
Overview

In accordance with state regulatory agencies, accreditation agencies and Plan policies and procedures, initial and ongoing assessment of Ancillary and Health Care Delivery Organizations (i.e., hospitals, skilled nursing facilities and ambulatory surgery centers) is required in order for the assignment of network provider status to be made for the provision of services to Plan members.

Credentialing is the process by which the Plan assesses and evaluates Ancillary and Health Care Delivery Organizations for license, accreditation and Medicaid participation.

An application for participation is completed and supporting documentation is provided by the Ancillary and Health Care Delivery Organization to the Plan. Information is verified, and review of findings and approval is made through the Plan's Credentialing Committee.

Baseline Criteria

Baseline criteria for provider network participation:

License

Hold a current valid license to operate;

Accreditation

Be reviewed and approved by an accrediting body with evidence of current accreditation (In the event that accreditation has not been completed, an on-site inspection evaluation and quality assessment will be conducted in accordance with Plan policy and procedure);

Medicaid Participation

Meet the standards of participation for Medicaid or be certified as eligible for Medicaid participation;

Insurance

Carry professional and/or general liability insurance.

Updated Documentation

Ancillary and Health Care Delivery Organizations shall furnish copies of current liability insurance, license and accreditation information, as applicable, to the Plan prior to or concurrent with expiration.

**Office of
Inspector
General
Medicaid
Sanctions
Report**

On a regular and ongoing basis, the Plan accesses the listings from the Department of Health & Human Services, Office of Inspector General Medicaid Sanctions (exclusions and reinstatements) Report and the state's list of excluded providers for the most current available information.

This information is cross-checked against the network of Plan providers. If providers are identified as being currently sanctioned, such providers are subject to immediate suspension. Notifications of termination of contract are given in accordance with the provider agreement and Plan policies and procedures.