

APPENDIX B-2
ACCEPTANCE/CONTINUED PARTICIPATION CRITERIA
RURAL/UNDERSERVED PHYSICIAN ASSISTANTS

In order to be allowed acceptance into or continued participation in Priority Health, Physician Assistants must satisfy the following listed criteria.

1. Practice in a rural or medically underserved area as defined by the health plan:
 - a) Either current federal or state of Michigan guidelines, or
 - b) Practice in a geographic location designated by Priority Health as an area with insufficient primary care coverage, or
 - c) Relatively underserved area as reviewed on an individual basis by the Credentialing Committee.
2. Graduate of an approved physician's assistant program recognized by the American Medical Association's committee on Allied Health Education and Accreditation and specialty certification by the National Commission of Certification of Physician Assistants.
3. Physician assistants must hold valid, current, and unrestricted licenses/required certifications issued by the State(s) in which they practice their healing art. Physician assistants 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 physician assistant 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. Currently licensed by the State of Michigan Department of Consumer and Industry Services.
5. Two (2) years post school clinical training in the field of practice, or 2 years clinical work experience with a physician focused on office/outpatient management in the field of practice.
6. Medical consultation with a participating physician with privileges covering the scope of practice is available at all times.
7. Members receiving obstetrical care who are identified with high-risk medical or obstetrical factors (see list) require immediate referral to a physician for care and management.
8. Formal coverage arrangements for patient members requiring hospitalization or other specialized services beyond the scope of the practice site.
9. After hours system provides for direct member communication with a participating practitioner.
10. Malpractice insurance coverage of \$100,000 per occurrence and \$300,000 aggregate (minimum).
11. Minimum of two references from physicians who are familiar with clinical skills.
12. Physician assistants must have an absence of a history of unstable work history. Physician assistants must demonstrate a current, stable, verifiable work history of a minimum of four (4) consecutive years at one location or in the case of physician assistants with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance.
13. Physician assistants 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. Practitioner must have an absence of a history of involvement in a malpractice suit, arbitration or settlement; or in the case of a practitioner with this history, evidence must be provided that the history of malpractice involvement is not indicative of probable future substandard professional performance.
15. Practitioner must have an absence of a history of denial or cancellation of professional liability insurance; or in the case of a practitioner with this history, evidence must be provided that the history is not indicative of probable future substandard professional performance.
16. Practitioner must meet contractual requirements for after hours coverage for specialty care practitioners.
17. Practitioner 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 practitioner with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance.
18. Practitioner must have an absence of a history of professional disciplinary action; or in the case of a practitioner with this history, evidence must be provided that this history is not indicative of probable future substandard professional performance.
19. Practitioner 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. Practitioner must avoid conduct which reflects adversely on their professional fitness.
20. Practitioner must have an absence of a history indicating (in the sole discretion of Priority Health) a tendency toward inappropriate utilization management of medical resources.
21. Practitioner must have an absence of a history of criminal conviction or indictment; or in the case of a practitioner 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.
22. Practitioner 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.
23. Practitioner 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, practitioner must cooperate openly and fully with any required health assessment and must provide any reasonably requested evidence of health status.
24. Physician Assistants 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. Physician Assistants may contact Priority Health to determine eligibility to contract with Priority Health on an individual basis.
25. Practitioner must comply with all Priority Health rules, regulations, bylaws, and the terms of their practitioner participation agreements.
26. Practitioner must demonstrate their willingness to provide appropriate and necessary emergency or non-emergency medical treatment within the scope of their expertise to any Priority Health member seeking treatment.
27. Practitioner 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.

28. Practitioner shall not have falsified information on their applications or failed to notify the Physician Credentialing Committee regarding relevant changes in their status.
29. 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.

HIGH-RISK PREGNANCY FACTORS REQUIRING PHYSICIAN MANAGEMENT

<i>OBSTETRICAL DIAGNOSIS</i>	<i>MEDICAL DIAGNOSIS IN OBSTETRICAL PATIENTS</i>
	Any severe, chronic disease process, including but not limited to:
Abruptio Placenta	Diabetes mellitus, not pregnancy related
Placenta Previa	Chronic Cardiac Disease (valvular, congestive heart failure, arrhythmia)
Preterm Labor	Severe Asthma
History of Preterm Delivery	Lupus
Pregnancy Induced Hypertension	Daily tobacco use
Oligohydramnios	Significant mental health issues
Intrauterine Growth Retardation	Substance abuse
Vaginal Delivery after a Cesarean Section (in the third trimester)	
Previous Cesarean Section (in the third trimester)	
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	