

APPENDIX B-2
ACCEPTANCE/CONTINUED PARTICIPATION CRITERIA
PRIMARY CARE PHYSICIAN ASSISTANTS

This Appendix B-2 which was effective November 5, 2008 shall be revised and amended as of January 3, 2011 (the “**Amendment Date**”).

To be initially admitted into the panel of providers participating in, or be permitted to continue participating in, the Priority Health network, Primary Care Physician Assistants must satisfy the following criteria listed in this Appendix B-2 (the “**Policy**”).

1. Primary Care Physician Assistants who are admitted to participate (or who are permitted to continue participating) in the Priority Health network are limited to providing office based, primary care services to adults, infants, children and adolescents, excluding obstetric services, that fall within the scope of practice of the Primary Care Participating Physician(s) who has agreed to supervise such Primary Care Physician Assistants in accordance with the terms of this Policy (the “**Collaborating Physician**”). The Collaborating Physician must be a contracted, credentialed provider with Priority Health that currently practices medicine. Primary Care Physician Assistants must practice autonomously and directly contract with Priority Health for the provision of services. Primary Care Physician Assistants shall not be acting as an employee or agent of the Collaborating Physician or participating provider.
2. The Collaborating Physician must be a contracted, credentialed provider with Priority Health that currently practices medicine. At least one primary care physician must agree to enter into a “**Collaborative Practice Agreement**” with the Primary Care Physician Assistant to act as the Collaborating Physician of such Primary Care Physician Assistant (in accordance with Exhibit 1) and to discharge such obligations in accordance with the MCL Supervision Requirement (as defined below) and further (a) to provide oversight of the Primary Care Physician Assistant in accordance with State regulations and Priority Health’s Policy and (b) to furnish such documentation at the time of the Primary Care Physician Assistant’s application and, thereafter, on a regular and continuous basis, as Priority Health might request. The scope of practice of the collaborating physician will be broad enough by specialty training and experience to cover the entire scope of practice of the Primary Care Physician Assistant.
3. Primary Care Physician Assistant must be a 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.
4. Primary Care Physician Assistants must hold valid, current, and unrestricted licenses/required certifications issued by the State of Michigan. Primary Care 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 (whether due to suspension or revocation by the State of Michigan Licensing Board or failure to renew within the allowed grace period), shall be subject to automatic and immediate termination from the Priority Health network (without the opportunity to exercise any due process rights under the Disciplinary Action and Practitioner Appeal Policy).
5. Primary Care Physician Assistants must possess, following attainment of a Physician Assistant degree, either (a) two (2) years of clinical training in the field of practice, or (b) two (2) years of

clinical work experience with a collaborating physician that is focused on office/outpatient management in the field of practice.

6. Primary Care Physician Assistants must comply with all applicable provisions of the Michigan Public Health Code, including, without limitation, the medical care services and prescribing requirements MCL Section 333.17076, as the same may be amended.
7. To comply with the supervision obligations hereunder, Primary Care Physician Assistants must be supervised by Collaborating Physician(s) in accordance with the supervision requirements of the Michigan Public Health Code (MCL Section 333.17049), as the same may be amended from time to time (the “**MCL Supervision Requirement**”).
8. In addition to the MCL Supervision Requirement, Primary Care Physician Assistants must provide evidence that medical consultation, via telephone or electronically, with the Collaborating Physician(s) is available at all times. Evidence may be supplied via the initial application or through separate written documentation.
9. At the discretion of Priority Health, Primary Care Physician Assistants may be required to satisfactorily complete an onsite visit and medical record review by Priority Health.
10. Primary Care Physician Assistants are required to immediately refer members in need of obstetrical care to a physician for care and management. However, this does not apply to members receiving pre-natal care.
11. Primary Care Physician Assistants must provide evidence of their afterhour’s system which must provide for direct member communication with a participating practitioner.
12. Primary Care Physician Assistants must maintain current professional liability insurance coverage of \$100,000 per occurrence and \$300,000 aggregate.
13. Primary Care Physician Assistants must provide a minimum of two (2) references from physicians who have significant and direct knowledge about their clinical skills.
14. Primary Care Physician Assistants must demonstrate a stable, verifiable work history of a minimum of two (2) consecutive years with one employer/group/program. Primary Care Physician Assistants shall not be admitted to Priority Health network to the extent an unstable work history, together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
15. Primary Care 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.
16. Primary Care Physician Assistants shall provide complete documentation relative to any involvement in a malpractice suit, arbitration, or settlement arising out of their professional services, together with evidence of the circumstances of any such occurrence. Primary Care Physician Assistants shall not be admitted to the Priority Health network to the extent any such malpractice-related occurrences, together with other factors in this Appendix B-2, are determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.

17. Primary Care Physician Assistants must be in good standing under, and never have been excluded from, the Medicare and Medicaid Programs.
18. Primary Care Physician Assistants shall notify Priority Health in writing, of a change in or termination of a Collaborative Practice Agreement within 10 business days of such change or termination. Failure to notify Priority Health within 10 business days of a change in or termination of a Collaborative Practice Agreement shall be subject to automatic and immediate termination from the Priority Health network (without the opportunity to exercise any due process rights under the Disciplinary Action and Practitioner Appeal Policy).
19. Primary Care Physician Assistants shall provide complete documentation relative to any involuntary termination or resignation of employment or other contractual arrangement pursuant to which they were engaged to furnish professional services. Primary Care Physician Assistants shall not be admitted to the Priority Health network to the extent any such involuntary termination or resignation, together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
20. Primary Care Physician Assistants shall provide complete documentation relative to any professional disciplinary action to which they were subject. Primary Care Physician Assistants shall not be admitted to the Priority Health network to the extent such professional disciplinary action, together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network..
21. Primary Care Physician Assistants shall provide complete documentation relative to any occurrences involving their failure to conduct themselves with a professional demeanor or of engaging in abusive or inappropriate behavior in professional matters. The foregoing includes any formal or informal reprimands, letters in their employment file or other materials memorializing such conduct. Primary Care Physician Assistants shall not be admitted to the Priority Health network to the extent any such conduct, together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
22. Primary Care Physician Assistants shall provide complete documentation relative to the appropriateness of their utilization management of medical resources. Primary Care Physician Assistants shall not be admitted to the Priority Health network to the extent any inappropriate utilization management, together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
23. Primary Care Physician Assistants shall provide complete documentation relative to any criminal conviction (which, for purposes of this Policy, shall include a plea or verdict of guilty or a conviction following a plea of no contest) or indictment. Physician Assistants shall not be admitted to the Priority Health network to the extent any criminal conviction or indictment, together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
24. Primary Care Physician Assistants 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.
25. Primary Care Physician Assistants shall provide complete documentation relative to any 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, Primary Care Physician Assistants must cooperate openly and fully with any required health assessment and must provide any reasonably requested evidence of health status. Primary Care Physician Assistants shall not be admitted to the Priority Health network to the extent any such problem (in the absence of evidence that such problem is being reasonably controlled), together with other factors in this Appendix B-2, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network. .

26. Primary Care Physician Assistants under a group contract who 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. Primary Care Physician Assistants may contact Priority Health to determine eligibility to contract with Priority Health on an individual basis.
27. Primary Care Physician Assistants must comply with all Priority Health rules, regulations, bylaws, and the terms of their practitioner participation agreements.
28. Primary Care Physician Assistants 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.
29. Primary Care Physician Assistants 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.
30. Primary Care Physician Assistants shall provide accurate and complete information on their applications, timely respond to requests for additional information and promptly notify the Credentialing Committee regarding any changes in their status, including without limitation, any changes to the responses furnished in connection with their applications. Any Primary Care Physician Assistants who do not comply with the foregoing shall have their applications considered incomplete, and shall not be processed.
31. Effective September 23, 2003, any foreign-born Primary Care 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.
32. Primary Care Physician Assistants credentialed previous to the Amendment Date and continuously contracted with Priority Health shall be recertified according to the Acceptance/Continued Participation Criteria effective at the time of their original credentialing.

Exhibit 1

The Collaborative Practice Agreement shall include the following:

1. Key parameters of the Collaborative Practice Agreement between the Primary Care Physician Assistant and the Collaborating Physician are documented in writing. The written document reasonably describes the kinds of services to be provided and, as appropriate, criteria for referral and consultation.
2. The Collaborative Practice Agreement is mutually developed by, or approved as satisfactory to, both professionals involved.
3. Systematic formal planning and evaluation meetings occur between the Primary Care Physician Assistant and the Collaborating Physician.
4. Periodic formal reports are made (oral or written) which assess the implementation of the collaborative practice arrangement, progress toward established objectives, and outcomes.
5. There is documented evidence of consultation as needed between the Physician Assistant and the Collaborating Physician.
6. There is recognition of limits of statutory and clinical authority and accountability in relation to established goals and needs of Priority Health members.
7. On at least a monthly basis, Collaborating Physician shall conduct an on-site audit of the medical records of patients seen by the Primary Care Physician Assistant. The Collaborating Physician shall select for review those cases which by diagnosis, problem, treatment, or procedure represent in his or her judgment the most significant risk to the patient. Written document of these meetings and discussions will be maintained and will be made available to Priority Health upon request. Such documentation shall be provided on a Priority Health form or in a format preapproved by Priority Health.