

**APPENDIX F**  
**ACCEPTANCE/CONTINUED PARTICIPATION CRITERIA**  
**CERTIFIED NURSE MIDWIFE (SPECIALIST DESIGNATION)**

1. Employment by one of the following: a participating OB/GYN physician; a participating physician group that includes an OB/GYN physician; a participating family practitioner that actively performs deliveries and has privileges at a participating hospital to perform deliveries; a participating hospital.
2. Written confirmation of an established interdependent relationship, for medical consultation, collaboration or referral, to a participating obstetrician/gynecologist or family practitioner who will oversee clinical activities. The physician must have OB/GYN privileges at the hospital where the CNM will practice, and the CNM must establish a formal consultative arrangement with an OB/GYN or family practice physician.
3. Certified nurse midwife must hold valid, current, and unrestricted licenses/required certifications issued by the State(s) in which they practice their healing art. Certified nurse midwife must provide information regarding any previous loss of license or certification, or any voluntary relinquishment of license or certification, and provide evidence that these earlier incidents do not demonstrate probable future substandard professional performance. A certified nurse midwife without a valid license due to suspension or revocation by the State of Michigan Licensing Board or failure to renew within the allowed grace period, will be subject to automatic and immediate termination from the Priority Health network.
4. Copy of: clinical protocols, scope of care, and services provided.
5. Successful completion of an American College of Nurse-Midwives (ACNM) educational program in nurse-midwifery and passed the national certification examination administered by the ACNM Certification Council, Inc.
6. Must hold valid, current, and unrestricted Michigan Board of Nursing Registered Nurse license. Nurse-midwife must provide information regarding any previous loss of license or certification, or any voluntary relinquishment of license or certification, and provide evidence that these earlier incidents do not demonstrate probable future substandard professional performance.
7. Must hold valid, current, and unrestricted Michigan Board of Nursing Nurse Midwife license. Nurse-midwife must provide information regarding any previous loss of license or certification, or any voluntary relinquishment of license or certification, and provide evidence that these earlier incidents do not demonstrate probable future substandard professional performance.
8. Current certification by the ACNM Certification Council, Inc.
9. Nurse-midwife practices in accord with the *ACNM Standards for the Practice of Nurse-Midwifery*.
10. Nurse-midwife shows evidence of continuing competency as required by the ACNM including continuing education, quality assurance, and peer review.
11. Two (2) years clinical work experience or letter of request and recommendation from supervising physician.
12. Certified nurse midwife must have an absence of a history of unstable work history. Certified nurse midwife must demonstrate a current, stable, verifiable work history of a minimum of four (4) consecutive years at one location or in the case of a certified nurse midwife with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance.

13. Certified nurse midwife must provide evidence of their ability to meet the Administrative Standard for After Hours Coverage. Evidence may be supplied via the initial application or through separate written documentation.
14. Evidence of membership/privileges/employment including copy of privileges/job description from the privileging/employing/contracting organization.
15. Nurse-midwife must hold current clinical privileges in good standing (this includes all membership and privilege status categories of Active, Courtesy, Provisional, Temporary, etc.) at a licensed participating hospital or provide evidence that they do not require hospital clinical privileges to deliver satisfactory professional services. Evidence that Priority Health is aware that the nurse-midwife is without clinical privileges and that the nurse-midwife has made arrangements for in-house coverage of his or her Priority Health patients by other participating physicians with privileges at a participating hospital shall suffice to fulfill this requirement.
16. Nurse-midwife must provide information regarding any previous loss of privileges or voluntary relinquishment of privileges at a licensed hospital, and provide evidence that these earlier incidents do not demonstrate probable future substandard professional performance.
17. Nurse-midwife must be in good standing under the Medicare and Medicaid programs.
18. Current malpractice insurance coverage of \$100,000 per occurrence and \$300,000 aggregate (minimum).
19. Nurse-midwife must have an absence of a history of involvement in a malpractice suit, arbitration, or settlement; or, in the case of a nurse-midwife with this history, evidence must be provided that the history of malpractice involvement is not indicative of probable future substandard professional performance.
20. Nurse-midwife must have an absence of a history of denial or cancellation of professional liability insurance; or, in the case of a nurse-midwife with this history, evidence must be provided that the history is not indicative of probable future substandard professional performance.
21. Nurse-midwife must have an absence of a history of involuntary termination of employment or contract as a health care practitioner; or, in the case of a nurse-midwife with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance.
22. Nurse-midwife must have an absence of a history of professional disciplinary action; or, in the case of a nurse-midwife with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance.
23. Nurse-midwife must have an absence of a history of failing to conduct themselves with a professional demeanor or of engaging in abusive or destructive behavior in professional matters. Nurse-midwife must avoid conduct which reflects adversely on their professional fitness.
24. Certified nurse midwife under a group contract whom are terminated from that group are no longer considered contracted with Priority Health and are subject to immediate and automatic termination from the Priority Health network. Certified nurse midwife may contact Priority Health to determine eligibility to contract with Priority Health on an individual basis.
25. Nurse-midwife must have an absence of a history indicating (in the sole discretion of Priority Health) a tendency toward inappropriate utilization management of medical resources.

26. Nurse-midwife must have an absence of a history of criminal conviction or indictment; or, in the case of Nurse-midwives with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance. A conviction within the meaning of this criterion includes a plea or verdict of guilty or a conviction following a plea of no contest.
27. Nurse-midwife must have 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.
28. Nurse-midwife must have an absence, or adequate control of, physical, mental health, or substance abuse problems which may interfere with their ability to practice their profession or facilitate cooperative working relationships, or which may pose a threat to their patients. In conjunction with this requirement, Nurse-midwives must cooperate openly and fully with any required health assessment and must provide any reasonably requested evidence of health status.
29. Nurse-midwife must comply with all Priority Health rules, regulations, bylaws, and the terms of their practitioner participation agreements.
30. Nurse-midwife shall not be known to have made any misrepresentations to Priority Health's Board of Directors, employees, agents, or enrollees regarding the provision of services to enrollees.
31. Three references, two from OB/GYN physicians who have direct working experience with the CNM.
32. Members receiving obstetrical care who are identified with high-risk medical or obstetrical factors (see list below) require immediate referral to a physician for care and management.
33. Must provide yearly update on status of: physician relationship, hospital status and any changes to practice protocols. Nurse-midwife must notify Priority Health immediately if there is any change in status in any of these areas.
34. Effective September 23, 2003, any foreign-born [nurse or physician assistant] entering the United States must submit certification as issued by one of the following approved entities: The Commission on Graduates of Foreign Nursing Schools, The National Board for Certification in Occupational Therapy, The Foreign Credentialing Commission on Physical Therapy, or another such organization that is subsequently approved by the Department of Homeland Security. Certification is required regardless if the applicant is educated and trained in the United States.
35. Practitioner shall not have falsified information on their applications, provided inaccurate information on their applications, failed to respond to requests for additional information or failed to notify the Physician Credentialing Committee regarding relevant changes in their status. Any application not meeting this criteria will be considered incomplete, made inactive and will not be processed.

### High-risk Pregnancy Factors Requiring Physician Management

<b>OBSTETRICAL DIAGNOSIS</b>	<b>MEDICAL DIAGNOSIS IN OBSTETRICAL PATIENTS</b>	<b>CONDITIONS REQUIRING IMMEDIATE PHYSICIAN CONSULTATION &amp; CO-MANAGEMENT</b>
Abruptio Placenta	Any severe, chronic disease process, including but not limited to:	Abnormal presentation
Placenta Previa	Diabetes mellitus, not pregnancy related	Failure to progress
Preterm Labor	Chronic Cardiac Disease (valvular, congestive heart failure, arrhythmia)	Use of Pitocin
History of Preterm Delivery	Severe Asthma	Indicators of fetal distress
Pregnancy Induced Hypertension	Lupus	Abnormal bleeding
Oligohydramnios	Daily tobacco use	
Intrauterine Growth Retardation	Significant mental health issues	
Vaginal Delivery after a Cesarean Section	Substance abuse	
Previous Cesarean Section		
Multiple Gestation		
Maternal Diabetes		
Gestational Diabetes		
Severe Hyperemesis		
Deep Vein Thrombosis		
Breech presentation after 32 weeks		
Polyhydramnios		
≥ 3 pregnancy losses due to miscarriage, spontaneous abortion, or stillbirth		
<u>Any other significant obstetrical diagnosis that could potentially complicate pregnancy or delivery</u>	<u>Any other significant medical diagnosis that could potentially complicate pregnancy or delivery</u>	<u>Any other indicator that suggest a complication of labor</u>