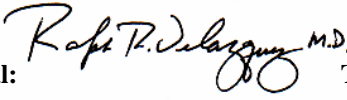




<b>Binder:</b>	<u>Credentialing Committee</u>		
<b>Policy Number</b>			
<b>&amp; Title:</b>	<u>QM.CRD.08 Credentialing of Health Care Delivery Organizations</u>		
<b>Author:</b>	<u>Teresa Brown</u>	<b>Original</b>	<b>Date:</b> <u>5/27/98</u>
<b>Replaces:</b>	<u>N/A</u>	<b>Revision</b>	<b>Date(s):</b> <u>6/18/99, 5/24/00, 2/16/01, 4/4/03, 4/28/05, 7/26/06, 7/08</u>
<b>Approval:</b>			<b>Title:</b> VP & Chief Medical Officer

**POLICY**

It is the policy of OSF HealthPlans that health care delivery organizations, at a minimum, meet requirements of and are in good standing with Federal and State regulatory bodies. Accreditation by JCAHO (Joint Commission on Accreditation of Healthcare Organizations), AAAHC (Accreditation Association for Ambulatory Health Care), or AAAASF (American Accreditation for Accreditation of Ambulatory Surgery Facilities, Inc.) is preferred. These requirements are prior to initial contracting and every three years thereafter.

**PROCEDURE**

1. Health care delivery organizations include the following providers:
  - a. Hospitals
  - b. Home health agencies
  - c. Skilled nursing facilities
  - d. Freestanding surgical centers
  
2. OSF HealthPlans requires the following documents for credentialing of health care delivery organizations:
  - a. Facility/Ancillary Application
  - b. JCAHO, AAAHC, or AAAASF accreditation (Optional)
  - c. A copy of the facility’s malpractice liability insurance declaration
  - d. W-9 tax form
  - e. State Licensure
  - f. Medicare Certification
  - g. If not JCAHO, AAAHC, or AAAASF accredited, OSFHP will request the following information:
    - i. Names of the members and by-laws of the governing body or designated person who functions as the governing body
    - ii. A copy of the facility’s Quality Assurance (QA) plan
    - iii. A copy of the Utilization Review (UR) plan
    - iv. A copy of the facility’s medical record keeping policies and procedures
    - v. A copy of the facility’s last Illinois Department of Public Health (IDPH) survey results showing the inspection was in compliance or the facility’s plan of correction was accepted by IDPH.
  
3. The following criteria will be used to determine whether OSF HealthPlans will conduct an on site quality assessment at the facility:
  - a. A site visit will be waived if the facility is accredited by JCAHO, AAAHC, or AAAASF. OSF HealthPlans will verify accreditation through the accrediting body.
  - b. If the facility is not accredited but is CMS certified, the Illinois Department of Public Health (IDPH) survey results will be reviewed in lieu of a site visit (see # 2,g,v above). If the survey

has not been conducted by IDPH in the previous 3 years, a site visit will be conducted by OSF HealthPlans.

- c. If the facility is neither accredited nor CMS certified, OSF HealthPlans will conduct a site visit.
4. Once the signed contract is received, all required documentation is reviewed and verified, the required documents will be presented to the Credentialing Committee for approval.
5. The above providers will be recredentialed every 3 years.