



## **Organizational Application Submission Criteria**

### **Information/documentation that must be submitted in order for application to be reviewed:**

CCHP requires providers to submit the following materials for review. Initial applicants must submit the following information in order to be considered for credentialing:

1. Valid, current and unrestricted license or certification to operate in Wisconsin. The license must be in good standing with no sanctions
2. Valid and current Medicare and Medicaid certification (lack of sanctions or debarment)
3. 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 with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent network agreement may require coverage that exceeds the minimum level described above
4. 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). CCHP will accept accreditation results from:
  - AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities
  - AAAHC – Accreditation Association for Ambulatory Health Care
  - ACHC – Accreditation Commission for Health Care
  - CARF/CCAC – Commission on Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission
  - CHAP – Community Health Accreditation Program
  - CCAC - Continuing Care Accreditation Commission
  - CIHQ – Center for Improvement in Healthcare Quality
  - COA – Council on Accreditation

- COLA – Commission on Office Accreditation
- HFAP – Healthcare Facilities Accreditation Program
- NCQA – National Committee for Quality Assurance
- NIAHO/DNV – GL – National Integrated Accreditation for Healthcare/Det Norske Veritas and Germanischer Lloyd
- TJC – The Joint Commission
- Other – CMS Division of Quality Assurance

In addition to licensure and other eligibility criteria for organizational providers, as described in detail below, all organizational providers are required to maintain accreditation by an appropriate, recognized accrediting body or, in absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare or applicable Wisconsin oversight agency performed within the past 36 months for a given organizational provider. Providers must attest that they credential their practitioners. During the recredentialing process, CCHP will review the verification elements shown in “Criteria to be Organizationally Credentialed” unless otherwise required by applicable regulatory or accrediting bodies.