

**APPENDIX A**  
**ORGANIZATIONAL PROVIDER PARTICIPATION CRITERIA**

**FOR HOSPITALS, HOME HEALTH AGENCIES, SKILLED NURSING FACILITIES**

In order to be considered for membership in the Priority Health network and to be allowed continued participation, an organizational provider must provide proof that it satisfies the following listed criteria.

1. Accreditation from a recognized accrediting body. Priority Health prefers organizations with accreditation, however, there are times when it is necessary to contract with an organizational provider that is not accredited. If a provider meets all the criteria except accreditation, the organizational provider must be able to demonstrate effective quality management and peer review infrastructures. Priority Health will either 1) conduct an on-site visit to those organizational providers who do not hold recognized accreditation, or 2) may substitute a HCFA or state licensing review upon receipt of a copy of the report and if the results meet Priority Health standards and no major issues of concern are identified in the report. The Credentialing Committee will consider these results in their assessment of the organizational provider.
2. Good standing with state and federal regulatory bodies, as applicable.
3. Good standing under the Medicare and Medicaid programs, as applicable.
4. Current professional liability insurance coverage with minimum limits of \$1 million per occurrence and \$3 million aggregate.
5. An absence of a history of involvement in a malpractice suit, arbitration, or settlement; or, in the case of an organizational provider with such a history, evidence must be provided that the history of malpractice involvement is not indicative of probable future substandard professional performance.
6. An absence of a history of denial or cancellation of professional liability insurance; or, in the case of an organizational provider with such a history, evidence must be provided that the history is not indicative of probable future substandard professional performance.
7. An absence of a history indicating (in the sole discretion of Priority Health) a tendency toward inappropriate utilization management of medical resources.
8. An absence of any history, in addition to that specified in other Criteria, that in any way is indicative of probable future substandard professional performance.
9. Compliance with all Priority Health rules, regulations, bylaws, and the terms of its participation agreement.
10. Demonstration of its willingness to provide appropriate and necessary emergency or nonemergency medical treatment within the scope of its services to any patient seeking treatment, regardless of the patient's ability to pay.
11. Organizational providers shall not be known to have made any misrepresentation to Priority Health's Board of Directors, employees, agents, or enrollees regarding the provision of services to enrollees.
12. Organizational providers shall not have falsified information on their applications or failed to notify the Credentialing Committee regarding relevant changes in their status.
13. Organizational providers shall agree to accept assignment of responsibility for credentialing and recredentialing all physicians, nurse midwives, physician assistants, nurse practitioners, and other licensed professionals whom organizational provider directly employs or contracts with per the organizational provider's credentialing and recredentialing policy.