



## **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. Non-accredited organizational providers are subject to individual review by the Executive Director of Clinical Services and will be considered for covered individual access need, only when the Executive Director of Clinical Services review indicates compliance with CCHP standards and there are no federal or state level deficiencies or sanctions that would adversely affect quality of care or patient safety.

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
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 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
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).