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Objective:

- I. To ensure that Health Share/Tuality Health Alliance (THA) follows an objective process to credential any facility or organization that provides services to THA members.
- II. To ensure the development and maintenance of a facilities/organizations panel from which THA members may receive safe and convenient/accessible services.

Policy:

- I. This policy applies to any facility/organization that acts as a THA-contracted entity and has a license, accreditation, and /or certification to operate lawfully. A THA-contracted facility/organization may include any the following entities:
 - Hospitals;
 - Home Health Agencies;
 - Skilled Nursing Facilities;
 - Free-standing Ambulatory Surgical Centers; or
 - All others (e.g. durable medical equipment companies, free-standing diagnostic imaging facilities).
- II. Credentialing Elements
 - a. Facilities that wish to become contracted with THA must contact THA with their request. The THA Administrative Coordinator will then mail or fax the standard Organizational Provider Credentialing Application to the interested facility applicant.
 - b. Each facility must complete and submit the standard Organizational Provider Credentialing Application for both initial credentialing and re-credentialing. If applicable, the following should be included with the application:
 - A copy of the current, valid State or local healthcare business license;
 - A copy of the last CMS inspection report and findings, and documentation submitted to explain any corrective actions;
 - A copy of State certification and/or valid accreditation, along with a copy of the most current report of findings and documentation submitted to the accrediting body to explain corrective action(s) by any of the following accrediting bodies:
 - The Joint Commission (TJC),
 - Accreditation Association for Ambulatory Health Care (AAAHC),
 - Commission on Accreditation of Rehabilitation Facilities (CARF),
 - Commission for Health Care, Inc.,
 - American Osteopathic Association (AOA),
 - American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF),

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- Council on Accreditation,
 - Community Health Accreditation Program (CHAP),
 - Continuing Care Accreditation Commission;
 - A copy of the policy and procedure index, scope of services, quality management plan, and physician/provider roster that includes anesthesiologists, if applicable;
 - A copy of the facility policy on restraint and seclusion, if relevant;
 - Verification that the facility/organization has met and is in good standing with all Federal and State regulatory agencies; and
 - Evidence of professional liability coverage and comprehensive general liability insurance.
- c. If the facility is not currently accredited or certified by a recognized accrediting organization, the THA Provider Relations/Contracting Specialist will conduct an on-site quality assessment review, using a CMS or State survey. A copy of the review must be available prior to credentialing approval. The following is required in the on-site review process.
1. The facility/organization will be sent a packet, which includes the THA site survey tool and outlined requirements for the on-site visit.
 2. The on-site visit date and time will be scheduled.
 3. During the on-site visit the THA reviewer will tour the facility, interview facility staff, and review medical records and appropriate documentation.
 4. Any quality issues or other concerns that are identified through the on-site visit will be brought to the attention of the THA Medical Director. The action/determination made by the Medical Director may then include any of the following:
 - No further action;
 - Review of medical records;
 - Notification/query letter to the facility/organization regarding the issues; or
 - Referral to the THA Quality Management Committee (QMC) for review and action.
- d. All submitted application materials will be verified by the THA Administrative Coordinator and/or the THA Medical Director within 180 days of the credentialing determination.

III. Credentialing Determination

- a. The Medical Director reviews the completed facility application, utilizing the verification checklist and applicable documents. The Director makes one of the following recommendations:
- Provisional approval of the completed application without exceptions;
 - Pending of the application and a request for further information; or

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- Referral to the QMC for review and recommendation.
- b. The QMC will approve, pend, or deny panel participation to the facility/organization.
 - The QMC must formally approve the facility within 60 days of a THA Medical Director provisional approval.
- c. Source Verification Time Limit: 180 calendar days.
- d. The THA Administrative Coordinator will write to notify the facility/organization of its credentialing status within 10 business days of the determination.

IV. Ongoing Monitoring

- a. THA monitors paneled facilities on an ongoing basis through member grievances and appeals, case management, and other sources. If a facility meets any one of the following criteria, the facility will undergo review by the QMC.
 - Member grievances or complaints regarding quality of care or communication issues meet the threshold of a minimum of three grievances or complaints filed in any rolling twelve-month period;
 - Coordination of Care concerns amount to a minimum of three documented nursing staff concerns relating to compliance with THA standards or a minimum of three potential adverse outcomes in any rolling twelve-month period;
 - Evidence of misconduct or other issues is reported by one of the following external sources:
 - Accreditation entities,
 - Licensing boards, or
 - The CMS list of Excluded Individuals and Entities (LEIE) or Opt-Out List.

V. Re-Credentialing

- Each facility/organization will be reviewed at least every three years to ensure continued compliance with established credentialing criteria.
- a. THA will verify that the facility/organization has a current license and current liability insurance.
 - b. THA will verify current CMS certification and current accreditation.
 - c. Verifications will be completed to confirm that the facility/organization has met and is in good standing with all Federal and State regulatory agencies.
 - d. If the facility/organization is not currently accredited, a site visit may be completed, as above (section II.c.). A CMS or State review may be used in lieu of a site review. A copy of this review will be collected prior to the re-credentialing decision. The CMS or state review must have been completed within the most recent three-year re-credentialing period.
 - e. The facility/organization is required to provide evidence of current

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professional liability insurance, with liability limits and comprehensive general liability insurance.

- f. THA may review the facility/organization liability claims history and current status with the licensing board.
- VI. When the facility/organizational provider or its principal(s) has been subject to any of the following, it will not be appointed or reappointed to the THA panel:
- CMS Sanctions as listed on the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) or the Excluded Parties List System;
 - Sanctions against license;
 - History of criminal charges; or
 - Active sanctions, probation, or loss of accreditation, licensure, or certification.

References: Health Share RAE Participation Agreement
Medicare Managed Care Manual (Chapter 6: Relationships with Providers)
NCQA 2011 HP Standard CR 11
ODS Organizational Providers Policy
Providence Health Plan Policy QM CS 11.0

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