
Appendix A

Acceptance/continued participation criteria

Physicians

Amendments to this Appendix A shall be effective as of January 25, 2021 (the “**Policy Effective Date**”).

To be initially accepted into the panel of physicians participating in, or be permitted to continue participating in, the Priority Health network, physicians must satisfy the following listed Acceptance/Continued Participation Criteria:

1. **Definitions**: For purposes of this Appendix A:

- The requirements under this Appendix A, in their entirety, shall be referred to herein as the “**Acceptance/Continued Participation Criteria**.”
- The requirements governing training and board certification under Paragraphs 2 – 7 of this Appendix A shall be referred to herein as the “**Training/Board Certification Requirements**.”
- An ACGME and/or AOA approved specialty or sub-specialty in which the physician will serve Priority Health members shall be referred to herein as the “**Physician’s Specialty**.”
- A practice focus designation for providers who have not completed an ACGME or AOA approved training program in the requested scope of practice shall be referred to as a “**Self-designated Practice Focus**”.
- Those agencies identified in Paragraph 3 below shall be referred to herein as “**Recognized Board Certification Agencies**.”

2. **Training Requirement**. All Physicians must have completed an American College of Graduate Medical Education (“**ACGME**”) or American Osteopathic Association (“**AOA**”) approved training program in *Physician’s Specialty* or have requisite board certification in *Physician’s Specialty* from a recognized board certification agency (See paragraph 3)

Alternate Pathway to Training Requirement

Any Physician who did not complete ACGME or AOA approved training in *Physician’s Specialty or sub-specialty* nonetheless may comply with the Training Requirement if he or she satisfies the

“**Alternative Pathway to Training Requirement**,” which requires compliance with one of the following:

- a. the physician has been practicing for at least two current and consecutive years in Physician’s Specialty or sub-specialty.

- b. the physician affiliates with a group practice that participates in the Priority Health network in the same specialty or sub-specialty.

Physicians who have not completed an ACGME or AOA approved training program in the requested scope of practice will be given the specialty of “General Practice” and will be assigned a “Self-Designated Practice Focus” based on the ACGME and AOA recognized specialties for display on Priority Health’s Provider Directory.

3. **Board Certification Requirement.** All physicians must hold board certification with one or more of the following recognized board certification agencies:

- American Board of Medical Specialties (ABMS)
- American Osteopathic Association (AOA)
- American Board of Podiatric Medicine (ABPM) (formerly known as American Board of Podiatric Orthopedics and Primary Podiatric Medicine),
- American Board of Foot and Ankle Surgery (ABFAS) (formerly known as American Board of Podiatric Surgery)
- American Board of Oral & Maxillofacial Surgery
- American Board of Sleep Medicine
- American Academy of Hospice and Palliative Medicine
- American Board of Addiction Medicine (ABAM) or American Society of Addiction Medicine (ASAM) if certified prior to 2009)

Alternate Pathway to this Board Certification Requirement

Any Physician who does not hold Board Certification from one of the Recognized Board Certification agencies nonetheless may comply with the Board Certification Requirement if he or she satisfies the “Alternate Pathway to **Board Certification Requirement**,” which requires compliance with one of the following:

- a. Physician scope of practice is within a Primary Care specialty as recognized by Priority Health within the Determination of Practitioners for Primary Care Practitioner Status Policy #3239.
- b. Physician is eligible to sit for the board certification exam in physician’s specialty.
- c. Physician holds current or consecutive clinical hospital privileges for three years in good standing in Physician’s specialty. (See Clinical Privileges Paragraph #6 below)
- d. Physician affiliates with a group practice that participates in the Priority Health network in the same specialty or sub-specialty.
- e. Physician practices in a rural area (defined as a non-urbanized area by the U.S. Bureau of the Census).
- f. Physician practices in an area designated by the Department of Health and Human Services as a Medically Underserved Area (MUA) or a Health Professional Shortage

- Area (HPSA); or
- g. Physician practices in a geographic location designated by Priority Health as an area with insufficient physician coverage in the physician's specialty;

Physicians must provide information regarding any prior loss, suspension, voluntary relinquishment, restriction or other adverse action with respect to certification.

If a Physician is deemed to meet the Board Certification Requirement by meeting the Alternate Pathway, he or she shall be subject to termination from the Priority Health network if he/she no longer satisfies the requirements of the Alternate Pathway on which acceptance or continued participation was based, unless the physician is able to demonstrate that another alternate pathway applies.

4. Notwithstanding any terms herein to the contrary, under exceptional circumstances, the Medical Director may exempt a New Physician or Non-Directly Credentialed Physician from the Training/Board Certification Requirements hereunder, provided that (a) the Medical Director determines that, while the physician is not able to technically meet the foregoing requirements, the physician nonetheless has demonstrated to the Medical Director's reasonable satisfaction that he/she is capable of furnishing medical care to patients in the Priority Health network at a level of quality at least equal to the prevailing level for participating physicians, and (b) the Credentialing Committee approves the Medical Director's exemption determination.

IN ADDITION TO COMPLIANCE WITH (OR EXEMPTION FROM) THE FOREGOING TRAINING/BOARD CERTIFICATION REQUIREMENTS, ALL PHYSICIANS SHALL BE REQUIRED TO COMPLY WITH THE REMAINDER OF THE ACCEPTANCE/CONTINUED PARTICIPATION CRITERIA UNDER THIS EXHIBIT A. THE CREDENTIALING COMMITTEE SHALL EVALUATE A PHYSICIAN'S RESPONSE TO EACH OF THE FOLLOWING CRITERIA. IN THE EVENT OF A NEGATIVE RESPONSE TO A PARTICULAR ISSUE, THE PHYSICIAN SHALL HAVE THE OPPORTUNITY TO PROVIDE DOCUMENTATION EXPLAINING THE CIRCUMSTANCES OF SUCH OCCURRENCE. THE CREDENTIALING COMMITTEE SHALL DETERMINE WHETHER, IN LIGHT OF THE NEGATIVE RESPONSE, TOGETHER WITH THE PHYSICIAN'S EXPLANATORY DOCUMENTATION, THE PHYSICIAN IS QUALIFIED TO PARTICIPATE IN THE PRIORITY HEALTH NETWORK.

- 4. Physicians must hold valid, current medical licenses/required certifications issued by the State(s) in which they conduct their medical practice. Physicians must provide information regarding any prior loss, suspension, voluntary relinquishment, restriction or other adverse

action with respect to licensure or certification. Physicians shall not be admitted to the Priority Health network to the extent any such adverse action, together with other factors in this Appendix A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network. A physician without a valid medical license (whether due to suspension or revocation by the State of Michigan Licensing Board or failure to renew such license within the applicable 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. Physicians must hold a valid, current Drug Enforcement Agency registration or provide evidence (to Priority Health's satisfaction) that they do not require such registration to deliver appropriate care to patients in the Priority Health network.
6. Physicians must hold current clinical privileges in good standing (including all membership and privilege status categories, *e.g.*, Active, Courtesy, Provisional, Temporary, etc.) at a licensed participating hospital, or provide evidence (to Priority Health's satisfaction) that they do not require hospital clinical privileges to deliver appropriate care to patients in the Priority Health network. (Such clinical privileges shall be consistent with the services for which the physician is credentialed through Priority Health.) A physician without clinical privileges shall have the right to provide evidence that the arrangements into which the physician has entered for in-house coverage of his or her Priority Health patients (with one or more participating physicians who have privileges at a licensed participating hospital) should suffice to fulfill the requirement in this paragraph. The Credentialing Committee, in the exercise of its discretion, shall make the determination of such sufficiency based on the particular facts and circumstances of the physician's practice and the proposed coverage arrangement.
7. Physicians must provide information regarding any prior loss, suspension, voluntary relinquishment, restriction or other adverse action with respect to clinical privileges at a licensed hospital. This information shall be in the form of a comprehensive narrative, to include all information relevant to the action taken and its resolution. The Credentialing Committee, in the exercise of its discretion, shall make the determination of sufficiency based on the information provided. Physicians shall not be admitted to the Priority Health network to the extent any such adverse action, together with other factors in this Appendix A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
8. Physicians must be in good standing under the Medicare and Medicaid programs, adhering to all

Medicare and Medicaid requirements including, but not limited to, the requirement to inform Priority Health of any changes to their Open/Closed status, street address, phone number, and office hours or other changes that affect availability to ensure accuracy of the Priority Health Provider Directory.

9. Physicians must maintain current professional liability insurance coverage with annual minimum limits of \$100,000 per occurrence and \$300,000 aggregate.
10. Physicians 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. This information shall be in the form of a comprehensive narrative, to include all information relevant to the claims and their resolution. The Credentialing Committee, in the exercise of its discretion, shall make the determination of sufficiency based on the information provided. Physicians shall not be admitted to the Priority Health network to the extent any such malpractice-related occurrences, together with other factors in this Appendix A, are determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
11. Physicians shall provide complete documentation relative to any denial or cancellation of professional liability insurance. Physicians 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 A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
12. Physicians 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. Physicians 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 A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
13. Physicians must demonstrate current, stable (consistent work history in the scope of practice), and verifiable work history of the three (3) most recent, consecutive years (including residency/fellowship training). Physicians shall not be admitted to the Priority Health network to the extent an unstable (absence of consistent work history in the scope of practice) work history, together with other factors in this Appendix A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
14. Physicians 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.

15. Physicians shall provide complete documentation relative to any professional disciplinary action to which they were subject. This information shall be in the form of a comprehensive narrative, to include all information relevant to the action taken and its resolution. The Credentialing Committee, in the exercise of its discretion, shall make the determination of sufficiency based on the information provided. Physicians shall not be admitted to the Priority Health network to the extent such professional disciplinary action, together with other factors in this Appendix A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
16. Physicians 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. Physicians shall not be admitted to the Priority Health network to the extent any such conduct, together with other factors in this Appendix A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
17. Physicians shall provide complete documentation relative to the appropriateness of their utilization management of medical resources. The Credentialing Committee, in the exercise of its discretion, shall make the determination of sufficiency based on the information provided. Physicians shall not be admitted to the Priority Health network to the extent any inappropriate utilization management, together with other factors in this Appendix A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
18. Physicians must have an absence of a history of indictment or criminal conviction; or, in the case of a physician with this history, evidence must be provided, in the form of a comprehensive narrative, to include all information relevant to the action taken and its satisfactory resolution, that this history is not indicative of probable future substandard professional performance. A conviction within the meaning of this criterion shall include a plea or verdict of guilty or a plea of no contest. The Credentialing Committee, in the exercise of its discretion, shall make the determination of sufficiency based on the information provided. Physicians shall not be admitted to the Priority Health network to the extent any indictment or criminal conviction, 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.
19. Physicians 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, physicians must cooperate openly and fully with any

required health assessment and must provide any reasonably requested evidence of health status. Physicians 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 A, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.

20. Physicians must comply with all Priority Health rules, regulations, bylaws, and the terms of their Physician Participation Agreements.
21. Physicians 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.
22. Physicians shall not be found to have made any misrepresentations to Priority Health's Board of Directors, employees, agents, or enrollees, including without limitation, any representations relative to the provision of services to enrollees.
23. Physicians 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 physicians who do not comply with the foregoing shall have their applications considered incomplete and shall not be processed.
24. Physicians participating in the Priority Health network under a group contract are no longer considered contracted with Priority Health and are subject to immediate and automatic termination from the Priority Health network (without the opportunity to exercise any due process rights under the Disciplinary Action and Practitioner Appeal Policy) immediately upon the termination of their contractual affiliation with that group. Physicians may contact Priority Health to determine eligibility to contract with Priority Health on an individual basis.
25. Physicians shall provide documentation relative to any fact or circumstance, whether or not relating to the Acceptance/Continued Participation Criteria, which potentially may affect his or her ability to deliver appropriate care to patients in the Priority Health network. Physicians shall not be admitted to the Priority Health network to the extent any such facts or circumstances, together with other factors in this Appendix A, are determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.