



**ALLIANCE CARE MANAGEMENT IPA**

**CREDENTIALING CHECKLIST FOR:**

\_\_\_\_\_ **LHCSA**

**ATTACHED COPIES**

- STATE LICENSURE**
- JCAHO accreditation**
- CHAPS**
- PROOF OF INSURANCE**
- TAX ID # \_\_\_\_\_**
- LIVING WAGE ATTESTATION (to be submitted quarterly)**

**REQUIREMENTS**

**IPA Providers agree, to comply with, participate in, and be bound by the applicable rules, policies, procedures and programs of the MCO including, without limitation and attest that the following are in place and available for review:**

- Utilization Management and Utilization Review (including preauthorization, referral processes and pre-certification procedures, concurrent and retrospective (pre-payment and post-payment) review);**
- Care management;**
- Quality Assurance and improvement (including any applicable plan of correction);**
- Member grievances and appeals;**

- External review programs;
- Encounter data reporting-electronic visit verification
- Performance improvement and Member satisfaction surveys;
- Outcome measurements;
- Credentialing;
- Compliance and Fraud, Waste and Abuse detection and prevention;
- Notice of Non Coverage and PRO Reviews;
- HEDIS and QARR reporting requirements.
- 24 hour access
  
- Electronic Data transfer & Billing submittal

**CREDENTIALING PROCESS COMPLETE**

ABILITY TO COMPLY WITH ALL REQUIREMENTS

BY: \_\_\_\_\_ date \_\_\_\_\_

TRAINING

BY: \_\_\_\_\_ date \_\_\_\_\_

SYSTEM LINKAGE

BY: \_\_\_\_\_ date \_\_\_\_\_