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 Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) shall conduct a pre-contractual assessment and ongoing assessments of each organizational provider it contracts with to evaluate the quality of the providers with which we contract. An organizational provider is a facility that provides services to members, and where members are directed for services rather than to a specific practitioner. This applies to all organizational providers with which NHP/NHIC/NH TPA/NHAS contracts (e.g., telemedicine providers, urgent care centers). 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/NH TPA/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.

Policy Detail:

NHP/NHIC/NH TPA/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 with to evaluate the quality of the providers with which we contract. An organizational provider is a facility that provides services to members, and where members are directed for services rather than to a specific practitioner. This applies to all organizational providers with which NHP/NHIC/NH TPA/NHAS contracts (e.g., telemedicine providers, urgent care centers). 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/NH TPA/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
   A. To provide a mechanism for the initial and ongoing quality assessment of the organizational providers with whom NHP/NHIC/NH TPA/NHAS intends to contract.

II. Scope
   A. 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, Psychiatric hospitals and clinics, addiction disorder facilities, residential treatment centers for psychiatric and addiction disorders, behavioral health facilities providing mental health or substance abuse services in an inpatient, residential, day treatment, or ambulatory setting and large group practices.

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

Procedure Detail:

I. NHP/NHIC/NH TPA/NHAS shall conduct an assessment prior to contracting with any organizational providers, as well as during the recredentialing of all organizational providers, at least every three years, to review, verify, and determine that the organizational provider meets NHP/NHIC/NH TPA/NHAS's quality and other regulatory standards. Requirements center around verifying the legitimacy, compliance, and quality of care provided by the organization as a whole. NOTE: When considering multiple locations, TINs, and NPIs, here's how it breaks down:
   - Credentialing is done at the organizational level – not at each individual site, unless the sites operate independently.
   - One credentialing per legal entity is generally sufficient if:
     a. All locations operate under the same Tax Identification Number (TIN).
     b. All locations operate under the same National Provider Identifier (NPI) (usually for facilities or group-level NPIs).
     c. The services provided are the same across all locations.
     d. There is a centralized administrative structure, quality oversight, and policies (e.g., credentialing, clinical policies) across the sites.

   Credentialing cannot be done at an organizational level if:
   - The organization operates under different TINs and NPIs
   - The organization has independent clinical leadership or governance
   - The organization offers materially different services (e.g., urgent care vs independent rehab)
   - The organization has no centralized credentialing or quality oversight

II. NHP/NHIC/NH TPA/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. (i.e., applicable state or federal agency; agent of the applicable or federal agency; copies of credentials (e.g., state licensure) from the provider).
   B. 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/NH TPA/NHAS recognized accreditation bodies for each type of organizational provider is included in the Accredited Bodies Recognized by NHP/NHIC/NH TPA/NHAS below. (i.e., Applicable accrediting body for each type of organizational provider; agent of the applicable accrediting body; copies of credentials (e.g., accreditation report, certificate, or decision letter from the provider).

C. If the organizational provider has not been accredited by one of the recognized accrediting bodies, NHP/NHIC/NH TPA/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/NH TPA/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 include verifying that the provider credentials it practitioners. The site visit review is conducted with one of the following staff: senior management, chief of major services, key personnel in nursing, quality management, or utilization management, as applicable. NHP/NHIC/NH TPA/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. Note: If an organizational provider has satellite facilities that follow the same policies and procedures as the provider, the organization may limit site visits to a main facility.

D. In the event the non-accredited organizational provider has undergone a successful CMS (Center of Medicare & Medicaid Services) survey, NHP/ NHIC/NH TPA/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 alternatively verify accreditation by searching the list of accredited organizations on the accrediting body's website, verifying licensure status with the state licensing agency, and said report(s) meet NHP/NHIC/NH TPA/NHAS quality assessment criteria standards. CMS review/ certification must have occurred within the previous three-year period. NHP/NHIC/NH TPA/NHAS is not required to conduct a site visit if the provider is in a rural area, as defined by the U.S. Census Bureau (https://www.hrsa.gov/ruralhealth/about-us/definition/datafiles.html), and the state or CMS has not conducted a site review.

E. Has current liability insurance coverage by providing a copy of the liability insurance policy face sheet.

F. Must be in good standing with the National Practitioner Data Bank (NPDB).

G. All primary source verification shall be within a 120-calendar-day time limit. The time limit is assessed by counting backwards from the date of review by the credentialing committee.

H. 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/NH TPA/NHAS

A. NHP/NHIC/NH TPA/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)
9. Center for Improvement in Healthcare Quality (CIHQ)
10. College of American Pathologists (CAP)

Commented [LB1]: I think we need to add the College of American Pathologists (CAP)

Commented [AA2R1]: If that is one that Committee has agreed on recognizing, I would say yes.

Origination Date: 07/01/1997	**Approval Date:** 9/3/2026	**Next Review Date:** 9/3/2027
Regulatory Body: NCQA, CMS	**Approving Committee:** Credentialing Committee	**Policy Entity:** NHP, NHIC, NH TPA, NHAS
Policy Owner: Andrea Albright	**Department of Ownership:** Credentialing	**Revision Number:** 13

Revision Reason:
08/18/16 – Transferred to new policy template.
09/13/17 – Annual update
3/26/2018 - Added Day Treatment to list of orgs that require Credentialing.
04/18/2019 – Annual update
08/21/2020 – Added facilities per NCQA update; telemedicine providers, urgent care centers, clinical labs
8/20/2021 – Annual Review
8/19/2022 – Annual Review
02/02/2023 – Annual Review
1/8/2024 – Annual Review
11/6/2024 – Annual review, added TPA and NCQA changes
12/26/2024-Updated to reflect NCQA standards. Approved at Credentialing Committee.
11/06/2025 – Updated data related to when to credential an org provider group
9/3/2026 – Annual Review