

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Ambulance Land Transport-Air Transport	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Dept of Health and Welfare, Bureau of Emergency Medical Services & Preparedness (Land Transport) Hard Copy from the Federal Aviation Administration (Air Transport)
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) The Commission on Accreditation of Ambulance Services (CAAS)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Ambulatory -Surgery Center	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> In lieu of state license, the Idaho Department of Health & Welfare list of approved facilities must be checked and documented in the file. 		<ul style="list-style-type: none"> Idaho Department of Health & Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> Accreditation Association for Ambulatory Health Care (AAAHC) QUAD -A American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) Accreditation Commission for Health Care (ACHC) Community Health Accreditation Program (CHAP) American Association of Ambulatory Surgery Centers (AAASC) Healthcare Facilities Accreditation Program (HFAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Birthing Center	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation – must be within the past 3 years <ul style="list-style-type: none"> All Birthing Centers must be accredited 	120 days	<ul style="list-style-type: none"> Commission for the Accreditation of Birthing Centers (CABC)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Developmental Disabilities Agency	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Diabetes Education Programs	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> American Diabetes Association (ADA) American Association of Diabetes Educators (AADE) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Diagnostic Imaging Center	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Bureau of Laboratories
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> American College of Radiology (ACR) Intersocietal Accreditation Commission (IAC) The Joint Commission (TJC) GMED LNE Group Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Dialysis Center	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Durable Medical Equipment	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> For qualified Facilities, a current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed Licensure for DME or Commercial Pharmacy will be acceptable Dental groups who are not eligible for a State DME Facility license must submit a current copy of CMS approval for DMEPOS. 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy Hard Copy from CMS
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Accreditation Commission for Health Care (ACHC) Board of Certification/Accreditation, International (BOC) Community Health Accreditation Program (CHAP) Healthcare Quality Association on Accreditation (HQAA) American Academy of Dental Sleep Medicine (AADSM) American Board for Certification in Orthotics, Prosthetics, and Pedorthotics, Inc. (ABCOPP)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Federally Qualified Health Center	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Confirmation of FQHC Status with US Dept of HHS Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> US Dept of HHS HRSA Data Warehouse online Find a Health Center Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Home Health Agency	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Accreditation Commission for Health Care (ACHC) Community Health Accreditation Program (CHAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Home Infusion Therapy Pharmacy	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Hospital could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Community Health Accreditation Program (CHAP) Pharmacy Compounding Accreditation Board (PCAB) Health Care Quality Association on Accreditation (HCQAA) Accreditation Commission for Health Care (ACHC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

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Home Infusion Therapy Services	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> Accreditation Commission for Health Care (ACHC) The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Hospice	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> In lieu of state license, the Idaho Department of Health & Welfare list of approved facilities must be checked and documented in the file. 		<ul style="list-style-type: none"> Idaho Department of Health & Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> Accreditation Commission for Health Care (ACHC) The Joint Commission (TJC) Community Health Accreditation Program (CHAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Hospital General Acute Care • Critical Access • Rehabilitation • Psychiatric	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Hospital could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Det Norske Veritas (DNV) Commission on Accreditation of Rehabilitation Facilities (CARF) – Rehab Hospitals Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet
	All Other requested Reports/ Policies/ Procedures	<ul style="list-style-type: none"> EMTALA <i>*Does not apply for Rehab or Psych Hospitals</i> <ul style="list-style-type: none"> Maintain and adhere to a policy consistent with current requirements of the Emergency Medical Treatment and Labor Act ER <i>*Does not apply for Rehab or Psych Hospitals</i> <ul style="list-style-type: none"> Provide 24/7x365 emergency department care and accept emergency transport (ground ambulance and/or air ambulance) At-Risk populations <ul style="list-style-type: none"> Maintain and adhere to a policy of providing care to at-risk populations without discrimination based on ability to pay Provide appropriate 24/7 clinical service to maintain consistent and timely quality of care to patients Medical Staff Bylaws 	120 days	<ul style="list-style-type: none"> Copy of all appropriate Reports, Policies, and Procedures <p style="text-align: center;"><i>Must provide at Initial Credentialing</i></p>

FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

atric	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
		<ul style="list-style-type: none">• Report showing of the total population served in the most recent 12 months by percentage of:<ul style="list-style-type: none">○ Medical admissions and average length of stay○ Surgical admissions and average length of stay		

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Independent Diagnostic Testing Facility	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> Intersocietal Accreditation Commission The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Laboratory	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services Web Verification from the CMS Website
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> American Association of Blood Banks (AABB) American Association for Laboratory Accreditation (A2LA) American Society for Histocompatibility and Immunogenetics Commission on Office Laboratory Accreditation (COLA) College of American Pathologists (CAP) The Joint Commission (TJC) Healthcare Facilities Accreditation Program (HFAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards CLIA Certificate of COMPLIANCE. <ul style="list-style-type: none"> Certificate of compliance indicates CMS has conducted a survey (inspection) and determined that the laboratory is compliant with the applicable CLIA requirements.
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Long Term Acute Care Hospitals	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Det Norske Veritas (DNV) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Mental Health – Outpatient	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> State License/Certification not required. <ul style="list-style-type: none"> The Red Tape Reduction Act and Medicaid Expansion eliminated the certification/licensure of Behavioral Health programs in Idaho. 	120 days	<ul style="list-style-type: none"> Hard Copy Letter from the ID Department of Health and Welfare confirming the elimination of this requirement.
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission Accreditation Commission for Health Care (ACHC Behavioral Health)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

Prosthetic and Orthotic	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
Prosthetic and Orthotic	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> American Board for Certification in Orthotics/Prosthetics (ABCOP) American Academy of Orthotists and Prosthetists (AAO&P) Det Norske Veritas (DNV)

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
				<ul style="list-style-type: none"> Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Public Health District	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> Public Health Accreditation Board (PHAB) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Rural Health Clinic	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> In lieu of state license, the Idaho Department of Health & Welfare list of approved facilities must be checked and documented in the file. 		<ul style="list-style-type: none"> Idaho Department of Health & Welfare
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Confirmation of RHC Status with ID Dept of Health and Welfare Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> State of Idaho Rural Health Clinic Listing Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Skilled Nursing Facility	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Commission on the Accreditation of Rehabilitation Facilities (CARF) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet
	Post Acute Care Program	<ul style="list-style-type: none"> Facilities in the counties of: Ada, Canyon and Twin Falls only 		<ul style="list-style-type: none"> Facility will comply with all criteria outlined in the PAC Network Adequacy Procedure

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Sleep Disorder Center	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	120 days	<ul style="list-style-type: none"> Hard Copy from the ID Bd or Pharmacy (Sleep Apnea Supplier DME)
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> American Association of Sleep Medicine (AASM) The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

FACILITY CRITERIA FOR PARTICIPATION GUIDELINE

NOTE: PTAN Letter must be on file for all Facility types being enrolled with MA Plans.

Substance Abuse Rehabilitation Facility	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ State Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	120 days	<ul style="list-style-type: none"> Commission on Accreditation of Rehabilitation Facilities (CARF) The Joint Commission (TJC)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	120 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Commercial General Liability \$1,000,000 per occurrence \$1,000,000 aggregate Must be current at the time of Participating Provider Committee meeting. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	120 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet