

n00265

Initial and Ongoing Assessment of Organizational Providers

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) shall conduct a pre-contractual assessment of each organizational provider before it contracts with that provider and an ongoing assessment thereafter, at least every three years, of each organizational provider with which it contracts. These assessments shall verify that the providers have met all state and federal licensing and regulatory requirements, verifies whether a recognized accrediting body has been reviewed and approved the provider, conducts an onsite quality assessment if there is no accreditation status, and determines whether the organizational provider meets or continues to meet the standards of participation established by NHP/NHIC/NHAS for organizational providers, including, but not limited to, accreditation, relevant licensure and good standing with appropriate agencies.

Policy Detail:

NHP/NHIC/NHAS shall conduct a pre-contractual assessment of each organizational provider before it contracts with that provider and an ongoing assessment thereafter, at least every three years, of each organizational provider with which it contracts. These assessments shall verify that the providers have met all state and federal licensing and regulatory requirements, verifies whether a recognized accrediting body has approved the provider, conducts an onsite quality assessment if there is not accreditation status, and determines whether the organizational provider meets or continues to meet the standards of participation established by NHP/NHIC/NHAS for organizational providers, including, but not limited to, accreditation, relevant licensure and good standing with appropriate agencies. This policy includes all organizational providers including PPO providers.

I. Purpose:

To provide a mechanism for the initial and ongoing quality assessment of the organizational providers with whom NHP/NHIC/NHAS intends to contract.

II. Scope:

Organizational providers include hospitals, home health agencies, hospices, skilled nursing facilities, comprehensive outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers, ambulatory surgery centers, freestanding surgical centers, end-stage renal disease services, outpatient diabetes self-management training, portable X-ray suppliers, rural health clinics as defined by US Census Bureau (see attached), federally qualified health centers, telemedicine providers, urgent care centers, clinical labs, behavioral health facilities providing mental health or substance abuse services in an inpatient, residential, day treatment, or ambulatory setting.

III. Not in Scope:

- A. NHP/NHIC/NHAS does not credential Behavioral Health organizational providers that operate only as 12 step programs
- B. NHP/NHIC/NHAS does not contract with foreign providers and therefore is not in our scope.

Procedure Detail:

- I. NHP/NHIC/NHAS shall conduct a pre-contractual assessment of each organizational provider to review, verify and determine that the organizational provider meets NHP/NHIC/NHAS's quality and other standards. NHP/NHIC/ NHAS shall confirm that the organizational provider:
 - A. Meets all state and federal licensing and regulatory requirements and is in good standing with applicable state and federal regulatory bodies or agencies by providing a copy of the current state/federal licenses, accreditation report or a letter from the regulatory and accrediting bodies regarding the status of the providers.
 - B. Meets other criteria determined by Credentials Committee in its sole discretion. Such criteria include but are not limited to:
 - CMS star-rating
 - Lawsuits
 - Other legal action taken against facility
 - NPDB findings
 - Circuit Courts
 - Location of facility
 - Member need.
 - C. Has been reviewed and approved by a recognized accrediting body by providing a copy of the letter or certificate from the accrediting organization. A list of NHP/NHIC/NHAS recognized accreditation bodies for each type of organizational

provider is included in the Accredited Bodies Recognized by NHP/NHIC/NHAS below.

- D. If the organizational provider has not been accredited by one of the recognized accrediting bodies, NHP/NHIC/NHAS conducts an initial on-site quality assessment using the appropriate on-site assessment tool (*see related documents*) to confirm that it meets standards of participation established by NHP/NHIC/NHAS. The parameters of the on-site quality assessment shall vary based upon the type, size and complexity of the organizational provider under review and includes verifying that the provider credentials its practitioners. The site visit review is conducted with one of the following staff: senior management, chiefs of major services, key personnel in nursing, quality management and utilization management as applicable. NHP/NHIC/NHAS shall develop and apply assessment criteria for each type of organizational provider with which it intends to contract with. An overall on-site quality assessment score of at least 80% shall meet this requirement.
- E. In the event the non-accredited organizational provider has undergone a successful CMS (Center of Medicare & Medicaid Services) state survey, NHP/NHIC/NHAS shall accept evidence of review and certification in lieu of a site visit. The organizational provider must provide a copy of their current on-site CMS review and evidence of certification or alternately verify accreditation by searching the list of accredited organizations on the accrediting body's Web Site verifying licensure status with the state licensing agency. CMS review/certification must have occurred within the previous three-year period.
- F. Has current liability insurance coverage by providing a copy of the liability insurance policy face sheet.
- G. Must be in good standing with the National Practitioner Data Bank (NPDB).
- H. All primary source verification shall be within 180 calendar day time limit. The time limit is assessed by counting backwards from the date of review by the credentialing committee.

II. Ongoing Assessment:

- A. NHP/NHIC/NHAS shall conduct an assessment of each organizational provider at least every three years, including an on-site quality assessment visit to those non-accredited providers with the exception NCQA does not require the organization to conduct site visits of non-accredited providers if the state or CMS has not conducted a site review of the provider and the provider is in a rural area, as defined by the US Census Bureau. (attachment A) To verify that the organizational provider continues to meet NHP/NHIC/NHAS quality and other standards of participation. NHP/NHIC/NHAS shall incorporate both accreditation and on-site findings, if any, into its decision-making process regarding the organizational provider.

1. In the event the non-accredited organizational provider has undergone a successful CMS/state survey, NHP/NHIC/NHAS shall accept evidence of review and certification in lieu of a site visit. The organizational provider must provide a copy of their current on-site CMS review and that the report meets its standards along with evidence of certification. However, a letter from CMS or the applicable state agency which shows that the facility was reviewed and indicates that it passed inspection is acceptable in lieu of the survey report if the organization reviewed and approved CMS or state criteria and continues to meet standards of participation established by NHP/NHIC/NHAS. CMS review/certification must have occurred within the previous three-year period.
 2. All primary source verification shall be within 180 calendar day time limit. The time limit is assessed by counting backwards from the date of review by the credentialing committee.
- B. Initial and ongoing assessments of healthcare delivery organizations are reviewed by the Credentials Committee for credentialing/recredentialing decisions.

III. Accredited Bodies Recognized by NHP/NHIC/NHAS

A. NHP/NHIC/NHAS recognizes the following accreditation:

1. The Joint Commission (TJC)
2. Accreditation Association of Ambulatory Health Care (AAAHC)
3. Commission on Accreditation of Rehabilitation Facilities (CARF)
4. Continuing Care Accreditation Commission (CCAC)
5. Community Health Accreditation Program (CHAP)
6. Accreditation Commission of Health Care Inc (ACHC)
7. Clinical Laboratory Improvement Amendments (CLIA)
8. American Diabetes Association (ADA)

Definitions:

None

Regulatory Citations:

None

Related Policies:

None

Related Documents:

None

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