

Facility Credentialing and Recredentialing

Reviewed Facilities

Harvard Pilgrim or its delegates complete a standardized process of data collection and evaluation of facilities prior to contracting to provide care to members. The same credentialing procedures are followed for all Harvard Pilgrim facilities, regardless of whether participation is with commercial or Medicare products. All facilities are required to be Medicare-certified and accredited. If the facility is not accredited, and does not have a CMS survey, then it does not meet Harvard Pilgrim's criteria for affiliation and therefore, cannot be contracted.

The following types of facilities are credentialed:

- Acute care hospitals, including critical care access hospitals
- Acute rehabilitation hospitals
- Behavioral health facilities providing mental health or substance abuse services in an inpatient, residential or ambulatory setting¹
- Cardiac rehabilitation services
- Clinics, including convenience care clinics (e.g. aka minute clinics), Rural Health Clinics, Federally Qualified Health Centers, Public Health Agency, Urgent Care Centers
- Comprehensive Outpatient Rehab Facility (CORF)
- End stage renal disease treatment facility (ESRD) (e.g. aka Dialysis Centers)
- Freestanding surgical centers (includes family planning and assisted reproductive technology)
- Rehab agency/PT/OT/ST (functional therapy groups)
- Home health care & home infusion provider
- Hospice provider
- Hyperbaric centers
- Independent laboratory, including general outpatient labs, genetics labs, sleep labs
- Inpatient mental health hospitals¹
- Radiology, including Independent diagnostic testing facility, supplier of portable x-ray services
- Skilled nursing facility (SNF)
- Supplier-Diabetes Prevention

Initial Credentialing Process

At the direction of the Harvard Pilgrim Contracting Department, a Facility Credentialing Application is sent to the facility to assist in gathering relevant information. Information provided by the facility is reviewed by credentialing specialists to determine if the facility meets Harvard Pilgrim standards. Site visits and survey results provided by regulatory agencies or accrediting agencies approved by Harvard Pilgrim may be accepted in place of a Harvard Pilgrim site visit (refer to "Facility Site Visit Exceptions" on next page). All information, including site visit findings and survey results, is evaluated and summarized by the credentialing staff. The facility credentialing committee reviews the facility information and staff recommendations.

The facility credentialing committee makes a final decision on all facility applications, either:

- Approve
- Deny
- Terminate
- Time-limited approval

Recredentialing Process

All facilities under contract with Harvard Pilgrim will undergo a recredentialing review every three years or more often if deemed necessary by the Facility Credentialing Committee or Facility Credentialing Department. The review process and standards for recredentialing are the same as those for initial credentialing, except where otherwise noted, and include:

- Gathering specific data from facilities regarding current licensure and accreditation
- Monitoring member complaints, clinical occurrences and incident reporting data to evaluate facilities on a continual basis

- Reviewing recent Accreditation report, if not accredited, review of Department of Public Health (DPH)/Centers for Medicare & Medicaid Services (CMS) survey results
- Immediately investigating serious incidents, which may include a site visit to the facility

Requirements

The following data elements are required for recredentialing:

- Applicable accreditation letter (i.e., JC), grid, summary report and acceptance letter (if applicable), or other accrediting body summary report (if applicable) (see *Accreditation Agencies* for list of approved accrediting bodies)
- Current state license (if applicable)
- Facility's most recent DPH/CMS survey result (for non-accredited facilities only)
- Copy of Medicare and Medicaid certification (if applicable)
- Absence of Medicare sanctions

If the Organizational provider participates in Medicare/Medicaid, Medicare/Medicaid certification and an absence of Medicare/Medicaid Sanctions verified via the following sources:

- Lists of Medicare/Medicaid certified providers prepared by CMS
- Letters from the State or Medicare/Medicaid fiscal intermediaries
- Letters to the provider from Medicare/Medicaid, CMS

Non-Accredited Facilities

Non-accredited facilities will be required to submit additional information, including their most recent DPH/CMS site visit report. If the facility is not accredited, and does not have a CMS survey, then it does not meet Harvard Pilgrim's criteria for affiliation and therefore, cannot be contracted.

Other Information

Additional data will be gathered from internal Harvard Pilgrim sources, including member complaints about a facility, clinical occurrence reports and incident report data.

Facility Site Visit Exceptions

- Facilities accredited by a Harvard Pilgrim-recognized accreditation agency may not be required to receive a site visit by Harvard Pilgrim.
- Site visits and survey results provided by regulatory agencies (e.g., Department of Public Health/CMS) may be accepted in lieu of a site visit by Harvard Pilgrim.
- Harvard Pilgrim may accept a recent DPH/CMS survey report from non-accredited hospitals, extended care facility, and home health agencies in place of conducting its own facility-credentialing site visit.

Accreditation Agencies

Facilities that are not accredited by one of the agencies listed below may be required to undergo a site visit by Harvard Pilgrim. Harvard Pilgrim recognizes the following accreditation agencies:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Health Care (ACHC)
- American Academy of Sleep Medicine (AASMNET)
- American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF)
- American Association of Blood Bank (AABB)
- American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP)
- American College of Radiology (ACR)
- American Society for Radiation Oncology (ASTRO)
- American Registry of Diagnostic Medical Sonogram (ARDMS)
- Board of Certification/Accreditation International (BOC)
- Center for Disease Control and Prevention National Diabetes Prevention Program (CDC)
- Centers for Medicare & Medicaid Services (CMS)

- Clinical Laboratory Improvement Amendment (CLIA)
- College of American Pathologist (CAP)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Commission on Office Laboratory Accreditation (COLA)
- Community Health Accreditation Program (CHAP)
- Council on Accreditation (COA)
- DNV Healthcare Inc. (NIAHO Hospital Accreditation Program)
- Healthcare Quality Association on Accreditation (HQAA)
- Intersocietal Accreditation Commission (IAC)
- Intersocietal Commission for the Accreditation of Nuclear Medicine (ICANL)
- Joint Commission (JC) — formally known as JCAHO (Joint Commission on Accreditation of Healthcare Organizations)
- National Abortion Federation (PPFS)
- National Association of Boards of Pharmacy
- Planned Parenthood Federation of America, Inc. (PPFA)
- The American Osteopathic Association’s Healthcare Facilities Accreditation Program (HFAP)
- The Compliance Team, Inc.
- The National Board for Accreditation for Orthotics Suppliers (NBAOS)
- Undersea & Hyperbaric Medical Society (UHMS)
- Urgent Care Association of America (UCAOA)

Investigation of Quality of Care

Harvard Pilgrim may require a site visit at a credentialed facility if one or more serious quality of care issues has been identified, resulting in a need to re-evaluate the facility’s credentialing status. Circumstances triggering such a site visit include:

- The facility credentialing committee awarded time-limited credentialing approval or monitored status approval due to quality of care issues and the committee deems an on-site assessment of the effectiveness of the facility’s corrective actions is necessary.
- The facility has been sanctioned by the State Department of Public Health, or equivalent, for quality of care deficiencies (i.e., admissions have been closed, or the facility has been fined by the state Department of Public Health).
- The facility’s accreditation agency has withdrawn accreditation, or has taken other significant, adverse action against the facility.

The facility has experienced a cluster, trend or pattern of quality of care problems, as identified by Harvard Pilgrim’s clinical occurrence reports, state Department of Public Health and/or CMS surveys, member concerns process or analysis of quality indicator information.

PUBLICATION HISTORY

10/15/13	original documentation
06/15/14	added urgent care centers to “Reviewed Facilities,” added CT information to “Reviewed Facilities” and “Recredentialing Process” sections
11/15/14	reviewed; no changes
10/15/15	reviewed; no changes
06/15/16	added Facility Credentialing Application to “Initial Credentialing Process”
07/15/17	added Urgent Care Association of America (UCAOA) to “Accreditation Agencies”
04/01/18	added Centers for Medicare & Medicaid Services (CMS) to “Accreditation Agencies”
09/04/18	removed facility communication policy and procedure information
11/01/18	added Medicare/Medicaid sanctions verification sources; administrative edits for clarity
12/03/18	updated “Reviewed Facilities;” updated “Accreditation Agencies”
01/01/22	updated document format
01/01/23	reviewed; no changes