

# Children's Hospital and Health System

## Chorus Community Health Plans

### Policy and Procedure

This policy applies to the following entity(s):

<input type="checkbox"/> CHW – Milwaukee	<input type="checkbox"/> CHW - Fox Valley
<input type="checkbox"/> CHHS Foundation	<input type="checkbox"/> CHW - Surgicenter
<input type="checkbox"/> CHW – Community Services Division	<input checked="" type="checkbox"/> Chorus Community Health Plans
<input type="checkbox"/> Children's Medical Group - Primary Care	<input type="checkbox"/> Children's Specialty Group
<input type="checkbox"/> Children's Medical Group - Urgent Care	<input type="checkbox"/> CHHS Corporate Departments

## Organizational Assessment and Ongoing Assessment Policy and Procedure

### SUBJECT: Organizational Assessment and Ongoing Assessment

#### INCLUDED PRODUCT(S):

Medicaid	Individual and Family
<input checked="" type="checkbox"/> BadgerCare Plus	<input checked="" type="checkbox"/> Commercial
<input checked="" type="checkbox"/> Care4Kids Program	<input checked="" type="checkbox"/> Marketplace

#### PURPOSE OR DESCRIPTION:

Chorus Community Health Plans (CCHP) shall conduct an initial assessment of each organizational provider before it contracts with that provider and an ongoing assessment thereafter, at least every 36 months. 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, may conduct 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, including but not limited to, accreditation, relevant licensure and good standing with appropriate agencies.

#### DEFINITIONS:

- Applicant – the Organizational Provider seeking participation in CCHP's network
- Initial Assessment – the process of assessing and validating the applicable criteria and qualifications of an Organizational Provider for participation in the CCHP network
- Credentialing Authority – the National Committee for Quality Assurance (NCQA); the Centers for Medicare and Medicaid Services (CMS) as applicable, and any other federal or state authority
- Material Restrictions – any limitation or limiting condition imposed on a Practitioner's ability to practice medicine
- Behavioral Health Organizational Providers – inpatient, residential, and ambulatory facilities, which provide Behavioral Health services to Covered Persons
- Organizational Providers – refers to facilities providing services to members and where members are directed for services rather than being directed to a specific practitioner. Such as hospitals, home health agencies, skilled nursing facilities, free-standing surgical centers, and Behavioral health facilities that provide Behavioral Health and/or substance abuse treatment in an inpatient,

residential or ambulatory setting (CCHP only organizationally credentials County ambulatory agencies and medication assisted treatment centers)

- Primary Source Verification – verification of credentialing information directly from the entity (e.g. state licensing board) that conferred or issued the original credential
- Ongoing Assessment – the process of re-assessing and validating the applicable qualifications of a Practitioner or Organizational Provider to allow for participation in CCHP's network

## **POLICY:**

The initial assessment process assists CCHP in determining whether or not to grant network membership to an organizational provider. CCHP will collect, review and verify specific information regarding these organizational providers to determine whether the organizational provider meets established CCHP criteria.

Ongoing assessment is the process through which CCHP will update and verify pertinent information regarding network organizational providers. It is CCHP's policy to reassess these providers at least every 36 months.

### **A. Application Process**

1. The Assessment and ongoing assessment Process applies to the following organizational providers seeking membership into the CCHP network:
  - Hospitals
  - Skilled nursing facilities
  - Home Health Agencies
  - Free standing surgical centers
  - Behavioral health facilities that provide behavioral health and/or substance abuse treatment in an inpatient, residential or ambulatory setting
  -
2. Organizational provider applicants must submit a completed standardized application for review when applying for initial participation in CCHP's network. An organization must fulfill all criteria for participation in the CCHP provider network. CCHP may offer a contract only if the provider satisfactorily meets the specified criteria.
3. Organizational providers in the CCHP network must continuously fulfil the criteria, CCHP will determine whether each provider continues to satisfy the criteria by reassessing each provider at least every 36 months, which will include, without limitation, review of information regarding good standing with the state and federal regulatory bodies, accreditation status, and quality assessment if the provider is not accredited.

### **B. Criteria (See appendix A for Sources reviewed during initial credentialing)**

1. 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
  - BCBA – Board Certified Behavior Analyst
  - CARF – Commission on Accreditation of Rehabilitation Facilities
  - CHAP – Community Health Accreditation Program
  - CCAC - Continuing Care Accreditation Commission

- CIHQ – Center for Improvement in Healthcare Quality
- COA – Council on Accreditation for Children/Family Services
- 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/JCAHO – Joint Commission on Accreditation of Health Care Organizations

2. CCHP prioritizes contracts with accredited providers. 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, unless the provider is in a rural area as defined by the U.S. Census Bureau. During the reassessment process, CCHP will review the criteria unless otherwise required by applicable regulatory or accrediting bodies.
  - Organizational providers must attest that they credential and re-credential their practitioners.
3. Valid, current and unrestricted license or certification to operate in Wisconsin. Must be in good standing with state and federal regulatory bodies, as applicable
4. Good standing under the Medicare and Medicaid programs. As part of our ongoing commitment to a quality network, we would like to remind you of your obligation to notify CCHP of any actions or remedied imposed by any accrediting body and/or state and federal regulatory bodies, including but not limited to Medicare and Medicaid programs, at the time of action. Failure to notify CCHP at the time of any such action could result in termination of your contract.
5. 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.
6. An absence of history of involvement in a malpractice suit, arbitration, or settlement that has resulted in limitations, restrictions, or actions against Accreditation or CMS standings. Organizations shall provide documentation relative to any fact or circumstance, whether or not relating to the organizational criteria, which potentially may affect the organizations ability to deliver appropriate care to CCHP members. Organizations shall not be admitted to the CCHP network to the extent any such facts or circumstances are determined to bear negatively upon the organization.
7. An absence of a history of denial or cancellation of professional liability insurance, or in the case of a provider with such a history, providers shall provide complete documentation relative to any denial or cancellation of professional liability insurance. Providers shall not be admitted to the CCHP network to the extent any such denial or cancellation of professional liability insurance, together with other factors in this policy, is determined to bear negatively upon professional competence or conduct, or ability to successfully participate in the network.
8. An absence of a history indicating (in the sole discretion of CCHP) a tendency toward inappropriate utilization management of medical records.
9. An absence of history of indictment or criminal conviction; or in the case of a provider with this history, evidence must be provided, in the form of

comprehensive narrative, to include all information relevant to the action taken and its satisfactory resolution. Provider shall not be admitted to CCHP network to the extent any indictment or criminal conviction, together with other factors in this policy are determined to bear negatively upon professional competence or conduct, or ability to successfully participate in the network.

### **C. The Assessment and Ongoing Assessment Processes**

1. Throughout the assessment and ongoing assessment processes, the provider is responsible for:
  - i. Responding to requests for information
  - ii. Keeping CCHP informed of any changes in its status relative to the criteria such as:
    1. Preclusion and/or exclusion from the Medicare or Medicaid programs including but not limited to any actions taken for non-compliance
    2. Cancellation of professional liability coverage
    3. Loss of Wisconsin licensure
    4. Loss of accreditation from recognized accrediting body
2. Prior to contracting with an organizational provider, CCHP will confirm or obtain information relating to the provider applicant with various sources, including but not limited to:
  - i. Document current status of malpractice insurance with provider
  - ii. Verify that the provider has met all state and federal licensing and regulatory requirements
  - iii. Verify whether a recognized accrediting body has approved the provider  
**OR**
  - iv. If not accredited provider has passed a CMS or state survey or meets rural exception
  - v. Verify status with Medicaid/Medicare sanctions, preclusions and exclusions
3. CCHP will review the information collected at initial assessment and verify that the organization meets criteria listed in Criteria section. All new or existing organizations are reviewed annually by the credentialing committee.
4. In the case of reassessment, CCHP will review any information regarding effectiveness and efficiency of the provider since the initial or most recent assessment including but not limited to:
  - i. Confirming that the provider continues to be in good standing with state and federal regulatory bodies and is reviewed and approved by an accrediting body **OR**
  - ii. If not accredited provider has passed a CMS or state survey
5. The Credentialing department may terminate the organizational provider from participation in CCHP network, if criteria within this policy is not met. The credentialing department shall give the provider notice of any termination as defined in the provider's contract.

**APPENDICES:**

Appendix A – Verification table

Appendix B - Organizational Provider Assessment/Reassessment Application

**CITATIONS AND REFERENCES:**

NCQA requirements: CR7 A,B,C

CCHP Practitioner and Organizational Provider Suspension, Termination and Appeal Rights

U.S. Census Bureau (<https://www.hrsa.gov/rural-health/about-us/definition/datafiles.html>)

<b>Effective Date:</b> 8/16/2021	<b>Approval Date:</b> 8/30/2023	<b>Approving Committee</b> Quality Oversight Committee
<b>Policy Owner:</b> Jennifer Stewart	<b>Department Owner:</b> Credentialing	<b>Next Review Date</b> 8/2025
<b>Revision log</b>		
8/16/2021	New policy	
7/8/2022	Annual review – minor formatting changes.	
8/30/2023	Annual review	
8/5/2025	Updates for 2025 NCQA Standards and Guidelines	

## Appendix A – Verification Table

VERIFICATION TABLE		Applies To		
Item	Primary Source	Applicable Facility	Initial Cred	Recred
State Licensure	<p>State Licensing website for any state in which facility holds an active license</p> <ul style="list-style-type: none"> <li>• Documented visual inspection of the original certificate.</li> <li>• State certificate.</li> <li>• <a href="https://www.forwardhealth.wi.gov/WIPortal/subsystem/public/DQAPermissionSearch.aspx">https://www.forwardhealth.wi.gov/WIPortal/subsystem/public/DQAPermissionSearch.aspx</a></li> </ul>	BH_SUBABUSE, BH_MH, BH_RES, HHA, HOS_CRE, HOSP, SNF	X	X
DEA	<ul style="list-style-type: none"> <li>• DEA or CDS certificate.</li> <li>• Documented visual inspection of the original certificate.</li> <li>• <a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a></li> </ul>	BH_MH, HOSP	X	X
Accreditation	<ul style="list-style-type: none"> <li>• AAAASF- <a href="https://www.quada.org/accredited-facilities-directory-under-construction">https://www.quada.org/accredited-facilities-directory-under-construction</a></li> <li>• AAAHC- <a href="https://www.aaahc.org/find-accredited-organizations/">https://www.aaahc.org/find-accredited-organizations/</a></li> <li>• CARF- <a href="https://carf.org/find-provider/">https://carf.org/find-provider/</a></li> <li>• CHAP- <a href="https://locator.chaplinq.org/">https://locator.chaplinq.org/</a></li> <li>• CIQH- <a href="https://cihq.org/acc-hospital-quality-check.aspx">https://cihq.org/acc-hospital-quality-check.aspx</a></li> <li>• COA- <a href="https://www.social-current.org/impact-areas/coa-accreditation/accreditation-search/">https://www.social-current.org/impact-areas/coa-accreditation/accreditation-search/</a></li> <li>• HFAP- <a href="https://achc.org/find-organizations/">https://achc.org/find-organizations/</a></li> <li>• NCQA- <a href="https://reportcards.ncqa.org/">https://reportcards.ncqa.org/</a></li> <li>• <a href="https://www.jointcommission.org/en/about-us/recognizing-excellence/find-accredited-international-organizations">https://www.jointcommission.org/en/about-us/recognizing-excellence/find-accredited-international-organizations</a></li> </ul>	All Facilities	X	X
CLIA Certification	<ul style="list-style-type: none"> <li>• <a href="https://qcor.cms.gov/advanced_find_provider.jsp?which=4&amp;backReport=active_CLIA.jsp">https://qcor.cms.gov/advanced_find_provider.jsp?which=4&amp;backReport=active_CLIA.jsp</a></li> </ul>	BH_MH, HOS_CRE, HOSP	X	X
NPI	<ul style="list-style-type: none"> <li>• <a href="https://npiregistry.cms.hhs.gov/search">https://npiregistry.cms.hhs.gov/search</a></li> </ul>	All Facilities	X	
Malpractice History	<ul style="list-style-type: none"> <li>• National Practitioner Databank (NPDB) <ul style="list-style-type: none"> <li>◦ <a href="https://iqrs.npdb.hrsa.gov/">https://iqrs.npdb.hrsa.gov/</a></li> </ul> </li> </ul>	All Facilities	X	X
CMS Survey Status	<ul style="list-style-type: none"> <li>• <a href="https://www.forwardhealth.wi.gov/WIPortal/subsystem/public/DQAPermissionSearch.aspx">https://www.forwardhealth.wi.gov/WIPortal/subsystem/public/DQAPermissionSearch.aspx</a></li> </ul>	BH_SUBABUSE, BH_MH, BH_RES, HHA, HOSP, SNF	X	X
Medicaid Certification	<ul style="list-style-type: none"> <li>• <a href="https://www.forwardhealth.wi.gov/WIPortal/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Default.aspx</a></li> </ul>	All Facilities	X	X
Current malpractice coverage (with required limits)	<ul style="list-style-type: none"> <li>• Application</li> <li>• Documented visual inspection of the original certificate.</li> </ul>	All Facilities	X	X
Current and signed attestation confirming the correctness and completeness of the application	<ul style="list-style-type: none"> <li>• Application</li> </ul>	All Facilities	X	X
History of any State sanctions, restrictions on licensure,	<ul style="list-style-type: none"> <li>• NPDB- <a href="https://iqrs.npdb.hrsa.gov/">https://iqrs.npdb.hrsa.gov/</a></li> <li>• OIG Website- <a href="https://oig.hhs.gov/exclusions/index.asp">https://oig.hhs.gov/exclusions/index.asp</a></li> <li>• SAM.Gov Website- <a href="https://sam.gov/search/?page=1&amp;pageSize=25&amp;sort=-modifiedDate&amp;sfm%5BsimpleSearch%5D%5BkeyWordRadio%5D=ALL&amp;sfm%5Bstatus%5D%5Bisactive%5D=true">https://sam.gov/search/?page=1&amp;pageSize=25&amp;sort=-modifiedDate&amp;sfm%5BsimpleSearch%5D%5BkeyWordRadio%5D=ALL&amp;sfm%5Bstatus%5D%5Bisactive%5D=true</a></li> </ul>	All Facilities	X	X

### FACILITY TYPE LEGEND

**ASC**-Ambulatory Surgery Center

**BH\_RES**- Residential

**HOSP**-Hospital

**BH\_SUBABUSE**-Ambulatory

**HHA**-Home Health Agency

**SNF**-Skilled Nursing Facility

**BH\_MH**-Inpatient

**HOS\_CRE**-Hospice Care

## **Appendix B**

### Organizational Assessment/Reassessment Application

#### **Instructions**

This form should be printed in black or blue ink. If more space is needed than provided on the original, please attach additional sheets and reference the question(s) being answered. Any modifications to the wording or format of this application will invalidate the application.

- Please complete the application in its entirety
- Please sign and date the application
- Please attach the following, as applicable:
  - Completed Facility Self-Evaluation Form (*enclosed, if applicable; \*applies to non-accredited facilities only*)
  - Copy of the organization's licensure issued by the State (*if applicable*)
  - Copy of the organization's malpractice face sheet, showing dates and amounts of coverage
  - Copy(s) of all accreditation certificates and survey results (*if applicable*)
  - (*If not accredited*) Copy of most recent State Survey/Inspection Report, including Corrective Action Plan letter

#### **Return application and attachments to:**

**Chorus Community Health Plans Attn: Credentialing MS 6280**

**PO Box 1997**

**Milwaukee, WI 53201**

**Email: [cchp-credentialing@chw.org](mailto:cchp-credentialing@chw.org) Fax: (414) 266-5797**

#### **IMPORTANT**

In order to remain in compliance with CCHP, each organization must be recredentialed every three (3) years. To allow CCHP adequate time to process your application, please return all requested materials by their due date. Failure to provide credentialing information to CCHP will delay the credentialing process and may affect your status as a plan provider.