



**Health New England**  
*Where you matter.*

# Professional Credentialing & Recredentialing

Effective Date 1/1/2021 | Revised Date 08/2022

## Professional Credentialing and Recredentialing

HNE is dedicated to providing its members with access to effective health care and, as such, requires participating physicians to be board certified or board eligible within certain timeframes. Exceptions will be evaluated on a case-by-case basis.

The credentialing process is completed before a provider is accepted into the network(s). Recredentialing is conducted every two years after the initial credentialing to ensure professional qualifications remain valid and current. HNE is accredited by the National Committee for Quality Assurance (NCQA) and is fully compliant with NCQA standards.

Once approved by HNE's Credentialing Committee, a provider will be sent written notification in the form of a Welcome Letter containing the provider's effective date with HNE and the HNE provider identification number. In some instances, Health New England also delegates credentialing to vendors or provider groups.

### Providers Who Require Credentialing

Addiction Medicine Specialists	Advanced Practice Registered Nurses (APRN)
Anesthesiologists within Pain Management Practices	Behavioral Healthcare Practitioners
Certified Nurse Midwives (CNM)	Chiropractors (DC)
Doctoral Level Practitioners	Doctors of Dental Surgery (DDS)
Doctors of Medical Dentistry (DMD)	Medical Doctors
Nutritionists/Registered Dietitians	Optometrists (OD)
Oral Surgeons	Osteopathic Doctors (DO)
Physician Assistants (PA)	Podiatrists (DPM)

### Providers Who Do Not Require Credentialing

Providers who practice exclusively within the inpatient setting and who provide care to members only as a result of the member being directed to the inpatient setting do not require credentialing. These practice areas include Anesthesiology, Critical Care, Emergency Medicine, Hospitalists, Pathology, Radiology and Surgical Critical Care.

Additionally, providers who participate exclusively at a credentialed facility (Facility Staff), Physical Therapists, Occupational Therapists, Speech and Language Pathologists, do not require credentialing. Please see "Facility Credentialing and Recredentialing" below for additional information.

Practitioners who will be working on a temporary basis at a practice or facility are deemed locum tenens. If the duration of practice is less than one year, locum tenens will not need to go through the credentialing process; however the locum tenens provider must be enrolled in the HNE system. A fully completed HCAS form must be submitted to Provider Enrollment at [penrollment@hne.com](mailto:penrollment@hne.com), along with a W9. The date range during which the provider will be joining the group must also be included in the submission.

### The following are core requirements (as applicable) for all providers who require credentialing with HNE:

- Graduate education
- Residency
- Current, unrestricted license
- Malpractice coverage – \$1 million/\$3 million (minimum)
- Copy of current DEA Certificate and State Controlled Substance Registration
- Primary hospital affiliation or acceptable arrangements at an HNE contracted hospital
- Board certification and/or eligibility - if board eligible, statement of intent to become board certified if applicable
- References from persons who are knowledgeable about the clinician's competence and ethical character
- Clinician's statement regarding physical and mental health status, lack of chemical or substance impairment, history of loss or limitations of privileges or disciplinary activity
- Attestation to the correctness and completeness of the application
- Attestation to current malpractice coverage and agreement to maintain insurance at the HNE required level
- Five (5) year related work history

### Healthcare Administrative Solutions, Inc. (HCAS)

Healthcare Administrative Solutions, Inc. (HCAS) coordinates the credentialing application process and primary source verification for providers participating with or applying to participate with HNE. HCAS provides a single point of credentialing data entry that is shared by all HCAS participating health plans. HNE adds the provider to the HNE roster and sends information from the HCAS forms to the Credentialing Verification Organization (CVO). The CVO verifies this information and then passes the information to HNE for further review by the Credentialing Department and final determination by the HNE Credentialing Committee.

HCAS has entered into an arrangement with Aperture Credentialing, a national CVO and provider data management company, to centralize and streamline components of the credentialing process. Aperture Credentialing partners with the Council for Affordable Quality Healthcare (CAQH) to collect credentialing data through CAQH's Universal Provider DataSource (UPD), a central repository for credentialing information.

### Council for Affordable Quality Healthcare (CAQH)

HNE utilizes the CAQH Universal Provider DataSource (UPD) to gather credentialing data. This system enables physicians and other health care professionals to provide credentialing information to multiple health plans through a streamlined process. This eliminates redundancies and the need to print and mail credentialing applications, reduces the need for costly credentialing software, minimizes paperwork by allowing professionals to make changes online, and provides standardization and portability.

Healthcare providers must register with CAQH. You can log on to the CAQH website or contact them directly at 888.599.1771 to begin this process. Before completing the CAQH process, a provider must authorize HNE to view the information submitted. If already registered with CAQH, a provider must re-attest every 120 days to the correctness of the information submitted and update all the necessary information.

Registered providers receive automatic reminders from CAQH to review and attest to the accuracy of their data. CAQH requires providers to review and authorize the data once every four months. This can be done online or by calling the CAQH Help Desk at 888.599-1771. Providers can make changes 24/7 by phone or online. If you attest on a regular schedule, HNE and the CVO will access your most current information/documents from CAQH for timely recredentialing.

Use the links below for assistance in getting started with the credentialing process or for more information if you are recredentialing. You also may contact the HNE Credentialing Department via fax at 413.233-2808 or email at [PROVCRED@hne.com](mailto:PROVCRED@hne.com).

- [www.hcasma.org](http://www.hcasma.org)
- [www.caqh.org](http://www.caqh.org)
- [www.healthnewengland.org](http://www.healthnewengland.org)
- <https://proview.caqh.org/Login/Download?filename=PR-QuickRef.v2.pdf>

### Practitioner's Rights

During the credentialing and recredentialing process, practitioners have the right to:

- Review information submitted to support their credentialing application
- Correct erroneous information
- Receive the status of their credentialing or recredentialing application upon request
- Receive notification of these rights

### Facility/Organizational Provider Credentialing and Recredentialing

Successful completion of the credentialing process is a requirement for all facilities prior to participation in HNE's network. Recredentialing is required at a minimum of every three years, or sooner, as deemed necessary thereafter.

## Professional Credentialing and Recredentialing

The following core criteria (as applicable) will be required of facilities that seek to participate in the HNE network:

- Completed HNE Corporate Provider Application
- Completed Federally Required Disclosures (FRD) Entities form for BeHealthy Partnership/Medicaid participating facilities
- Valid, current, unrestricted state facility license
- General and professional liability coverage for the organization and any employee providing direct or indirect care to patients that meets or exceeds HNE's minimum limits of \$1million-\$3million
- No evidence of suspension or exclusion from Medicare or Medicaid during the past three years
- Most recent Department of Public Health (DPH) Survey Report (including any follow-up reports for deficiencies or complaint filed within the past year)
- Most recent survey report from an HNE accepted accrediting organization (including decision grid, summary and progress reports):
  - AAAHC: Accreditation Association for Ambulatory Health Care (<http://www.aaahc.org>) for ambulatory clinics, surgery centers, office-based surgery center practices, urgent and immediate care centers
  - AABB: Advancing Transfusion and Cellular Therapies Worldwide (<http://www.aabb.org>)
  - AASM: American Academy of Sleep Medicine (<http://www.aasmnet.org>) for sleep facilities, independent sleep practices, and DME suppliers
  - ABC: American Board for Certification in Orthotics, Prosthetics & Pedorthics (<http://www.abcop.org>) for orthotic, prosthetic, and pedorthic organizations
  - ACHC: Accreditation Commission for Health Care (<http://www.achc.org>) for home health, hospice, behavioral health, home infusion, ambulatory care, dialysis, and hospitals
  - ACR: American College of Radiology (<http://www.acr.org>) for CT, MRI, Breast MRI, Nuclear Medicine and PET, Ultrasound, Breast Ultrasound, and Stereotactic Breast Biopsy
  - BOC: Board of Certification / Accreditation (<http://www.bocusa.org>) for orthotic and prosthetic practices, and durable medical equipment
  - CAP: College of American Pathologists (<http://www.cap.org>) for laboratories
  - CARF: Commission on Accreditation of Rehabilitation Facilities (<http://www.carf.org>) for alcohol and drug rehabilitation programs, sub-acute rehabilitation units, and retirement communities
  - CHAP: Community Health Accreditation Partner (<http://www.chapinc.org>) for community based health organizations
  - CLIA: Clinical Laboratory Improvement Amendments (<https://www.cms.gov/clia>) for all laboratories
  - COA: Council on Accreditation (<http://coanet.org>) for child, youth and family services, behavioral health, aging services, and residential services
  - DNVGL: Det Norske Veritas Germanischer Lloyd DNVGL Healthcare (<http://dnvglhealthcare.com>) for hospitals
  - HFAP: Healthcare Facilities Accreditation Program (<http://www.hfap.org>) for hospitals, ambulatory surgical centers, laboratories, and behavioral health
  - IAC: Intersocietal Accreditation Commission (<http://www.intersocietal.org>) for diagnostic imaging, CT, MRI, nuclear, and PET
  - The Joint Commission (formerly JCAHO: Joint Commission on Accreditation of Healthcare Organizations) (<http://www.jointcommission.org>) for hospitals, long-term care, home care, and mental health organizations

The facility should complete and submit the HNE Corporate Provider Application (CPA) and supporting documentation. The Credentialing Department reviews the application to determine if the organizational provider meets NCQA and HNE standards.

For those facilities lacking accreditation by a recognized accrediting body, a site review and quality assessment may be required at the time of initial credentialing and recredentialing. HNE may substitute the Centers for Medicare and Medicaid (CMS) or state review in lieu of the required site visit, as long as it meets HNE's standards. To determine whether a site visit will be conducted, HNE reviews and assesses each CMS or state report with regard to the number of deficiencies identified and the scope and severity of the deficiencies, along with any other objective and relevant information.

### Accreditation Requirements for Sleep Diagnostic Testing:

As part of Health New England's continued commitment to quality of care for sleep-related disease, we will require that all providers of sleep diagnostic testing services be accredited by the American Academy of Sleep Medicine (AASM). Full accreditation through the AASM ensures that providers are not only fully capable of providing high quality diagnostic sleep testing services but are also meeting high standards for quality sleep medicine care.

Suppliers of the technical component of advanced diagnostic imaging services must be accredited.

For all lines of business, HNE follows the Centers for Medicare and Medicaid Services (CMS) accreditation requirements for suppliers that provide the technical component of advanced diagnostic imaging. CMS defines advanced diagnostic imaging procedures as including magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging such as positron emission tomography (PET). This requirement only applies to the suppliers that furnish the technical component (TC) of advanced diagnostic imaging services, not to the physicians interpreting them. Providers subject to this requirement include physicians, non-physician practitioners, and Independent Testing Facilities. Hospitals are excluded from this requirement.

### Provisional Credentialing of Advanced Diagnostic Imaging (ADI) Facilities:

Provisional credentialing for Diagnostic Imaging Technical Component will be granted for 120 days to new locations and/or to enrolled suppliers who wish to purchase additional ADI equipment or expand services by location or modality. A final decision on credentialing the new location or ADI equipment will be made during the 120-day period of provisional credentialing.