

|  |                                    |
|--|------------------------------------|
| <p><b>SUBJECT: CREDENTIALING/RE-CREDENTIALING OF HEALTH DELIVERY ORGANIZATIONS</b></p> <p><b>SECTION: CREDENTIALING</b></p> <p><b>POLICY NUMBER: CR-07</b></p> | <p><b>EFFECTIVE DATE: 1/01</b></p> |
| <p><i>Applies to all products administered by the plan except when changed by contract</i></p>   |                                    |

**Policy Statement:** The plan is committed to providing quality care and services to its members. To help support this goal, the plan credentials and re-credentials health delivery organizations with which it contracts. Health delivery organizations (hospitals, surgicenters, SNFs, home health agencies, behavioral health facilities and urgent care centers) 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. Joint Commission, 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. Contracted hospitals with greater than 50 beds, if not working with a Patient Safety Organization (PSO), must implement an evidence-based initiative, to improve health care quality through the collection, management and analysis of patient safety events, that reduces all cause preventable harm, prevents hospital readmission or improves care coordination.

Freestanding Surgical Centers - at a minimum, must have been reviewed and approved by a recognized accrediting body (i.e. NUCCA, AAAHC, UCAOA), 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 aides, 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.

Outpatient Mental Health Treatment Facilities (Community Mental Health Centers) – for New York facilities, the facility must have been issued an operating certificate pursuant to Article 31 of the New York Mental Hygiene Law or operated by the Office of Mental Health and, in other states, similarly licensed or certified. The facility must maintain general and malpractice insurance with limits of \$1/\$3 million (exceptions to limits may be approved by the Corporate Risk Manager on a case-by-case basis).

Outpatient Substance Use Disorder Treatment Facilities - In New York, the facility must be certified by OASAS or licensed by OASAS as an outpatient clinic or medically supervised ambulatory substance abuse program, and, in other states, licensed or certified by a similar state agency or accredited by the Joint Commission as alcoholism, substance abuse or chemical dependence treatment programs. The facility must maintain general and malpractice insurance with limits of \$1/\$3 million (exceptions to limits may be approved by the Corporate Risk Manager on a case-by-case basis).

Inpatient Substance Use Disorder Facilities – for New York facilities, the facility must be certified by the Office of Alcoholism and Substance Abuse Services (“OASAS”); and, for out of state facilities, the facility must be licensed or certified by a similar state agency or Joint Commission accredited as an alcoholism, substance abuse or chemical dependence treatment program to provide the same level of treatment. The facility must maintain general and malpractice insurance limits of \$1/\$3 million.

Inpatient Mental Health Facilities - for New York facilities, the facility must be either (a) a “hospital” as defined in Mental Hygiene Law 1.03(10) (such as, a psychiatric center or inpatient facility under the jurisdiction of the New York State Office of Mental Health; a state or local government run psychiatric inpatient facility; a part of a hospital providing inpatient mental health care services under an operating certificate issued by the New York State Commissioner of Mental Health; or a comprehensive psychiatric emergency program or other facility providing inpatient mental health care that has been issued an operating certificate by the New York State Commissioner of Mental Health); or if out of state, similarly licensed or certified in that state to provide the same level of treatment. 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.

Freestanding Urgent Care Centers - at a minimum, the center must be either licensed by the NYS Department of Health as an Article 28 Diagnostic and Treatment Center, or have been reviewed and accredited by JCAHO, or reviewed and approved by a recognized accrediting body (i.e. NUCCA, AAUCM, UCAOA). If the **center is not accredited by a recognized body**, all providers must be credentialed by the Plan; all independently practicing Nurse Practitioners must be credentialed; all supervised Nurse Practitioners must register with the Plan. If providing office-based surgical services, the center must be accredited by one of the agencies approved by DOH. The center and its practitioners must be in good standing with state and federal regulatory bodies (i.e. Office of Professional Medical Conduct, Medicare and Medicaid). All providers must maintain current, unrestricted licensure, be in good standing and maintain general and malpractice insurance limits of \$1/\$3 million.

Mental Health Residential Treatment Facility: for New York facilities, the facility must be either (a) a “residential treatment facility for children and youth” as defined in Mental Hygiene Law 1.03(33), or (b) a facility that is part of a comprehensive care center for eating disorders identified in accordance with Public Health Law Article 27-J; and for out-of-state facilities, the facility must be licensed or certified in that state to provide the same level of treatment. The facility must maintain general and malpractice insurance limits of \$1/\$3 million.

Substance Use Disorder Residential Treatment Facility: for New York facilities, the facility must be OASAS-certified to provide services defined in 14 NYCRR 819.2(a)(1), **820.3(a)(1) and (2)**, and Part 817; and for out-of-state facilities, the facility must be licensed by a similar state agency or Joint Commission accredited as an alcohol, substance use, or chemical dependency treatment program to provide the same level of treatment.

New York State Operated Psychiatric Outpatient Centers (“NYS Operated Center”): These are facilities providing behavioral health services for “government-sponsored programs” defined as managed care products offered to eligible individuals under New York State’s managed care programs. The NYS Operated Center must be certified by the New York State Office of Mental Health (OMH) Bureau of Inspection and Certification (BIC). BIC conducts onsite inspections and periodic re-inspections of all mental health outpatient treatment programs that are subject to licensing under the requirements of New York State Mental Hygiene Law.

**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), DNV Healthcare Inc. (DNVHC)\_or Centers for Medicare & Medicaid Services (CMS) Accreditation.
  - c. Medicare Certification as issued by the Centers for Medicare & Medicaid Services (CMS).
  - e. Medicaid Certification as issued by the Department of Health, Education and Welfare.
  - f. Certification from the Office of Mental Health for Acute Care General Hospitals with Mental Health Services.
  - g. Certificate of Insurance.
  - h. Hospitals with greater than 50 beds must provide an attestation attesting to implementing an evidence-based initiative, to improve health care quality or proof of working with a Patient Safety Organization (PSO). Attestation is required upon initial and recredentialing of hospitals.
- 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 Joint Commission Accreditation (JCAHO), Accreditation Association for Ambulatory Health Care (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. the Joint Commission, AAAHC).
  - d. Certificate of Insurance
- 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 Use Disorder Facilities:
- a. Operating License and Certificate.
  - b. Medicare and Medicaid certification.
  - c. (i) For New York facilities, certification from NYS Office of Alcoholism and Substance Abuse Services (OASAS).  
(ii) For out of state facilities, licensure or certification from a similar state agency, or accreditation from the Joint Commission as an alcohol, substance use, or chemical dependency treatment program, providing the same level of care.
  - d. Certificate of Insurance.
- I. Inpatient Mental Health Facilities:
- a. Operating License and Certificate.
  - b. Medicare and Medicaid Certification.
  - c. Certificate of Insurance.
  - d.(i)for New York facilities, the facility must be either (a) a “hospital” as defined in Mental Hygiene Law 1.03(10);  
(ii) For out of state facilities, licensed or certified in that state to provide the same level of treatment
  - 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
- K. Freestanding Urgent Care Centers:
- a. JCAHO accreditation. An on-site review may be required as stipulated in item number 5; OR
  - b. Article 28 Operating License and Certificate issued by NYS DOH, OR
  - c. Accreditation by a recognized accrediting body (i.e. Urgent Care Center Accreditation (UCCA), American Academy of Urgent Care Medicine (AAUCM) AND
  - d. Independently practicing Nurse Practitioners must be credentialed, AND

- e. All employed providers must be credentialed, and all Nurse Practitioners supervised by an on-site credentialed physician must be registered with the Health Plan.
- f. Medicare and Medicaid Certification.
- g. Certificate of Insurance.
- h. Current unrestricted licensure of providers and nurse practitioners.

L. Mental Health Residential Treatment Facility

- a. Operating License and Certificate.
- b. Medicare and Medicaid Certification.
- c. (i) For NY facilities, the facility must be either (a) a “residential treatment facility for children and youth” as defined in Mental Hygiene Law 1.03(33), or (b) a facility that is part of a comprehensive care center for eating disorders identified in accordance with Public Health Law Article 27-J  
(ii) For out-of-state facilities, licensure or certification in that state to provide the same level of treatment .
- d. Certificate of Insurance

M. Substance Use Disorder Residential Treatment Facility

- a. Operating License and Certificate.
- b. Medicare and Medicaid Certification.
- c. (i) For NY facilities, certification from OASAS to provide services defined in 14 NYCRR 819.2(a)(1) and Part 817  
(ii) For out-of-state facilities, licensure from a similar state agency or accreditation from the Joint Commission as an alcohol, substance use, or chemical dependency treatment program to provide the same level of treatment
- d. List of qualified individuals providing stated services.
- e. Certificate of Insurance

N. NYS Operated Centers

- a. OMH self-certifies its State-operated programs. OMH will provide NYS Operated Center with a letter with a corresponding list of such certified programs to obviate the need for proof of licensure or certificate of need information or certification appears on the approved OMH BIC listing.
- b. New York State provides malpractice coverage: NYS Operated Center is operated by State of New York and therefore the State of New York is liable for claims arising out of NYS Operated Center’s, and/or its employee's' performance pursuant to Section 8 of the New York State Court of Claims Act.

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 organizations Director of Quality Program is also conducted at the time of the on-site visit.

**Cross Reference:**

Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-7 Dated 1/98, BlueCross BlueShield of Utica-Watertown HMOBlue Policy and Procedure #CR-VI Dated 4/99, BlueCross BlueShield of Central New York HMO-CNY Corporate Policy, Standard and Procedure # Assessment of Health Delivery Organizations Dated 1/24/99.

**Committee Approvals:**

Corporate Credentialing Committee: 1/6/06, 4/19/06, 3/21/07, 9/17/08, 8/18/10, 8/15/12, 11/14/2012, 5/15/13, 7/15/15, 10/21/15rev, 10/19/16 rev; 10/17/18 renewal; 12/19/2019 rev

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

HC BMC 12/7/00

Original Source: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-7

**Reformatted:** 11/02