

## 2015 HMSA Facility and Ancillary Credentialing Requirements

### ***Facility and ancillary provider types include, but are not limited to:***

(Air Ambulances, Ambulatory Surgical Centers, Behavioral Health/Substance Abuse (Residential, Inpatient, Ambulatory) Programs, Freestanding Partial Hospital Programs, Comprehensive Outpatient Rehab Facilities, End-Stage Renal Disease (Dialysis) Centers, Durable Medical Equipment Providers, Federally Qualified Health Centers, Rural Health Centers, Free-standing, Home Health Agencies, Hospice Programs, Hospitals, Ambulatory Infusion Therapy Centers, Independent Laboratories, MRI Free-standing Facilities, Free-standing Radiology Centers, Free-standing Skilled Nursing Facilities, Portable X-ray Suppliers)

The table below lists requirements as well as descriptions of what constitutes compliance and potential noncompliance. The examples of noncompliance are not exclusive. Providers not meeting the compliance standard will receive additional review by the Credentialing Committee.

<b>Requirement</b>	<b>Compliance standard</b> (No additional review required)	<b>Examples of potential noncompliance</b> (Situations that may constitute noncompliance. These examples are not exclusive.)
<b>1. Accreditation</b>	Facility/Program Providers will meet at least one of the following:  1. Certification from a Nationally recognized qualified accreditation body;  2. State of Hawaii facility on-site assessment. Must furnish a copy of the letter. Date of the assessment letter must be within 3 years.	Denial or cancellation of prior accreditation.  If facility is not accredited, it must meet pass the on-site assessment by the State of Hawaii.
<b>2. State Licensure</b> (if applicable)  <b>*CLIA is required for Labs.</b>	Facility/Program must possess all applicable licenses. The license(s) must be in good standing.	Facility does not have a license in good and unrestricted standing. State licensing agency has restricted, conditioned, sanctioned, or limited the facility's license in any way; suspended or revoked facility's license. A regulatory agency has established a probationary or conditional agreement or any other agreement relating to the facility's license.  The facility does not furnish a copy of a current State of Hawaii license.  Laboratory does not furnish a copy of a current CLIA.

## 2015 HMSA Facility and Ancillary Credentialing Requirements (cont'd)

Requirement	Compliance standard (No additional review required)	Examples of potential noncompliance (Situations that may constitute noncompliance. These examples are not exclusive.)
<b>3. Centers for Medicare &amp; Medicaid Services (CMS)</b>  <i>(Medicare and QUEST Program Requirement)</i>	Facility holds an agreement to participate in the Medicare Program. Facility must furnish a copy of that CMS letter.	Facility does not hold an agreement with CMS.  Failure of recertification.  Denial or cancellation of prior certification.  Discontinue from participation in a Medicare or Medicare programs.
<b>4. General and Professional Liability Insurance Coverage</b>	The facility has and maintains insurance and must furnish a copy of the certificate verifying facility's location coverage.	Facility's insurance carrier limits or restricts coverage in any way.  Denial or cancellation of any prior liability insurance.
<b>5. Insurance Claims History</b>	No litigations, complaints, allegations, incidents, or issues that have resulted in a settlement and that in the opinion of the Credentialing Committee indicate patient risk.	Litigations, complaints, allegations, incidents, or issues that have resulted in a settlement and that in the opinion of the Credentialing Committee indicate patient risk.
<b>6. Disciplinary Restrictions and/or Fines</b>	No sanctions, restrictions, fines, or evidence of fraud, dishonesty, deceit, or misrepresentation related to the practitioner's professional practice or ethics.  No complaints against the facility that are reported by the licensing board that in the opinion of the Credentialing Committee indicate a potential risk to members.	Restrictions relating to quality of care have been placed on the facility's practice by a licensing board, medical review board, other administrative body, government agency, or the Medicare or Medicaid programs.  Restrictions or fines relating to unethical conduct and/or professional misconduct.  Sanctions, restrictions, or fines relating to unethical conduct and/or professional misconduct.  A type of serious complaint or trend of complaints reported that in the opinion of the Credentialing Committee indicates that the facility poses a potential risk to members.

## 2015 HMSA Facility and Ancillary Credentialing Requirements (cont'd)

Requirement	Compliance standard (No additional review required)	Examples of potential noncompliance (Situations that may constitute noncompliance. These examples are not exclusive.)
<b>7. Fraud</b>	<p>No evidence of false billing.</p> <p>No evidence of falsifying medical records, pre-authorization information, or any other document falsification related in any way to the facility's profession or practice.</p> <p>Absence of any misrepresentation or providing false, fraudulent, or misleading information in connection with any credentialing process or procedure.</p>	<p>Evidence of false billing, regardless of recoupment and regardless of whether inaccuracies are due to the direct action of the facility or due to the action of the practitioner's employees or subcontractors, if the facility knew or should have known about the inaccuracies or false billing.</p> <p>Evidence of falsifying medical records, pre-authorization information, or any other document falsification related in any way to the facility's profession or practice.</p> <p>Any misrepresentation or false, fraudulent, or misleading information submitted by the facility in connection with any credentialing process or procedure.</p>
<b>8. Professional Misconduct</b>	<p>No evidence of professional misconduct or behavior of a type that in the opinion of the Credentialing Committee indicates that the facility poses a potential risk to members.</p>	<p>Evidence of professional misconduct or behavior of a type that in the opinion of the Credentialing Committee indicates that the facility poses a potential risk to members.</p>
<b>9. Facility Site Review</b>  <b>When Applicable</b>	<p>80% or more of review criteria met.</p> <p>Facility Site Evaluations will be conducted when 3 or more complaints about the same office site are received over a 12 month period. Complaints that fall within this category include issues related to physical accessibility, physical appearance, and waiting/examination room space.</p>	<p>If less than 80% of review criteria are met, the facility will be revisited in three months.</p> <p>Continuous failure after two notifications allowing for improvement.</p> <p>Refusing to allow an evaluation of office or location.</p>
<b>10. Medical Records Review</b>  <b>When Applicable</b>	<p>80% or more of review criteria met.</p>	<p>If less than 80% of review criteria are met, the facility's records will be re-audited in three months.</p> <p>Continuous failure after two notifications allowing for improvement.</p> <p>Refusing to allow an evaluation of medical records.</p>