



Organizational Eligibility Criteria

All organizational providers must be accredited by an appropriate, recognized accrediting body or in the absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare, or the appropriate state oversight agency performed within the past 36 months.

1. Valid and current State license for organization to provide care to covered persons.
2. Valid and current Medicare and Medicaid certification
3. Must not be currently debarred or excluded from participation in Medicare or Medicaid
4. General/comprehensive liability insurance as well as errors and omissions (malpractice) of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate. The pertinent network agreement may require coverage that exceeds the minimum level described above
5. Accredited organizational providers must provide proof of current accreditation status conducted during the previous three-year period and active federal or state licensure as applicable (accreditation report, certificate or decision letter).