Policy Statement: The plan is committed to providing quality care and services to its members. To help support this goal, the plan credentials and recredentials health delivery organizations with which it contracts. Health delivery organizations (hospitals, surgicenters, SNFs, home health agencies and behavioral health facilities) requesting to become participating providers with the plan shall be required to meet established credentialing criteria based specifically on service type. The plan may not contract with health delivery organizations that do not meet the criteria for that provider type. The plan staff reviews the health delivery organizations at least every three years. The plan credentials only licensed regulated facilities.

Definitions:
Acute General Hospitals - must provide inpatient, outpatient and emergency services. At a minimum, the hospital must have been reviewed and approved by a recognized accrediting body (i.e. JCAHO, AOA, CMS), be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Department of Health, Medicare and Medicaid), and maintain general and malpractice insurance limits of $1/$3 million.

Freestanding Surgical Centers - at a minimum, must have been reviewed and approved by a recognized accrediting body (i.e. AAAHC), be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Department of Health, Medicare and Medicaid), and maintain general and malpractice insurance limits of $1/$3 million.

Skilled Nursing Facilities - must provide discharge planning services, nursing supervision and services by registered or licensed practical nurses, nurses aids, occupational/physical/speech therapists, routine medical supplies and semi-private room and board. At a minimum, the facility must be certified/licensed by and in good standing with state and federal regulatory bodies (i.e., NYS Department of Health, Medicare and Medicaid), and maintain general and malpractice insurance limits of $1/$3 million (exceptions to limits may be approved by the Corporate Risk Manager on a case by case basis.)

Home Health Agencies - at a minimum, must make available the services of registered and licensed practical nurses, certified home health aids, as well as occupational/physical/speech therapists. The agency must be certified/licensed by and in good standing with state and federal regulatory bodies (i.e., NYS Department of Health, Medicare and Medicaid), and maintain general and malpractice insurance limits of $1/$3 million (exceptions to limits may be approved by the Corporate Risk Manager on a case by case basis.)

Freestanding Dialysis Centers - at a minimum, must have been reviewed and approved by a recognized accrediting body (i.e. AAAHC), be certified/licensed by and in good standing with state and federal
regulatory bodies (i.e. NYS Department of Health, Medicare and Medicaid), and maintain general and malpractice insurance limits of $1/$3 million.

**Community Mental Health Centers** - must provide evaluation, short-term treatment, and medical management services. At a minimum, the facility must be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Department of Health, Office of Mental Health, and/or Medicare and Medicaid). The agency must maintain general and malpractice insurance limits of $1/$3 million (exceptions to limits may be approved by the Corporate Risk Manager on a case by case basis.)

**Chemical Dependency Treatment Centers** - must provide evaluation, intensive outpatient treatment and be medically supervised by a Plan participating physician. At a minimum, the facility must be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Office of Alcoholism and Substance Abuse Services, and/or Medicare and Medicaid). The agency must maintain general and malpractice insurance limits of $1/$3 million (exceptions to limits may be approved by the Corporate Risk Manager on a case by case basis.)

**Inpatient Substance Abuse Facilities** - at a minimum, the facility must be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Office of Alcoholism and Substance Abuse Services, and/or Medicare and Medicaid). The facility must maintain general and malpractice insurance limits of $1/$3 million.

**Inpatient Mental Health Facilities** - at a minimum, the facility must be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Department of Health, Office of Mental Health, and/or Medicare and Medicaid). The facility must maintain general and malpractice insurance limits of $1/$3 million.

**Freestanding Sleep Study Center** - at a minimum, the facility must have been reviewed and approved by the American Academy of Sleep Medicine (AASM), be certified/licensed by and in good standing with state and federal regulatory bodies (i.e. NYS Department of Health, Medicare and Medicaid), and maintain general and malpractice insurance limits of $1/$3 million.

**Process:**

1. Upon receipt of a request from a provider to become participating, the Contract Manager will forward a letter verifying the credentialing requirements. The same process shall also be applied should the request for contract be initiated internally.
   
   A. As information is received, the Contract Manager will initiate a Provider Checklist. The checklist will be completed as various certificates, licenses and other documentation is received.
   
   B. Copies of program summaries, statistics, and staffing information will be collected and forwarded to the appropriate clinical manager or staff to evaluate and determine appropriateness for coverage.
   
   C. A Health Delivery Organization Credentialing Worksheet will be initiated or updated relative to provider specialty.

2. Once the provider file is complete, a determination will be made to (re) credential/not (re) credential the provider based on the following:
   
   A. The provider meets/does not meet (re)credentialing criteria.
   
   B. The services meet/do not meet our program requirements.
C. The services are/are not considered covered benefits.

D. There is/is not a need for additional access to care/providers.

3. A decision is made to credential the provider.

A. If a decision is made to credential the provider, the Contract Manager will determine whether an appropriate contract exists:

   a. If yes, a package will be forwarded to the provider containing two (2) sets of contracts for consideration and signature.
   b. If no, the Contract Manager will draft the contract, circulate it to appropriate clinical staff for review and input. Upon completion of clinical review, the Contract Manager will submit the contract through the Corporate Contract Approval process for final review and endorsement. The contract package will then be sent to the provider for review and signature.

B. If a decision is made not to credential the provider, the Contract Manager will send a letter notifying the provider of the decision to deny participation status at that time.

4. There are established (re) credentialing criteria for each health delivery organization provider type. If a health delivery organization does not meet the criteria listed below, they may be considered for participation following an on-site review. Refer to item 5 below.

A. Hospitals:
   a. Operating License and Certificate.
   b. Joint Commission (JCAHO) or American Osteopathic Association (AOA) or Centers for Medicare & Medicaid Services (CMS) Accreditation.
   c. Medicare Certification as issued by the Centers for Medicare & Medicaid Services (CMS).
   d. Medicaid Certification as issued by the Department of Health, Education and Welfare.
   e. Certification from the Office of Mental Health for Acute Care General Hospitals with Mental Health Services.
   f. Certificate of Insurance.

B. Home Health Agencies – including Certified Home Health Agencies and Licensed Home Health Agencies:
   a. Operating License and Certificate.
   b. Medicare and/or Medicaid Certification.
   c. Joint Commission Accreditation (JCAHO) or Accreditation Commission for Healthcare (ACHC) – Organizations not accredited are requested to submit their most recent Department of Health Survey.
   d. Certificate of Insurance.

C. Skilled Nursing Facilities:
   a. Operating License and Certificate.
   b. Medicare and Medicaid Certification.
   c. Joint Commission Accreditation (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Continuing Care Accreditation Commission (CCAC) – Organizations not accredited are requested to submit their most recent Department of Health Survey.
d. Certificate of Insurance.

D. Freestanding Surgicenters/Ambulatory Care Organizations:
   a. Operating License and Certificate.
   b. Medicare and Medicaid Certification.
   c. Accreditation from a recognized accrediting body (e.g. JCAHO, AAAHC).
   d. Certificate of Insurance.

E. Freestanding Dialysis Centers:
   a. Operating License and Certificate.
   b. Medicare and Medicaid Certification.
   c. Accreditation from a recognized accrediting body (e.g. JCAHO, AAAHC).
   d. Certificate of Insurance.

F. Chemical Dependency Treatment Centers:
   a. Operating License and Certificate.
   b. Certification from NYS Office of Alcoholism and Substance Abuse Services (OASAS).
   c. Certificate of Insurance.
   d. List of qualified individuals providing services and stated credentials.

G. Community Mental Health Centers:
   a. Operating License and Certificate.
   b. Medicare and Medicaid Certification.
   c. Certificate of Insurance.
   d. List of qualified individuals providing services and stated credentials.

H. Inpatient Substance Abuse Facilities:
   a. Operating License and Certificate.
   b. Medicare and Medicaid certification.
   c. Certification from NYS Office of Alcoholism and Substance Abuse Services (OASAS).
   d. Certificate of Insurance.
   e. Joint Commission Accreditation.

I. Inpatient Mental Health Facilities:
   a. Operating License and Certificate.
   b. Medicare and Medicaid Certification.
   c. Certificate of Insurance.
   d. Joint Commission Accreditation.
   e. Certification from Office of Mental Health (OMH).

J. Freestanding Sleep Study Centers:
   a. Operating License and Certificate.
   b. Medicare and Medicaid Certification.
   c. Accreditation from American Academy of Sleep Medicine (AASM).
   d. Certificate of Insurance.

5. An on-site review will be conducted if the above criteria are not met. The guidelines used for the on-site review includes verification of:
A. A current, active Quality Management Program.

B. Current, active Policy and Procedure Manual.

C. Quality Management meetings are held and appropriate to the organization.

D. Indicators are in place to address the measurement, action and frequency of reports/monitoring.

E. Monitoring/reporting of member complaints being identified and appropriate action taken.

F. Outcome studies are being performed.

G. Individual member's plan of care corresponds to that prescribed by the member’s physician.

H. An interview with the organization's Director of Quality Program is also conducted at the time of the on-site visit.

Cross Reference:

Committee Approvals:
Corporate Credentialing Committee: 1/6/06, 4/19/06, 3/21/07, 8/20/08
Excellus Credentialing Committee: 12/16/02, 6/20/05
Regional Credentialing Committee Approval: Rochester, 11/11/02; Univera 11/12/02; Syracuse 11/19/02; Utica, 11/21/02.
MCOCC 11/13/00
HCBMC 12/7/00

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