

APPENDIX E
ACCEPTANCE/CONTINUED PARTICIPATION CRITERIA
Independent Urgent Care Centers

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. 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) review upon receipt a copy of the CMS licensure survey 2) Priority Health may choose to conduct an on-site visit to those organizational providers who do not hold recognized accreditation, or 3) 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 part of our ongoing commitment to a quality network, we would like to remind you of your obligation to notify Priority Health of any actions or remedies imposed by any accrediting body and/or state and federal regulatory bodies, including but not limited to Medicare and Medicaid programs, at the time of the action. **Failure to notify Priority Health at the time of any such action could result in the termination of your contracts**
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, organizational providers shall provide complete documentation relative to any suit, arbitration or settlement. Providers shall not be admitted to the Priority Health network to the extent any such suite, arbitration or settlement, together with other factors in this Appendix, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
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, organizational providers shall provide complete documentation relative to any denial or cancellation of professional liability insurance. Providers shall not be admitted to the Priority Health network to the extent any such denial or cancellation of professional liability insurance, together with other factors in this Appendix, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
7. An absence of a history indicating (in the sole discretion of Priority Health) a tendency toward inappropriate utilization management of medical resources.
8. Organizations shall provide documentation relative to any fact or circumstance, whether or not relating to the Organizational Provider Participation Criteria, which potentially may affect the organizations ability to deliver appropriate care to members in the Priority Health network. Organizations shall not be admitted to the Priority Health Network to the extent any such facts or circumstances are determined to bear negatively upon the Organization.

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.