Organization Appendix A
Acceptance/continued participation criteria
Hospitals, Home Health Care, Infusion (Ambulatory, Home), Skilled Nursing Facilities, Long Term Acute Care

In order to be allowed acceptance into or continued participation within the Priority Health network, Organizational Providers must satisfy the following listed Acceptance/Continued Participation Criteria:

1. Accreditation from a recognized accrediting body.***** Priority Health prefers organizations with accreditation:

   Recognized Accreditation Bodies:

   - AAAHC – Accreditation Association for Ambulatory Health Care
   - AAASF - American Association for Accreditation of Ambulatory Surgical Facilities
   - ACHC – Accreditation Commission for Health Care
   - AOA/HFAP – Healthcare Facilities Accreditation Program
   - CARF – Commission on Accreditation of Rehab Facilities
   - CHAP – Community Health Accreditation Program
   - COA – Council on Accreditation for Children/Family Services
   - DNV – Det Norske Veritas
   - TJC – The Joint Commission

   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***** by one of the following means:

   A. Priority Health may choose to conduct an on-site visit to those organizational providers who do not hold recognized accreditation.
   B. Non-accredited organizations may submit to Priority Health a copy of a survey report or letter from CMS or the state, which is no more than three years old, stating that the facility was reviewed and passed inspection.
   C. An exception to A and B above is only granted if the state or CMS has not conducted a site review **and** the organization is in a rural area, as defined by the U.S. Census Bureau.

   Upon receipt of a copy of any of these reports, and if the results meet Priority Health standards and no major issues of concern are identified in the report, these results will be considered in the 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 general and professional liability insurance coverage, each 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 that has resulted in limitations, restrictions or actions against Accreditation or CMS standings. 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.

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. Compliance with all Priority Health rules, regulations, bylaws, and the terms of its participation agreement.

9. 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.

10. 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.

11. Organizational providers shall not have falsified information on their applications or failed to notify Priority Health regarding any and all relevant changes in their status.

12. 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 the organizational provider directly employs or contracts with per the organizational provider's credentialing and recredentialing policy. Unaccredited organizations must submit applicable policies at the time of initial assessment.

13. Organizational Provider must have an absence of a history of indictment or criminal conviction; or, in the case of an organizational provider 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. Priority Health, in the exercise of its discretion, shall make the determination of sufficiency based on the information provided. Organizational Provider 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.

Denotes NCQA Standard found under CR 7: Assessment of Organizational Providers

Revisions: