

Facility Credentialing FAQs

1. Facility Identification
 - a. Please be sure to fill out all appropriate sections so that we can update our records if need be.
2. Medical Director or Equivalent
 - a. If a physician Medical Director is not required because of state or CMS regulations please indicate that on the form and fill out with the information of whoever oversees the facility.
3. Facility Type
 - a. If the type of facility your location is licensed and operates as is not listed here please stop filling out the application and contact the Quality Improvement & Compliance department for further assistance.
4. Facility Licensure
 - a. As indicated on the first page of the application, please include a copy of an active state DOH/DHS license.
 - b. If the state your facility is in does not offer or require licensure for your facility type please clearly indicate that in this section.
5. Medicare Status
 - a. Please include proof of Medicare participation. Some items that are acceptable as proof are:
 - i. A letter from CMS confirming the facility's participation in their program
 - ii. A letter from the state DOH/DHS indicating the facility is in compliance with federal regulations
 - iii. A letter from an accrediting organization indicating the facility has achieved a 'Deemed' status
 - iv. A screenshot of the CMS website confirming the facility's participation in their program – The screenshot MUST include the URL and current date.
 - v. An email from a representative from CMS confirming the facility's participation in their program – The email MUST include the sender's email address, sent date, and sender's email signature.
 - b. If your facility is not Medicare certified or is not eligible for Medicare certification please clearly indicate that in this section and provide a reason (i.e. facility does not treat the Medicare population, the facility does not offer services covered by Medicare, etc.)
6. Accreditation
 - a. As indicated on the first page of the application, please include proof of the active accreditation. Some items that are acceptable as proof are:
 - i. A letter from the accrediting organization confirming the facility's participation in their program
 - ii. A screenshot of the accrediting organization's website confirming the facility's participation in their program – The screenshot MUST include the URL and current date.
 - iii. An email from a representative from the accrediting organization confirming the facility's participation in their program – The email MUST include the sender's email address, sent date, and sender's email signature.
 - b. If the organization the facility is accredited by is not listed please indicate which organization the facility is accredited by in the 'Other' field and also please provide the organization's website for our reference.
 - c. If your facility is accredited you can skip sections 7 and 8.
7. Non-Accredited Facility



- a. As indicated on the first page of the application, please include proof of an onsite survey by either CMS or the state's DOH/DHS and that the ***facility was found to be in compliance***. Some items that are acceptable as proof are:
 - i. A copy of the survey stating there were no deficiencies found.
 - ii. A letter from CMS or the state's DOH/DHS stating a Post-Certification Revisit (PCR) was done and the facility was found to be in compliance.
 - iii. A letter from CMS or the state's DOH/DHS stating the facility's Plan of Correction (POC) was accepted.
 - iv. An email from a representative from CMS or the state's DOH/DHS confirming the facility had an onsite survey within the past 36 months and that the facility is in compliance – The email MUST include the sender's email address, sent date, and sender's email signature.
 - b. If the facility has not had an onsite visit within the past 36 months please indicate if one has been scheduled or is forthcoming; if one is not forthcoming please clearly indicate why.
8. Health Plan Site Visit
- a. If your location is part of a larger care system that has several locations and all of those locations follow the same policies and procedures check the 'Yes' box and fill out page 6, the Policy Attestation page.
 - b. If your location is part of a larger care system that has several locations but they do not all follow the same policies and procedure or is not part of a larger care system check the 'No' box and skip to page 7.
- ❖ Policy Attestation Page
- a. This page allows you to list the locations that are part of a larger care system and follow the same policies and procedures.
 - b. Please clearly indicate which location(s) is the Main location(s) and which are the satellite locations.
 - c. If it is easier you can submit a typed list or spreadsheet of the locations but this page MUST still be signed.
9. Credentialing Program
10. Insurance Coverage
- a. HealthPartners does not require facilities to fill out this section or submit proof of insurance.
- ❖ Facility Credentialing Application Languages
11. Non-Medicare Certified Home Care Agency Section
- a. If the facility is not a home health care provider do NOT fill out this section.
 - b. If the facility is a home health care provider and is CMS certified do NOT fill out this section.
 - c. If you ARE filling out this section be sure to clearly indicate why CMS certification has not been pursued or granted.
12. Provider Integrity Attestation or Electronic Signature
- a. Please be sure to either physically or electronically sign the form as it is not considered complete unless it is signed.