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## **Appendix G**

### **Acceptance/continued participation criteria**

#### **Psychologist (PhD, PsyD, EdD)**

Amendments to this Appendix G shall be effective as of August 1, 2012 (the “**Policy Effective Date**”).

To be allowed acceptance into or continued participation within the Priority Health network, Psychologists must satisfy the following listed Acceptance/Continued Participation Criteria:

1. Doctoral degree (Ph.D., PsyD, EdD) in clinical or counseling psychology from an Accredited College or University. \*
2. Practitioner must hold valid, current, and unrestricted licenses/required certifications issued by the State(s) in which they practice their healing art. Practitioner 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 practitioner without a valid license due to suspension or revocation by any State Licensing Board or failure to renew within the allowed grace period will be subject to automatic and immediate termination from the Priority Health network.
3. Practitioner 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 street address, phone number, and office hours or other changes that affect availability to ensure accuracy of the Priority Health Provider Directory.
4. Practitioner must maintain current professional liability insurance coverage meeting minimum limits of \$100,000 per occurrence and \$300,000 aggregate which must cover use of therapeutics and covers each practitioner individually.
5. 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.
6. 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.
7. Practitioner must meet contractual requirements for after-hours coverage for specialty care practitioners.
8. 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.
9. 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.

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10. 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.
  11. Practitioner must demonstrate current, stable (consistent work history in the scope of practice), and verifiable work history of the two most recent, consecutive years (including training). Practitioner shall not be admitted to Priority Health network to the extent that an unstable (absence of consistent work history in the scope of practice) work history, together with other factors in this Appendix G, is determined to bear negatively upon their professional competence or conduct, or ability to successfully participate in the network.
  12. Practitioner 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.
  13. 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.
  14. Practitioner must have an absence of a history of indictment or criminal conviction; or, in the case of a practitioner 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. Practitioner 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.
  15. 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.
  16. 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.
  17. Practitioner must comply with all Priority Health rules, regulations, bylaws, and the terms of their practitioner participation agreements.
  18. 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.
  19. 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.

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20. Practitioners 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. Psychologist may contact Priority Health to determine eligibility to contract with Priority Health on an individual basis.

21. 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.

\*1.a “Autism Practitioner” for Priority Health credentialing purposes, is defined as an individual who designs, implements, or evaluates a behavior modification intervention component of a treatment plan, including those based on applied behavioral analysis, to produce socially significant improvements in human behavior through skill acquisition and the reduction of problematic behavior.

1.b Autism Practitioners must hold a Master's or higher degree from a board-approved accredited college or university in behavior analysis, education, human services, medicine or a related field of study

1.c Autism Practitioners must acquire Board Certified Behavior Analyst (BCBA) in active standing. A Board-Certified Behavior Analyst (BCBA) meets the qualifications of the Behavior Analyst Certification Board (BABC) by achieving a master's degree, training, experience, and other requirements. A BCBA professional conducts behavioral assessments, designs and supervises behavior analytic interventions, and develops and implements assessment and interventions for members with a diagnosis of ASD.

1.d Autism Practitioners without BCBA must have completed relevant educational and training programs, including but not limited to professional ethics, autism specific trainings, assessments training, development and psychopathology training as evidenced by a Certificate of Clinical Competence (CCC) in active standing.

1.e Autism Practitioners without BCBA require a minimum of one reference from a physician (MD/DO/PhD) familiar with practitioner's autism treatment history.