, either verbal or physical. Each person in the organization is responsible for fostering mutual respect, for being familiar with this policy, and for refraining from conduct that violates this policy.

Management Responsibility

Harassment, whether committed by supervisory or non-supervisory personnel, is specifically prohibited as unlawful and against stated Company policy. In addition, the Company's management is responsible for taking action against acts of harassment and investigating all complaints of harassment. Violation of this policy by an employee will subject said employee to disciplinary action up to and including termination. If an employee believes that he/she has been subjected to harassment, they must use the complaint procedure set forth under this harassment policy.

Manager/Supervisor Responsibility

Every manager/supervisor is responsible for providing a positive productive work environment free from harassment. Managers and supervisors are also responsible for doing their best to protect the Company from liability by ensuring that all employees are aware of the Company harassment policy, the Company complaint procedure and the penalties associated with violation of the policy.

Employee Responsibility/Complaint Procedure

Each employee is responsible for ensuring that his or her personal conduct and comments in the workplace support a professional environment that is free of unwelcome behavior that could be perceived as harassment or as demeaning, offensive or threatening with regard to gender and/or personal self-respect.

Americans with Disabilities Act(ADA)

The ADA covers employers with 15 or more employees and generally prohibits discrimination against "qualified individuals with disabilities." A qualified individual with a disability is an applicant or employee who can perform the essential functions of the job in question with or without reasonable accommodation. Disability is defined as:

- a physical or mental impairment that substantially limits one or more major life activities;
- a record of such an impairment; or
- being regarded as having such impairment.

TriageLogic will reasonably accommodate qualified applicants and employees with disabilities unless making the accommodation imposes an undue hardship on the employer's business. TriageLogic will reasonably accommodate *known* disabilities. Therefore, employees needing accommodation should speak directly with their manager/supervisor. The Company expects the reasonable accommodation process to be a mutual process by which the Company and employee search for a mutually acceptable reasonable accommodation.

TriageLogic will not discriminate against any qualified employees or applicants because they are related to a person with a disability.

Initial Employment Status

TriageLogic is committed to the premise that the organization and the employee benefit through long-term relationships. The Company's future success and stability requires it to hire, train, and develop employees who will, in turn through their experience, knowledge, and commitment, maintain long-term relationships with patients. No interview process can be extensive enough to ensure compatibility between the individual and the organization necessary for a long-term relationship to develop.

In order for employees to have time to assess TriageLogic, the job, and its requirements, and for the Company to have the opportunity to assess each employee, the first 90 days of employment are considered a mutual tryout period. It is during this 90-day introductory period that the employee and the Company mutually evaluate job requirements, performance, company policies and attitudes. This is a period when the decision is made as to how well the match has been made relative to the employee's needs as well as the Company's needs. Satisfactory completion of the introductory period does not alter the employment-at-will relationship. The evaluation period will be ongoing and will continue throughout the employment relationship.

Predictive Index (PI) Survey

In an effort to ensure the best fit for open positions as well as to find the most effective method for managing current employees, the PI Survey has become an important resource to TriageLogic. All applicants and independent contractors wishing to work with TriageLogic will be required to complete the PI survey.

Drug Policy

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices.

Computer Policy

1. Employees and Contractors are not allowed to tamper, change passwords, or delete information in any company equipment, websites, or software without prior approval from a supervisor. Company equipment includes laptops and phone. Website and Software includes google drive, documents, call center software and any other outside programs that you may have used during the course of your work for TriageLogic Management and Consulting, LLC

2. Use of personal emails and phone number for any company related products, websites for work or customer facing program is not permitted, unless you receive written permission from a supervisor to use your personal information.
3. Please note that your company email is not private. Emails sent or received through a company email account can be reviewed or monitored by permitted personnel.

Salaries and Rates of Pay

Salaries and rates of pay are determined on an individual basis and are considered strictly confidential. Salary or rate of pay should only be discussed as necessary, with the appropriate supervisor or human resources representative. Employees are not allowed to engage in discussions regarding their own salary or rate of pay with other employees. Nor are they allowed to engage in discussions regarding the salary or rate of pay of another employee. Even making inferences as to another's salary or rate of pay will be considered a violation of this policy.

Employee Classifications

For purposes of salary administration, eligibility for overtime payments, and employee benefits, TriageLogic classifies its employees as follows:

Regular Full -Time Employee - A regular full-time employee is an individual whose employment is for no definite term and who is scheduled to work a minimum of 35 hours per week on a regular basis.

Regular Part -Time Employee - A regular part-time employee is an individual whose employment is for no definite term and who is scheduled to work less than 30 hours on a regular basis. Regular part-time employees are not eligible for Paid Time Off (PTO) and may or may not be eligible for other benefits based on individual plan requirements.

PRN Employee ("as needed") – A PRN employee is an individual whose employment is for no definite term and who is periodically scheduled to work "as needed". PRN employees may or may not be eligible for benefits based on individual plan requirements.

Temporary Employee - A temporary employee's work assignment is expected to be of limited duration (usually less than six months) to temporarily supplement the workforce or help complete a specific project. Temporary employees are not eligible for benefits.

Exempt Employees – Employees who are not required to be paid overtime, in accordance with applicable federal and state wage and hour laws, for work performed beyond forty hours in a work week. Executives, managers, Healthcare Providers, professional employees, and certain employees in administrative positions are exempt.

Employees vs. Contractors - Contractors may be hired to perform certain tasks for the company. These may include for example, editing documents and marketing material, providing medical information, and taking patient phone calls Contractors may be hired to perform certain tasks for the company. These may

include for example, editing documents and marketing material, providing medical information, and taking patient phone calls Contractors are allowed to work at their own location of choice, as long as the choice does not conflict with the law such as HIPAA and HITECH. Contractors are also allowed to determine their own hours. Contractors will be given a list of Company needs and the Contractor can chose whether or not they want to work on the specific need. Contractors will not receive designated usage of company property such as desks, and computers, although they may come to the one of our Company locations and borrow Company property if that is their preference from time to time. In addition, contractors may engage in work outside of TriageLogic. Each state and the IRS have different rules regarding who is a contractor and who is an employee. Changes in such rules may require the Company to reclassify an employee's status as an employee or contractor. While employees may have their schedule set by the company and will not be allowed to work for a competing company while employed by Triagelogic. The Company reserves the right to change an employee's status in response to business needs. Employees may request a change in status to accommodate personal circumstances by discussing the request with their manager/supervisor or Human Resources Manager. In all cases, the decision to change the status of any position (if at all) will be based on the department's workload, available resources and an employee's performance record.

Employee Credit Cards

Company employee credit cards are property of the company and must be immediately surrendered to an officer of the company upon voluntary or involuntary termination of the employment or contract. Company employee credit cards are strictly for business expenses and not for the employee's personal use. Company employee credit cards cannot be used for food unless approved in advance, at which point a limit will be given for the specific occasion. Otherwise, food expenses should be paid by the employee, personally, then submitted for reimbursement, with receipts. All employee credit card expense over $25 requires written approval, in advance, from either of the business owners. Email will be acceptable to request and grant approval. Some company credit cards are specific to an entity of the TriageLogic group and should be used only for the expenses of the specific entity, unless approved by a company officer. If the wrong card is used accidently, a company officer must be notified. Each cardholder is required to sign an attestation of the policy.

Timekeeping

Accurately recording time worked is the responsibility of every employee. Federal and state laws require the Company to keep an accurate record of time worked. Time worked is all the time actually spent on the job performing assigned duties.

Altering, falsifying, tampering with timekeeping data, or recording time using another employee's Time and Attendance data may result in disciplinary action, up to and including termination of employment. It is the employee's responsibility to review their time in the time & attendance program and alert their manager with discrepancies.

Exempt employees are not required to record their time; however, they are expected to be professionally responsible and work their regularly scheduled hours plus any other hours required to satisfactorily complete their assigned responsibilities.

Ethical Standards

We expect all staff to act in an ethical manner that is self-guided and self-directed. Staff should not access websites that are questionable during their working hours. Any questions on websites or appropriate activities during working hours should be addressed with management. **CORE 28**

Licensure, Registration and Certification

Certain positions may require that an employee have or be able to obtain proper licensure, certification or registration. If these credentials are not achieved, or if they are withdrawn or suspended by an accrediting body, normal circumstances will require that the employee's employment be terminated unless a change in employment status or job assignment can be made. In the case of certain licensed professionals, TriageLogic is required to report instances that could be cause for discipline to the professional licensing board.

Job Descriptions CORE 25 & 26

A job description is available for all TriageLogic employees that reflects the scope of their responsibilities and includes any required education, training and licensure. The job description is provided to the employee upon hire and reviewed and or revised annually at evaluation time to ensure the job description accurately reflects the job being performed.

Staff Training Core 27 & 28 TriageLogic provides staff with initial and ongoing training. A copy of all training provided will stay on file and in shared sugar sync folders. Any changes in rules or information are announced at the various company meetings as appropriate. A current policy and procedure manual is available to employees at all times through sugar sync. **CORE 28** Upon initial employment staff will be trained on at least the following: Specific training directly related to their responsibilities, URAC version 5.0 standards, Clinical Support Tools (as applicable), HIPAA, Confidentiality, Conflict of Interest. Ongoing training will be provided as necessary as policies and/or procedures change, State/Regulatory updates are received. Should state or federal requirements conflict with URAC 5.0 standards, an employee would follow the more stringent requirement. Additional questions should be addressed with the CEO or legal counsel. **CORE 28 c**

CORE 27 f Continuing education programs/additional training and tools can be requested on a one by one basis. Requests need to be sent to your direct supervisor. When continuing education has been approved by your supervisor, a copy of the training must be sent to your supervisor for inclusion in your personnel file.

Staff Assessment Program CORE 26 & CORE 27 & 29 CORE 30

All TriageLogic staff will receive an annual performance review at least once a year during an agreed month or in July (as a default) from their supervisor. Each employee may provide at this time an updated resume/CV for the personnel file. The current job description will be reviewed with the employee and updated/revised as necessary at this time. Staff members are asked to bring relevant documentation of their work as well as ongoing training documents to the performance evaluation. The review process will also include self-appraisal and anonymous appraisals from all other staff members that have had significant contact with the employee. The appraisal form will use a rating

system of one through four and the combined ratings from all appraisals will be used to obtain an average rating for each category. Staff comments will be allowed on each appraisal and kept anonymous as well.

Core 29b Staff licensure/certification will be verified at this time and signatures will be obtained annually on the following documents: Conflict of Interest, Confidentiality, HIPAA and any other documents here that may require signature. **Core 16 f**

Information Confidentiality

How TriageLogic is perceived by its business associates, the media, legislators, regulatory agencies, special interest groups, and the general public is a direct result of the external communications activities carried out by our management and employees. These external relations have a significant impact on our business. In order to present the best image of TriageLogic, it is important that the messages we communicate are consistent with Company philosophy, policies and procedures.

Serious problems could be created for TriageLogic by unauthorized disclosure of internal information about the Company or its patients. Company personnel should not discuss internal matters or developments with anyone outside of the Company, except as required in the performance of regular job duties.

Employees should contact their manager/supervisor if they are unsure as to what information is confidential. Outside inquiries regarding TriageLogic should be referred to the CEO. The CEO serves as an information channel for news media and for any person or organization outside the Company. He/she is responsible for approval of press releases, responding to media inquiries, and coordinating interviews with the media.

TriageLogic has a Patient Confidentiality Acknowledgement (This is part of the HIPAA form) form that is presented to each newly hired employee. All employees are required to read this Acknowledgement and agree to its contents. Questions relating to confidentiality or possible violations of its provisions should be referred to the Human Resources Manager or CEO.

During the course of employment, employees will have access to confidential information. Confidential information may include, but is not limited to, compensation information, patient lists and information, financial information, marketing strategies, and other related confidential information. This information is critical to the success of the Company and must not be divulged. Employees must not discuss confidential matters or release confidential information to any outside party.

Additionally, an employee's salary is confidential and is to be held in strict confidence by the employee and TriageLogic. Individual employee's salary/wages are not public information. Breach of confidentiality regarding this information is not appropriate.

Employees who improperly utilize or disclose Company or patient confidential information may be subject to disciplinary action, up to and including termination. All employees with access to patient data are also required to sign the HIPAA Policy document (see below)

TriageLogic Information Security Policy

What is HIPAA, and what information is protected by it?

HIPAA, short for the United States Health Insurance Portability and Accountability Act, is a set of standards introduced by Congress in 1996 that aim to protect the privacy of patient information in the healthcare industry by regulating how providers handle patient data while conducting business, as well as ensuring the continuity of individuals' healthcare coverage.

There are two sections to the standard: HIPAA Title I, which focuses on protecting citizens' healthcare coverage if they are fired or laid off, and HIPAA Title II, which is focused more on patients' rights and how to properly transmit, share and store their information.

HIPAA created a set of universal standards for exchanging and securing personal data via electronic data interchange (EDI), the goal being to protect all data that is personally identifiable to a specific person, regardless if it is communicated orally, electronically or in writing.

The HIPAA privacy rule requires all health care providers, or any other organization that processes medical records, inform patients of their privacy rights, educate and train staff on how medical data should be properly handled, and implement and practice the required privacy and security policies in order to ensure that electronic health information of patients remain secure.

Breaking down HIPAA security rules and compliance guidelines

HIPAA's standards require that all health care industries apply and enforce certain protections. The implementation process will be different for every organization depending on its size, budget, risks and infrastructure complexity. But regardless of each organization's different needs in terms of HIPAA implementation, the general HIPAA requirements stay the same.

- Organizations must have an administrative authority in charge of managing and enforcing HIPAA compliance rules, regulations and efforts. There should be a clear set of guidelines in place regulating who is and isn't permitted to access patient information. All access to sensitive data and systems should be monitored.
- Documentation should be provided to patients informing them of their rights.
- All corporate systems, machines and buildings must have physical and technical data and intrusion protection controls to prevent malicious hacker and unauthorized access.
- There must be a traffic-monitoring device, such as a firewall, in place to examine activity coming into and leaving the organization's network.
- Management should practice risk assessments, data handling policies, data loss prevention (DLP) and record all security policies and procedures

Policy on Emails and other forms of communication

Email is not secure. TriageLogic requires that email cannot contain PHI anywhere in the heading or body of the message. To view any PHI, the user has to log into the system with a user name and password. When communicating about patients via email, we refer to ticket numbers or note numbers without mentioning any PHI. Reports and recordings are sent as links for which the user has to login to view the PHI.

None of the following items can be included in any unsecure communication:

1. Names
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone numbers

5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

The HIPAA Compliance Policy needs to be signed by all employees and contractors with access to patient data.

TriageLogic HIPAA Compliance Policy
(Updated December 2012)

This **TRIAGE HIPAA COMPLIANCE POLICY** of Triage Logic Management & Consulting, LLC ("Triage") shall apply to all employees of Triage, agents of Triage and employees of Triage subcontractors (collectively the "Service Providers"). All agents with access to patient data must sign this document.

PURPOSE OF THIS POLICY. Service Providers are providing various health care services for Triage (the "Services") which may involve the observation or use of patients/patient records of hospitals, clinics or other health care organizations or entities that have entered into services agreements with Triage (these various health care groups shall be collectively referred to as the "Covered Entities"). In the course of providing such Services, Service Providers from time to time have access to or possession of Covered Entity's patient protected health information or "PHI," as such term is hereinafter defined. This Policy shall set forth the terms and conditions pursuant to which Service Providers shall use, secure and keep in confidence such PHI.

1. **Definitions**. For the purposes of this Policy, the following terms shall have the following

meanings:

(a) **Electronic Protected Health Information or "EPHI"**. A subset of PHI, consisting of any PHI that is transmitted by electronic media or maintained in electronic media.

(b) **Individual**. The person who is the subject of the PHI, and has the same meaning as the term "individual" as defined by the HIPAA Regulations.

(c) **HIPAA Regulations**. Those regulations codified at Title 45 of the Code of Federal Regulations (C.F.R.) and relating to privacy and security of PHI.

(d) **Protected Health Information or "PHI"**. Any information concerning an Individual, whether oral or recorded in any form or medium: (1) that relates to the past, present or future physical or mental condition of such Individual; the provision of health care to such Individual; or the past, present or future payment for the provision of health care to such Individual; and (2) that identifies such Individual with respect to which there is a reasonable basis to believe the information can be used to identify such Individual, and shall have the meaning given to such term under the HIPAA Regulations.

2. **Disclosures and Use of PHI**. Subject to this Policy, Service Providers shall not the use the PHI except as necessary to provide the Services. Service Providers hereby agrees that the PHI provided or made available to it shall not be further used or disclosed other than as permitted or required by this Policy. Without limiting the foregoing, Service Providers agrees: (i) not to share PHI with anyone not directly involved in the patient's care or treatment; (ii) not to discuss PHI in areas where it may be overheard; (iii) not to access any PHI without specific direction by Triage; (iv) not to attempt access to PHI for personal reasons; (v) to inform Triage of any personal relationships which Service Providers may have with a patient or patient's family whose PHI Service Providers may access; (vi) if allowed access to EPHI by Triage or the Covered Entity, to clear computer screens of PHI before leaving the screen; (vii) to return any PHI provided on paper to the professional staff member or employee who provided it or to dispose of it within the facility using a shred-it box or as otherwise directed by the person who provided it; (viii) not to store or transmit any PHI using a portable device or any other electronic means; (ix) not to remove PHI in any form from the Covered Entity's facility; and (x) not to make any photographs, videos, voice recordings or any other reproduction of any PHI.

3. **Service Providers Obligations**.

(a) **Right of Access to PHI**. Service Providers and its representatives and employees shall forward all Individual requests for access to PHI to Triage within one (1) business days of receipt.

(b) **Amendment of PHI**. Service Providers shall forward all requests for amendments to an Individual's PHI to Triage within one (1) business days of receipt.

(c) **Accounting of Disclosures**. Service Providers shall forward all requests for an accounting of disclosures of PHI to Triage within one (1) business days of receipt.

(d) **Reports of Improper Use or Disclosure and Cooperation**. Service Providers shall report in writing to Triage within one (1) business day of discovery any use or disclosure of PHI not provided for or allowed by this Policy. Service Providers shall cooperate with Triage and the Covered Entity in any review/investigation of an actual or potential breach of HIPAA privacy or security regulations.

6. **Termination and Breach**.

(a) **Immediate Termination**. In regard to Triage employees, Triage reserves the rights to discipline any employee of Triage that has breached this Policy, including, the right to terminate such employee's employment with Triage. In regard to Triage subcontractors and agents, Triage reserves the right to terminate their agreement with such subcontractors and agents if they breach this Policy, and to seek such relief allowed by the contract with such subcontractor or agent and applicable law.

(b) **Injunctive Relief**. Notwithstanding any rights or remedies provided for in this Policy, Triage shall be entitled to obtain temporary and permanent injunctive relief from any court of competent jurisdiction to prevent or stop the unauthorized use or disclosure of PHI by Service Providers.

(c) **Return or Destruction of PHI**. Upon the termination or expiration of Service Providers' employment, agency or subcontract relationship with Triage, Service Providers hereby agrees to return to Triage all PHI received from, or created or received by Service Providers, from or on behalf of Covered Entity.

5. **General Provisions**.

(a) **State Law Preemption**. Certain provisions of state law relating to privacy of PHI may not be preempted by, and may supersede, the HIPAA Regulations. With respect to such provisions of state law not preempted by the HIPAA Regulations, Service Providers shall maintain full and complete compliance with all state privacy requirements.

(b) **Property Rights**. All PHI shall be and remain the property of Triage or the Covered Entity. Service Providers agrees that it shall not acquire any title or rights to any PHI.

(c) **Changes**. This Policy may be unilaterally modified by Triage in response to new statutory or regulatory requirements related to HIPAA, the HIPAA Regulations or other applicable state or federal law relating to security and privacy of PHI. Any ambiguity in the language contained in this Policy shall be interpreted consistent with HIPAA Regulations.

Agreed to and Acknowledged by:

By:_____
(Signature)
Name:_____
(Print or Type)
Company:_____

Date:_____

STAFF PERFORMANCE APPRAISAL FORM

Name:

Title:

Appraisal Type: ☑ Annual ☐ 90-Day ☐ Special

Appraisal Period:

Rating Factors:
Not Applicable 0%
Can mean either not applicable to the employee or not applicable to your experience with the employee.
Distinguished 5%
Performance far exceeds normal requirements of the job. Outstanding nature of performance is evident to anyone in a position to observe and evaluate it. Level of performance approaches the maximum possible attainment for the position. Very few are able to reach this level of accomplishment.
Commendable 30%
Performance clearly exceeds the requirements of the job. Performance is worthy of special note. Accomplishment indicates extra thought, effort, imagination, and results.
Competent 50%
Performance clearly meets the requirements of the position. Continued performance at this level would be perfectly acceptable. Accomplishment reflects a solid level of performance. Most qualified people are able to attain this level of accomplishment.
Needs Improvement 10%
Performance is below the competent level. Employees who are new on this job and develop at less than expected rate would fit this category. Continued performance at this level is unacceptable.
Unacceptable 5%
Performance is clearly unsatisfactory and below expectations.

Self Supervisor

Core Values	Not Applicable	Distinguished	Commendable	Competent	Needs Improvement	Unacceptable
Integrity						
Exemplifies ethical behavior.						
Speaks positively about the company, its staff, and its leaders.						

Protects the interests of the company and aligns him or herself with the company values.						
Protects company, its members, suppliers and customers from gossip and harm. Examples include harmful, hurtful, critical, demeaning, and judgmental conversation outside the presence of the one who is the subject of the conversation						

Compassion

Demonstrates care for coworkers, clients and patients.						
Develops and maintains positive and harmonious relationships with supervisors, coworkers and clients; tactfully handling sensitive situations.						
Is able to identify and respond to customer needs.						
Demonstrates diplomacy and patience in dealing with customers.						

Reliability

Consistently provides good quality.						
Steps in to help when necessary.						
Can be relied upon to carry out instructions to work with limited supervision and to be a self-starter.						
Accepts new assignments and responsibilities willingly.						
Is ready to perform at the beginning of their shift or if on a flexible schedule, keeps enough common hours to facilitate teamwork.						

Collaboration

Communicates with others to achieve the team's common goals.						
Asks for help when necessary.						
Shows appreciation for help and suggestions.						
Is flexible and willing to try new ideas and processes.						

Excellence

Aspires to be their best by setting goals.						
Demonstrates commitment to achieving the goals.						
Shows initiative to grow and learn new skills.						
Is organized within their field by being able to meet deadlines, communicate or perform tasks effectively and without errors.						

Competency	**Not Applicable**	**Distinguished**	**Commendable**	**Competent**	**Needs Improvement**	**Unacceptable**
Individual Ability and Knowledge						

Demonstrates technical literacy by learning and applying new technologies to their job, soliciting the support of systems applications to optimize work.						
Understands the business structure, products and services of each company in the TriageLogic group.						
Has flexibility to consistently seek improvement in processes and quality of output. Accepts changes in direction readily and alters plans to meet new goals set by supervisor or team.						
Composes memos, reports, documentation that are clear, well-organized, and grammatical. Accurately transmitting instructions or messages in a written form.						
Processes incoming information and inquiries by directing mail, calls, and visitors accurately and efficiently. Answers telephones promptly and courteously. Greets clients in a professional manner and maintains confidentiality.						
Creates and maintains well-organized files. Maintains complete and accurate records that can be readily accessed when information is needed.						
Determines and obtains the information needed to solve a problem within own scope of work. Applies rules and standards to decisions. Weighs alternatives and selects the best solution, and asks managers or supervisors when a decision is beyond own scope of work.						

Management **Time Management**	**Not Applicable**	**Distinguished**	**Commendable**	**Competent**	**Needs Improvement**	**Unacceptable**
Manages time effectively to meet assigned deadlines.						
Implements follow-up.						
Balances special projects with routine work.						
Effectively coordinates tasks amongst team members and/or vendors.						

Supervisory Oversight

Leads by personal example, demonstrating the goals and priorities of the company inspiring people to believe they can make a significant contribution.						
Takes responsibility for coaching and development within their department.						
Gives on-going, immediate and constructive feedback.						

Reports information and participates effectively in meetings.						
Analyzes and makes decisions by obtaining the information needed to solve a problem and applying rules and standards to decisions.						
Puts a focus on profitable results of the business into all planning.						

Internal Control

Understands the risks and controls related to their position and the impact it can have on the profitability of the business.						
Is knowledgeable of the URAC standards related to their position.						
Adheres to the URAC standards.						
Knows the operations and procedures of the company or is aware of the sources for answers to questions.						

Action Plan / Goals:

1.

Supervisor's Comments:

Employee's Comments:

Employee's Signature:
(Signature indicates only receipt of the review, not that the employee agrees with the review)

Date:

Appraiser's Signature/s: **Date:**

EMPLOYEE'S REFUSAL TO SIGN:
I certify that this performance appraisal was discussed with the employee who refused to sign. **Date:**

HIPPA:
I HAVE RECEIVED THE MOST RECENT COMPANY POLICY AND PROCEDURE MANUAL. I WAS REMINDED ABOUT HIPAA AS IT APPLIES TO MY POSITION. I WAS GIVEN AN OPPORTUNITY TO ASK ANY QUESTIONS RELATED TO MY WORK, HIPAA AND ANY RULES OR REGULATIONS I AM EXPECTED TO FOLLOW. (P/P Revised: 1/2017)

Employee's Signature: **Date:**

RATING FACTORS

The following are conditions that should be considered when assessing the employee's performance.

JOB KNOWLEDGE: In depth knowledge of all requirements of the job. How well does the employee understand all phases of the job as defined by the performance standards set for the position?

QUALITY OF WORK: Accuracy and neatness. Does the employee produce a high quality work product? Is quality work a priority for the employee?

PRODUCTIVITY: Consider employee's ability to prioritize and organize work effectively to meet assigned deadlines. Were assignments timely completed and appropriate follow-up implemented? Is the employee a self-starter?

DEPENDABILITY: Employee needs little or no direction. To what extent can the employee be relied upon to carry out instructions; and the degree to which the employee can work with limited supervision?

ATTENDANCE: Attendance and punctuality are very important in maintaining a normal work load and efficient schedule. Employees are expected to report to work regularly and be ready to perform their assigned duties at the beginning of their assigned work shift. Is the employee absent frequently? Are the absences affecting his/her performance? Does this pattern constitute a hardship on the work environment?

RELATIONS WITH OTHERS: Consider employee's abilities to maintain a positive and harmonious attitude in the work environment. How well does the employee relate to the supervisors, co-workers and the broader TriageLogic community?

COMPLIANCE WITH STANDARDS: To what extent has the employee followed company policies and procedures, State and Federal Requirements and URAC standards?

SUPERVISOR ABILITY: In the evaluation of this factor, consider the employee's ability to organize, plan, train, delegate and control the work of subordinates in an effective manner.

LEVELS OF PERFORMANCE

The employee's performance shall be rated in one of the following categories:

EXCEED PERFORMANCE STANDARDS: An evaluation resulting from overall performance which is significantly above the performance standards of the position.

ACHIEVES PERFORMANCE STANDARDS: An evaluation resulting from performance which fully meets the performance standards of the position.

BELOW PERFORMANCE STANDARDS: An evaluation resulting from performance which fails to meetthe minimum performance standards of the position. The supervisor must contact Human Resources to initiate a Performance Improvement Plan, which must be completed jointly by the employee and the supervisor.

Distribution: Original – Human Resources Copy – Supervisor Copy – Employee

90 Day Employee Review

Employee Name:	**Title:**
Reviewer Type: Mgt. Appraisal	**# of Raters: 4 Mgrs. and Self ◆**

This document provides the necessary information we require to achieve a highly effective workplace. Please ensure you answer the following questions with honesty and integrity. Your responses will be documented along with those provided by your team. The individual who is being reviewed will not be made aware which managers gave which ratings. Thanks for taking part.

How would you rate this fellow colleague overall?

High Low

10	9	8◆	7	6	5	4	**3.60**	2	1	0

Below we would like you to select the accurate description for your colleague, please ensure you complete each line. Please be aware that the "NFH" section is for those who do not have first hand knowledge to be able to comment - should this be the case please circle "NFH".

Using the scale of 1-5 in this section 1 being "less likely" and 5 being "highly likely". Please select the number in the end box or select the "NFH" box.

1	Exemplifies Ethical Behavior	1	2.50	3	4◆	5	NFH
2	Is respectful of the workplace and colleagues	1	2	3.40	4	5◆	NFH
3	Is able to plan, organize, administrate, prioritize and meet deadlines	1	2.20	3◆	4	5	NFH
4	Understands and complies with company policies and procedures	1	2.50	3	4◆	5	NFH
5	Represents the company in a positive manner when interacting with customers and others outside of the company	1	2	3.67	4	5◆	NFH
6	Is willing to develop new skills and grow within the company	1	**2.75**	3	4	5◆	NFH
7	Is able to communicate, listens, and follow up with assigned task	1	2.00	3◆	4	5	NFH

8	Performs good quality work, is accurate, thorough, productive and attains goals	1	2.25	3	4◆	5	NFH
9	Willing to accept responsibility of his or her own actions	1	2.50	3	4	5◆	NFH
10	You are comfortable communicating with this colleague	1	2	3.00	4	5◆	NFH

Please list the areas where you feel this employee is doing well.

Please list any areas where you feel this employee could improve.

Any concerns?

Training Suggestions: What additional training would you suggest to help this colleague in the areas needing improvement mentioned above?

Reviewer Feedback:



EMPLOYEE PERSONNEL FILE CHECKLIST Core25

*Update the checklist of documents to be in each file annually **CORE 26**

__CV or Application

__Job Description

__Employment Contract or Contractor Agreement

__W4 Form or____I-9 Form

__IRA

__Confidentiality Statement Form (employees only)

Licensure/Certification Verification/Attestation core 26, core 30

__Proof of Current License

__Proof of Liability Insurance

__License Verification

__Employee Attestation Statement of Licensure

Documentation of Training/Orientation

__Orientation

__Staff Orientation/Training Attestation

__On-going Training/Education/Continuing Education (CE)

__Signed HIPAA Compliance Policy

__URAC Training (as appropriate)

__HIPAA Training/Updates

__State Regulatory Training

__New Nurse Requirement Checklist (PhoneRN Only)

Yearly Performance Evaluations

__Yearly Performance Evaluations

STAFF ORIENTATION/TRAINING ATTESTATION CORE 27 e

I _____have read and understand the URAC standards related to _____my job responsibilities, have received a copy and understand all of the orientation materials provided to me, including written policies and/or documented procedures, clinical decision support tools, and other materials used to perform my job. I know I can also view an on-line copy of the policies and procedures that apply to my position at www._____.

Printed Name:_____

Signature:_____

Job Title:_____

Date:_____



TRAINING PARTICIPATION FORM

Subject of Training:	
Date:	
Participants Name:	Job Title:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

*A copy of the participants training program evaluation for each training session will be maintained in their personnel file.

9. Clinical Staff

A. Clinical Staff Credential Verification and Medical Director Responsibility

This policy/procedure appliesto: **_XTriage Logic** **_X_Phone RN** **_X_PRN**	Effective Date: 11/13/2013
Name of Policy/Procedure: ClinicalStaff Credentialing	Previous Versions Dated:
Policy #: 16	Most Recent Review: 9/27/16

CORE 30 a-d

I. PURPOSE

To provide a mechanism to maintain current licensure and certification information for Medical Staff members/Practitioners, and to deal with adverse reactions against these licenses and certificates.

II. POLICY

It is the policy of TriageLogic to verify the current licensure or certification of staff whose job description requires licensure or certification upon hire and thereafter no later than scheduled expiration and no less than every three years through the applicable State Board of Nursing and utilize Nursys eNotify for keeping track of renewals and alerts only. In addition, it is the responsibility of the individual staff member to notify TriageLogic immediately should an adverse change in licensure or certification status occur. **CORE 30d**

The following Practitioners fall under this policy:

1. **Medical Director:** Medical Director is a licensed physician. **CORE 31b and c** Current licensing information is available on the medical board of state of license website. The Medical Director license is verified by the Compliance Officer and reported to the CEO.

2. **Nursing Licensure**: TriageLogic uses each applicable State Board of Nursing to verify licensure and report any changes in status to the Medical Director.

CORE 30 a

CORE 30 d TriageLogic requires that upon hire, staff who are required to have credentials/ certification sign an attestation noting that TriageLogic be informed of any changes to licensure/certification status immediately.

The following employees of TriageLogic are required to have current licensure or certification:

Nursing:

1. All RN's **CORE 30**

   Upon hire, all RNs need to sign the following requirements:

   As a condition to this Agreement, the Consultant must provide the following in a form and substance acceptable to PRN/PhRN, prior to the initial provision of Services and as requested by PRN/PhRN:

   a. Proof of current licensure as a Registered Nurse in a Nurse Compact State, and maintenance and proof of such licensure during the Term by faxing proof of licensure upon renewal;
   b. Proof of current professional liability insurance in a form and amount of coverage acceptable to PRN/PhRN, and maintenance and proof of such insurance during the Term by faxing proof of renewals or replacement coverage (the policy shall name PRN/PhRN as an additional insured);
   c. Proof of current DSL or equivalent internet service (no dial up service) and telephone service, and maintenance and proof of such services during the Term; to be obtained and maintained at the sole expense of the Consultant; and
   d. Completion of orientation provided by PRN/PhRN to the satisfaction of PRN/PhRN.

Proof of continued compliance with these licensing, certification, insurance, and internet and telephone requirements must be provided by the Consultant to PRN/PhRN in a form and substance acceptable to PRN/PhRN on or before the expiration of the current term of such licenses, certifications, insurance, and internet and telephone requirements. However, PRN/PhRN may request proof of compliance by Consultant of these requirements at any time, and such proof shall be promptly provided by the Consultant to PRN/PhRN upon any such request. Any failure by PRN/PhRN to request proof of such compliance at any time shall not constitute a waiver, estoppels, modification, or any other defense to full compliance with these requirements. The Consultant further agrees to immediately provide PRN/PhRN notice that it has lost the license required by section a. above or if the insurance policy required in b. above has been terminated, cancelled or expired.

2. Medical Director

Education required:

- Current unrestricted Medical License. Medical Licensure status is monitored by the Compliance Officer and the CEO. **HCC2a. CORE 31a**
- Minimum five years post graduate direct patient care experience **HCC2c. Core 31c**
- Board Certification **CORE 31d**
- The Medical Director is required to inform TriageLogic of adverse changes to licensure/certification status immediately so reassignment of duties can be made. **CORE 30**

Credentials Verification:

The following credential verifications will be obtained for all Practitioners from the primary source or a designated equivalent source:

Florida board of medicine **CORE 30b**

a. Issuing State or Entity
b. Type of Licensure
c. Expiration Date
d. Licensure in Good Standing

III. Adverse Changes in Licensure/Certification Status

Core 30c

The CEO is responsible for implementing corrective actions with respect to medical director and clinical privileges. The Medical Director is responsible for implementing corrective actions with respect to nursing licenses and clinical privileges: **CORE 32d**

Voluntary surrender or restriction of clinical privileges in response to adverse changes in licensure or certification.

- Adverse actions including reducing, restricting, suspending, revoking, or denying privileges, or a decision not to renew privileges, if that action or decision was based on the practitioner's professional competence or conduct
- Voluntary withdraw of an initial application for medical staff membership and/or clinical privileges while provider under investigation by the hospital for possible professional incompetence or improper professional conduct or in return for not conducting such an investigation or taking a professional review action

IV. Primary Responsibilities of the Medical Director

1. Maintains accountability for the medical oversight of the Triage Logic Call Center, ensuring appropriate level of quality care, compliance with protocols, policies and procedures, and practice standards. Ensures the organizational objective to have qualified clinicians accountable to the organization for decisions affecting consumers. **CORE 32 d**
2. Serves as advisor to the Nursing staff by participating in the oversight of operational activities to ensure the efficient use of resources and development of goals and objectives. **CORE 31**
3. Maintains accountability for review and approval of all telephone triage protocols. Reviews, evaluates and resolves potential grievances associated with participating physicians or triage staff. **Core 32b**
4. Maintains contact and consultation with practitioners by speaking to customers, attending medical conferences and keeping abreast of changes in medicine **Core 32c**
5. Active member of the Triage Logic Quality Committee and Executive Board. Serves in the capacity of Triage Medical Director On-Call.
6. Monitors all delegated entity activities; pre-assessment and ongoing assessments of delegated entities, specifically PRN. **Core 7, Core 8 a-h**
7. Oversees periodic quality assurance and review of randomly selected patient triage telephone encounter forms. Serves as a member of the Quality Committee and participates in quality assurance and quality improvement activities as appropriate and necessary. Approximately 45% of the Medical Director/COO's time is spent on quality assurance initiatives and client complaint resolution activities. **CORE 32 d**
8. Establishes and maintains effective communication channels with all associates and reviews/reports program status as appropriate. Provides oversight for compliance with regulatory agencies regarding standards for telephone phone triage and advice services.
9. Responsible for corporate compliance with information confidentiality and security, and reports any breach to Compliance Officer.
10. Tracks applicable laws and regulations in the area of nursing and telephone medicine and informs any changes in law to the CEO and to any parties affected by law. **CORE 4 a**

V. Related Documents

See sample contracts and job descriptions.
See Employee Attestation Statement of Licensure

B. Financial Incentives of Clinical Staff CORE 33

This policy/procedure applies to: __Triage Logic __Phone RN __PRN	Effective Date: 11/13/13
Name of Policy/Procedure: Financial Incentives	Previous Versions Dated:
Policy #: 17	Most Recent Review:

I. POLICY

TriageLogic does not have a system for reimbursement, bonuses or incentives to staff or health care providers based on consumer utilization of health care services.

Clients provide the TriageLogic service to their patients and TriageLogic provides no additional financial incentive to reflect on patient care. All of our consumers come to TriageLogic through their medical representative.

The nurses who take call for the call center are either an employee on an hourly/fixed salary or contractors paid an hourly rate. Nurses are not incentivized on the number of calls handled in an hour or a shift.

TriageLogic contracts with clients who then in turn control the access to the service through their own phone system. TriageLogic does not receive any financial incentive from the clients except for the pre-negotiated fee schedule for services. The fee structure does not have any impact on the nurse managing the patient calls.

In some particular cases (such as in delegated work to PRN), TriageLogic will pay owners on a per call basis. However, owners do not have direct contact with practices and they cannot directly influence patients to make phone calls. Patients come directly through their physicians, and the physicians are the ones who instruct their patients to call nurses. Triage Logic's medical director and the CEO participate in meetings with the PRN owners to ensure that they are not able to influence patient phone calls. In addition, medical Dir. is responsible for overseeing nursing quality and random checks on past phone calls to ensure the highest level of quality of care, and no influence on patient phone calls. Finally, triage logic also conducts patient surveys and research to study patient phone call patterns and patient satisfaction from the nurse call.

C. Client and Consumer Access to Program Services CORE 34

This policy/procedure appliesto:	Effective Date:11/13/13
X Triage Logic __Phone RN X PRN	
Name of Policy/Procedure: Access to Services	Previous Versions Dated:
Policy #: 18	Most Recent Review: 9/27/16

I. CLIENT AND CONSUMER ACCESS TO PROGRAM SERVICES

Refer to Clinical Document

a. Client Access

Our agreement with the client has a toll free line – the client uses that number to forward calls to the triage system as per our pre-agreed coveragetimes.

b. Consumer/Clinical Access

Patients/callers access triage services either by calling an assigned telephone number specific to the participating physician's office, or as a call forwarded to our contracted medical answering service.

Every call put into the system remains in the common queue until a nurse claims the call. This ensures that no call can be left unanswered. As part of TriageLogic's Telephone Performance Standards, the following information related to access is monitored on a monthly basis:

- Call Volume
- Average speed to answer
- Call Abandonment Rate
- Percentage of Calls on Hold
- Average Blockage Rate
- Average Call Back Time

Access Standards

See Call Center Policies – Policy for Monitoring Telephone Performance Standards

The following information ismonitored:

Average Speed to Answer, Call Abandonment Rate, Percentage of Calls on Hold, Average Blockage Rate

D. Consumer and Medical Complaint Process CORE 35

This policy/procedure appliesto:	Effective Date:11/13/13
__Triage Logic __Phone RN __PRN	
Name of Policy/Procedure: Complaint Process	Previous Versions Dated:
Policy #: 13	Most Recent Review: 9/27/16

I. Client/Consumer Complaints

1. All complaints come through the provider (client) who is contracting for services.

2. Each client has a designated client relations manager to contact directly to inform us of any complaints. TriageLogics client relations manager contacts the client and informs them about the process to get the complaint resolved and also lets them know that they are allowed to speak directly to the medical director if they need to speak to someone in addition to filing the incident report. **Core 35b** The Client Relations Manager takes on the complaint and places it in an incident report. **Core 35a**

3. The Client Relations Manager gathers information about the complaint and forwards it to the appropriate party - the manager of the non-clinical staff or the nurse manager on call for the clinical staff.

4. The manager of the non-clinical staff or the nurse manager reviews the complaint, listens to the call, reviews the note and talks to the agent or nurse involved.

5. Then manager will write a summary of their findings, how the complaint was addressed and if the provider was informed.

6. All complaint forms are sent to the medical director to sign off and discuss at the weekly nurse manager meeting. **CORE 35c**

7. If the nurse manager feels the medical director needs to be involved in the resolution, then they will inform the client that they are discussing the case with the medical director and will get back to them.

8. Time frames for complaint resolution: Complaints/Incidents should be resolved within 30 days from the time the complaint is received to the time we contact the client with resolution. In some cases, it may take a few extra days in order to resolve a complaint completely, however, the resolution date is noted in the complaint form. CORE 35d.

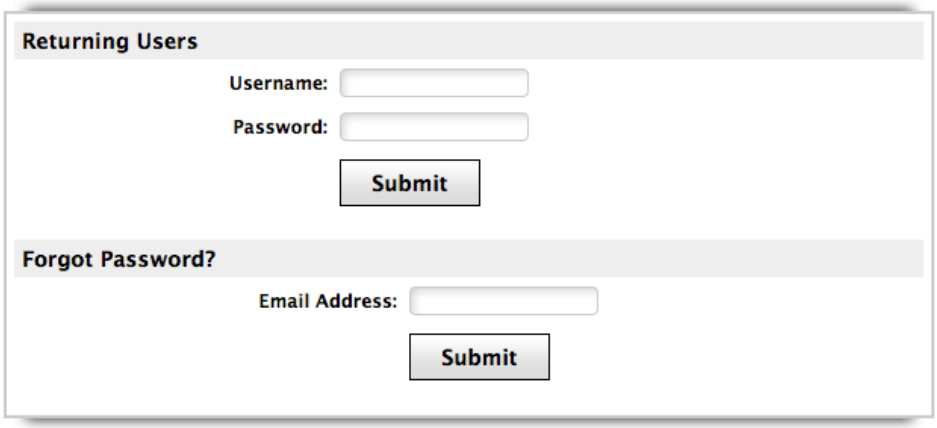
9. Medical director reports complaints to the quality management committee at least once a year. Complaint reports are also available in sugar sync for the CEO and nurse managers to verify and keep track. Core 35e

Clinical Incident Report

User Name: phonernclinical
Password: incidentreport

Instructions

1. Click on link below. After you click on the link, you should be brought to this page below the link.
https://fs19.formsite.com/TriageLogic/phonernclinical/form_login.html

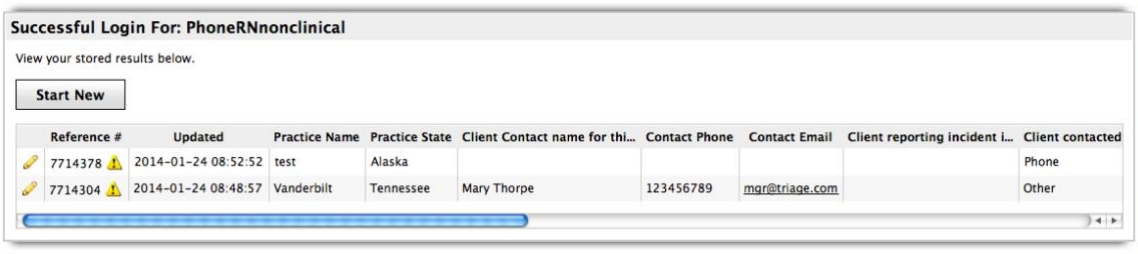


2. Enter user name: phonernclinical and password: incidentreport

3. You are now able to create a new report or edit and continue to work on a different report that has been already started*.

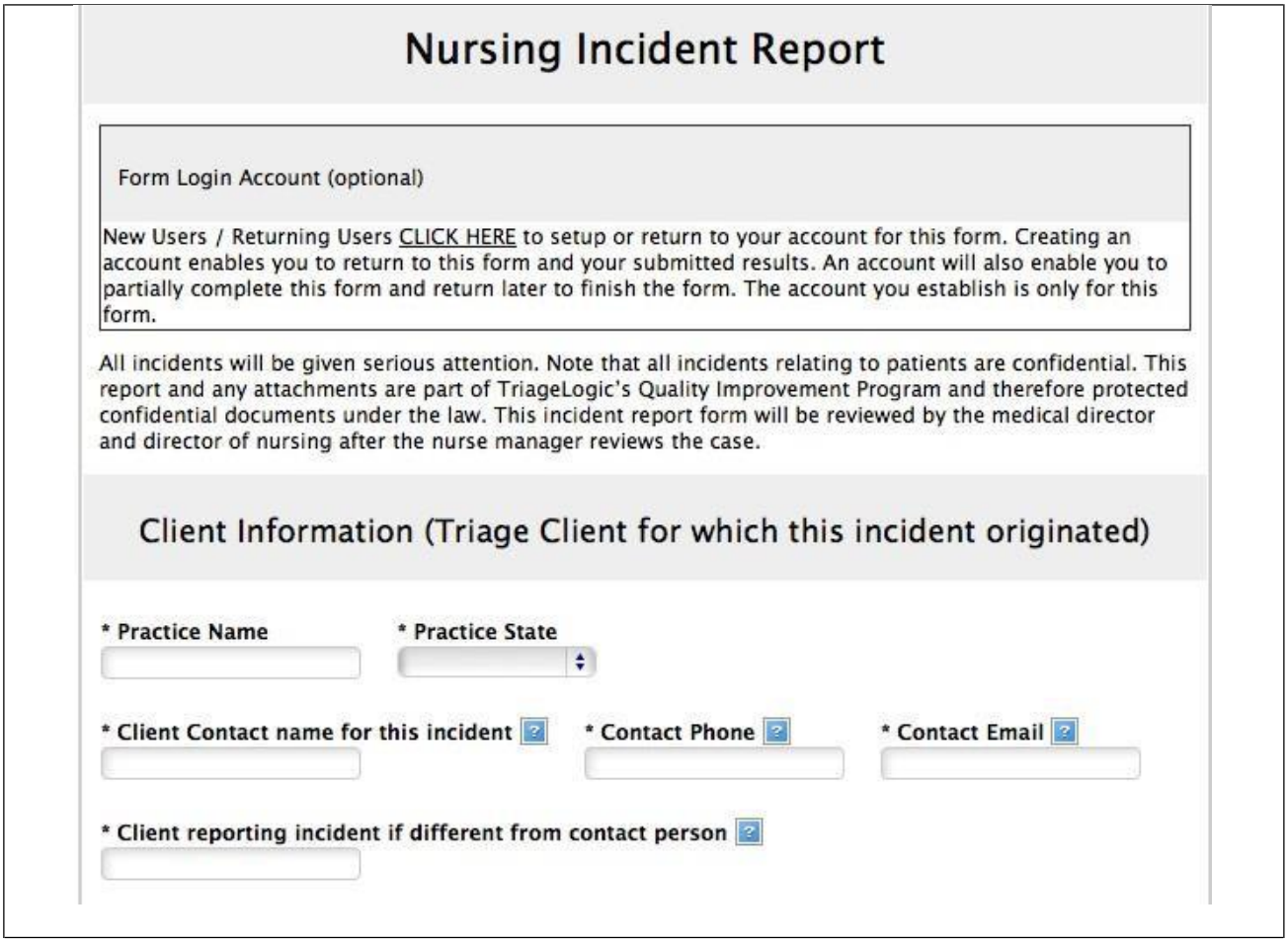
4. If you complete the report, click "Submit." If you want to save and come back later, click "Save Partial Work." NOTE: After clicking "Submit," you are not able to come back and edit.

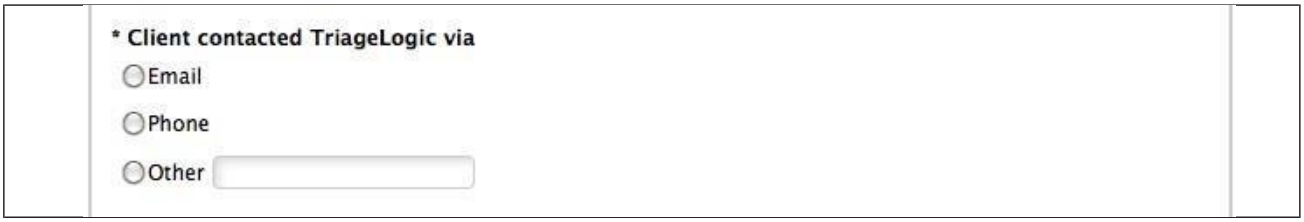
*If you need to edit, click on the pencil icon on the left.



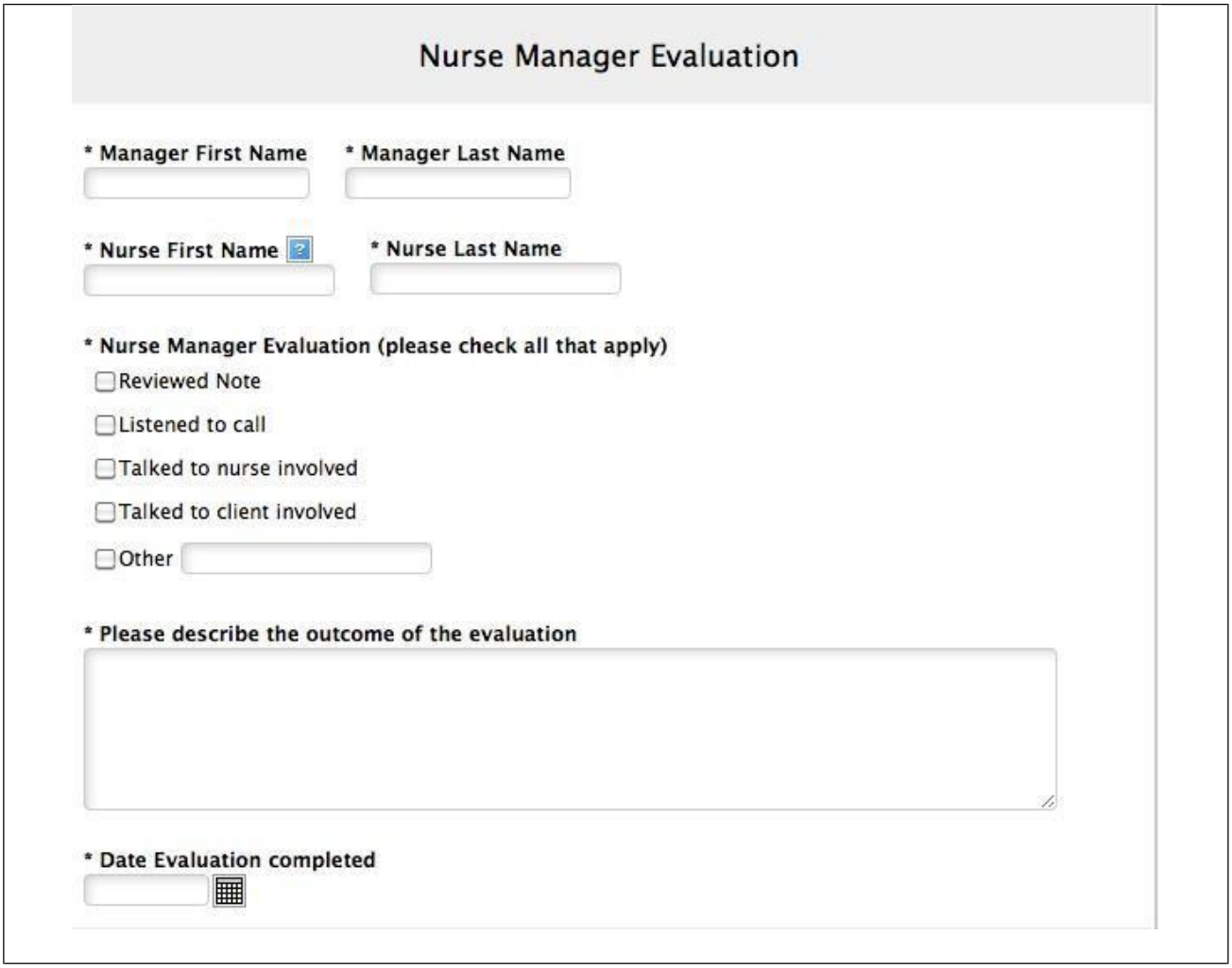
Reminders:

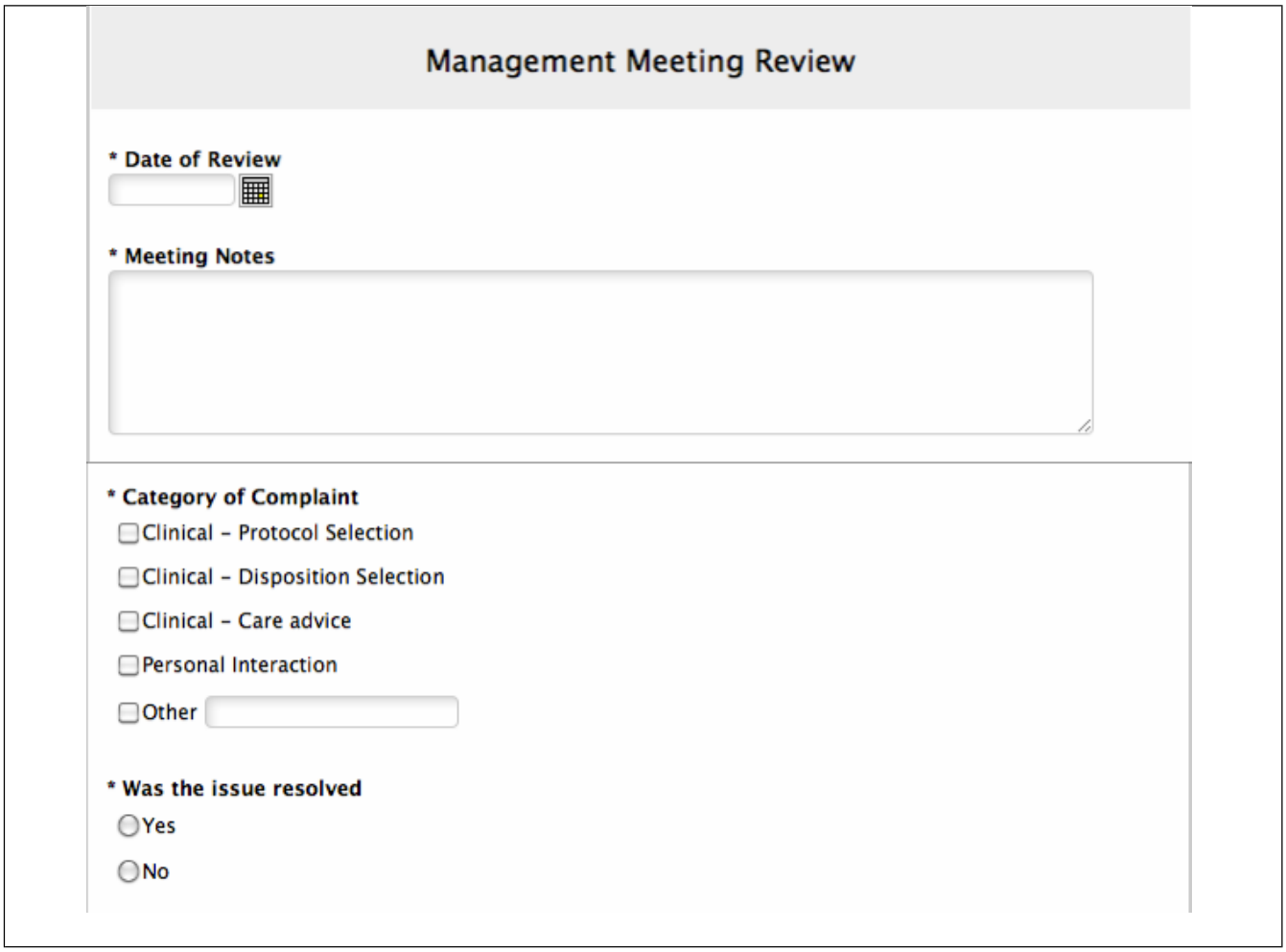
- Please do not change the password without letting any Nurse Manager know first
- Only nurse managers should submit the incident reports. If a nurse that is not a manager fills out the report, click "Save Partial Work" and let a nurse manager know



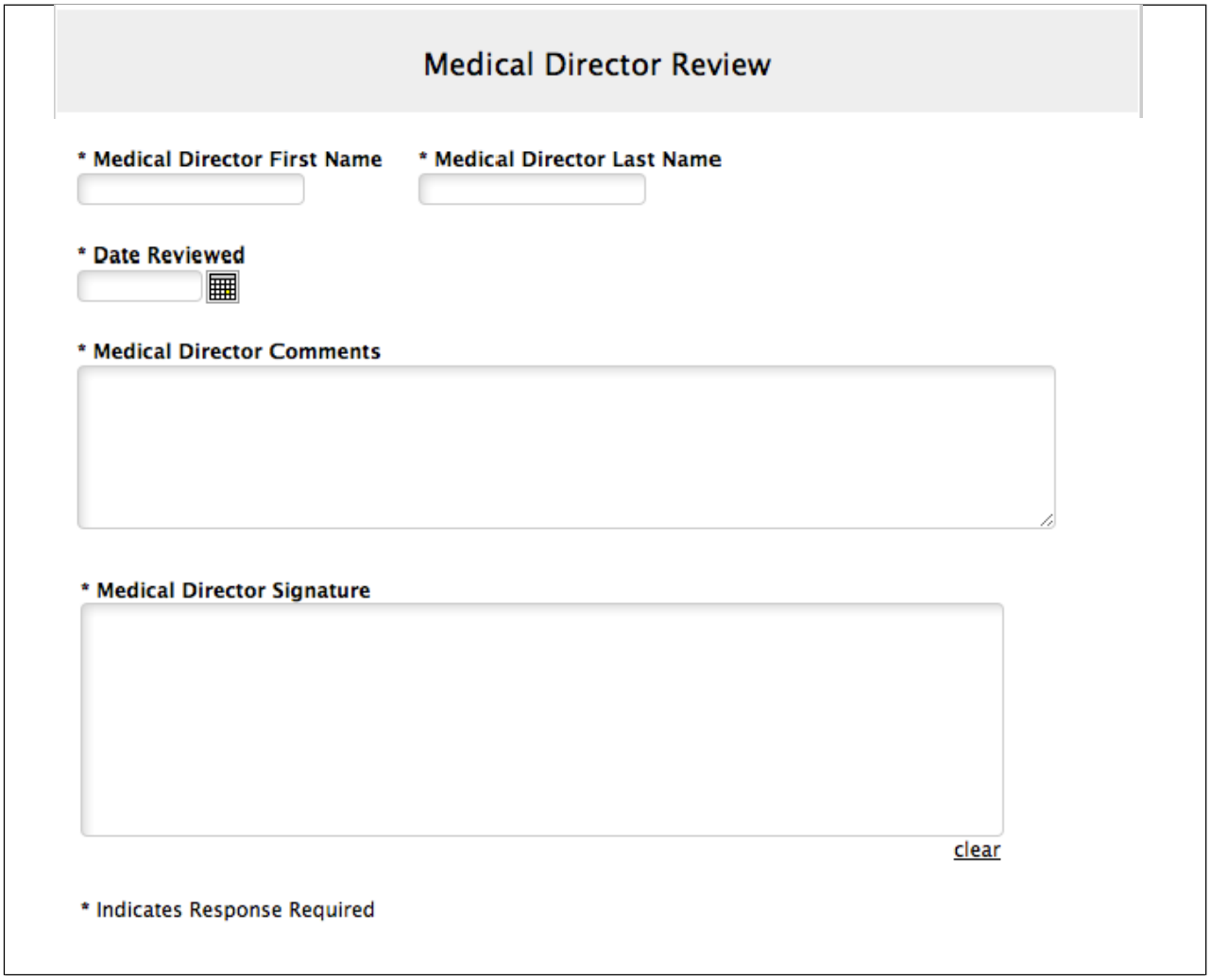


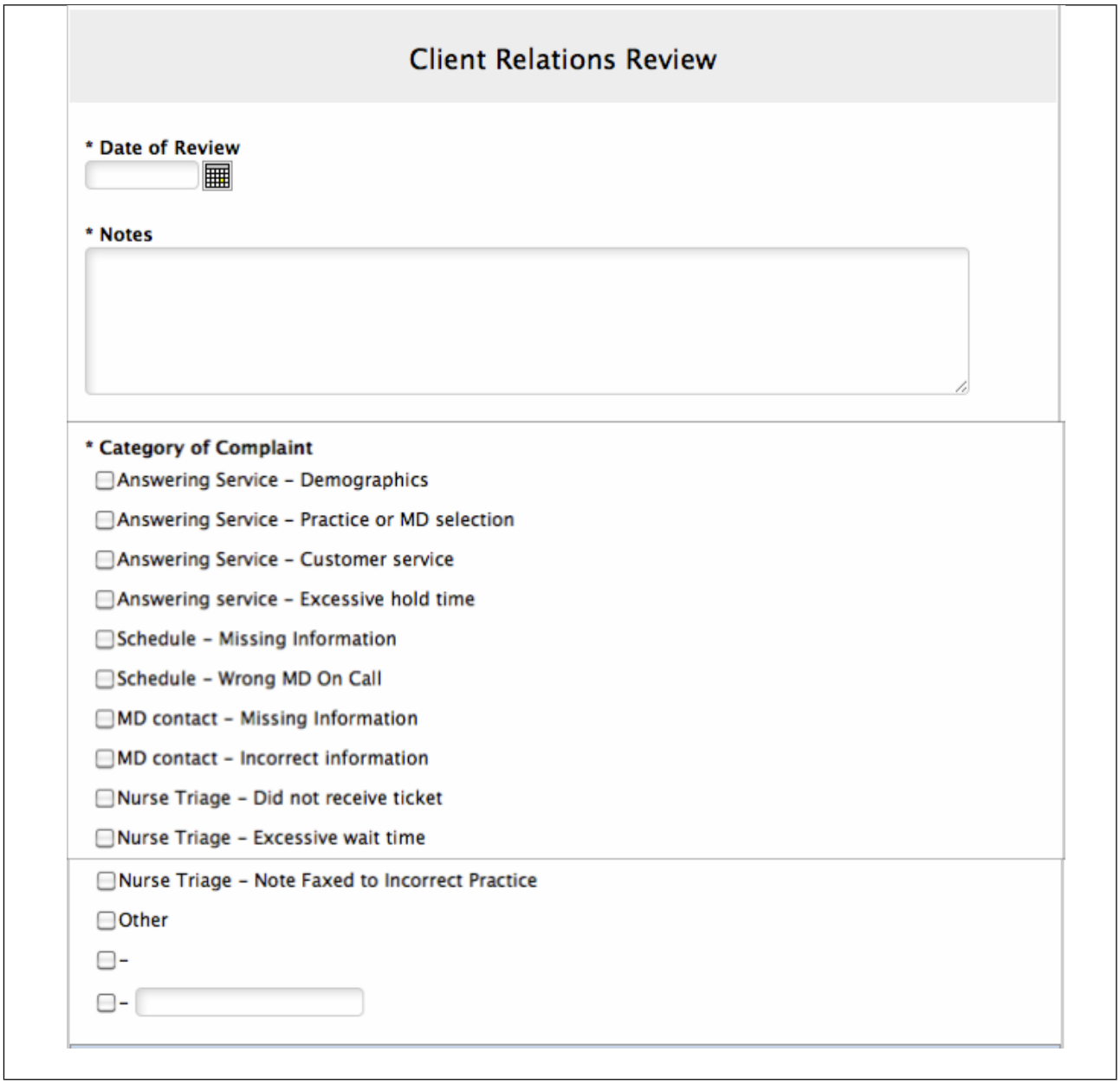

Report Details
* Incident Report Creator (Name)
* Creator Phone
* Creator Email
* Note Number
* Date of Incident
Time of Incident (If known and relevant)
* Incident Report Creation Date
* Description of Incident (you can copy and paste the original email from client here or write your own description if reported by phone or other means)


Nurse Manager Evaluation
* Manager First Name
* Manager Last Name
* Nurse First Name
* Nurse Last Name
* Nurse Manager Evaluation (please check all that apply)
Reviewed Note
Listened to call
Talked to nurse involved
Talked to client involved
Other
* Please describe the outcome of the evaluation
* Date Evaluation completed


Management Meeting Review
* Date of Review
* Meeting Notes
* Category of Complaint
Clinical – Protocol Selection
Clinical – Disposition Selection
Clinical – Care advice
Personal Interaction
Other
* Was the issue resolved
Yes
No


Client Follow Up notes
* Person designated to follow up with client
* Follow up Date
* Client was contacted for follow up via
Email
Phone
Other
* Notes


Medical Director Review
* Medical Director First Name
* Medical Director Last Name
* Date Reviewed
* Medical Director Comments
* Medical Director Signature
clear
* Indicates Response Required


Client Relations Review
* Date of Review
* Notes
* Category of Complaint
Answering Service – Demographics
Answering Service – Practice or MD selection
Answering Service – Customer service
Answering service – Excessive hold time
Schedule – Missing Information
Schedule – Wrong MD On Call
MD contact – Missing Information
MD contact – Incorrect information
Nurse Triage – Did not receive ticket
Nurse Triage – Excessive wait time
Nurse Triage – Note Faxed to Incorrect Practice
Other
–
–


Client Follow Up notes – If applicable
Follow up Date
Client was contacted for follow up via
Email
Phone
Other
Notes

10. Consumer Protection and Empowerment CORE 37, 38, 39, 40

This policy/procedure appliesto: **X Triage Logic** **__Phone RN** **X PRN**	Effective Date: 11/13/13
Name of Policy/Procedure: ConsumerSafety Mechanism	Most Recent Revision Dated:
Policy #: 10	Most Recent Review: 9/27/16

I. POLICY

TriageLogic is committed to patient safety and follows specific procedures when responding to patients with an immediate threat of health and safety.

The Clinical Manager of the call center can be reached by non-clinical staff 24 hours a day/7 days a week to respond to issues or questions related to patient care. Patients who have problems which are thought to be potentially life, limb or vision threatening will be triaged as "Urgent" and directed to seek care within 24 hours or sooner. These patients may be directed to ED, urgent care center, or physician office. TriageLogic also maintains specific procedures for special circumstances/high risk cases. Please see the related documents at the end of this policy.

TriageLogic trains staff, through mock simulation calls, proper procedures for handling Urgent/High Risk Cases.

II. RELATED DOCUMENTS

See Call Center Policies - Clinical Staff Training Policy

See Call Center Policies - Procedure for Special Circumstances / High Risk Cases

HEALTH LITERACY Core 40

This policy/procedure applies to: **X Triage Logic** **__Phone RN** **X PRN**	Effective Date: 11/13/13
Name of Policy/Procedure: Health Literacy	Most Recent Revision Dated:
Policy #: 11	Most Recent Review: 9/27/16

I. POLICY

It is the policy of TriageLogic to create materials that consumers/patients have the capacity to obtain, process, and understand in order to make appropriate decisions regarding their health and that materials are written in plain language. The following three elements will be considered when communicating with patients:

- Making sure the consumer materials are in plain language; see definition below. Core 40 a
- Measuring the extent to which the organization's consumer documents use plain language; if applicable
- Training staff members who interface with or write content for consumers.

Plain Language is defined as: Communication that uses short words and sentences, common terms instead of (medical) jargon, and focuses on the essential information recipients need to understand.

TriageLogic interacts with consumers through nurse triage. TriageLogic nurses only give patients advice from standard guidelines provided by Dr. Bart Schmitt and David Thompson. Under no circumstances are nurses allowed to use outside resources unless pre-approved by the Medical Director and made available from within the software.

Nurses are allowed to email health information after they have completed a full assessment of the patient using the standard triage guidelines. These information sheets are provided within the Schmitt Thompson database.

When emailing a patient, staff are asked to communicate in ways understandable to the consumer, without using complex medical terms or jargon. **Core 40 c**

Any materials created internally for consumers will be reviewed by the Medical Director to verify that it is written in plain language. After approval it will be discussed with the nurse managers at the weekly meeting. Once the nurse managers and Medical Director are in agreement, nurses will be informed and it will be uploaded to the software and made available to the nurses.

Core 40(b)

On occasion, the **Flesch/Flesch–Kincaid readability tests**, which are designed to indicate comprehension difficulty when reading a passage will be utilized to determine literacy. TriageLogic will have a targeted Grade Level of Grade 8 for consumer communication/literature. The following website can be utilized by TriageLogic to determine readability/literacy: http://www.readability-score.com/

Core 40 b