



General Facility Criteria

To participate with MVP Health Care® (MVP) the following are required:

Operating Certificates/Licensure/Certification

A current and active operating certificate or licensure in the state where MVP patients are serviced is required, where applicable.

Participation in Medicare (Title XVIII of the Social Security Act) and Medicaid (Title XIX of the Social Security Act)

Copies of certificates are required, where applicable.

General Liability and Professional Malpractice Insurance

Proof of general liability and professional malpractice insurance coverage is required with minimum coverage amounts of \$1 million per incident and \$3 million aggregate.

Malpractice History

MVP will obtain written confirmation from the applicant for the past 10 years of malpractice settlements (three years at time of re-credentialing). Applicants with any history of malpractice cases are required to fully document, in writing, the case specifics.

Application and Attestation

A completed MVP application containing a signed attestation statement is required for initial credentialing and at re-credentialing.

Accreditation

Organizational providers must provide proof that they have been reviewed and are accredited by one of the following:

Entity	Abbreviation	Facility Type
The Joint Commission	TJC	Hospitals, SNFs, /Home Health, Home Health/Urgent Care Centers, Ventricular Assisted Devices, Free Standing Ambulatory Surgery Centers, FQHCs, SBHCs
The American Osteopathic Association (Healthcare Facilities Accreditation Program)	HFAP	Hospitals/, Ambulatory Surgery Centers
American College of Radiologists	ACR	Free Standing Radiology Centers, Mobile Radiology Units
Intersocietal Accreditation Commission	IAC	Free Standing Radiology Centers, Mobile Radiology Units
Accreditation Association of Ambulatory HealthCare	AAAHC	Free Standing Ambulatory Surgery Centers
Det Norske Veritas Health Care Inc.	DNV	Hospitals Ventricular Assisted Devices, FQHCs, SBHCs
Community Health Accreditation Program	CHAP	Home Health Care and Hospice
Clinical Laboratory Certification Amendment certification	CLIA	Labs
Designation as a Comprehensive Bariatric Surgery Center by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program	MBSAQIP	Bariatric Surgery Centers
Foundation for the Accreditation of Cellular Therapy (FACT) for bone marrow transplants	FACT	Bone Marrow Transplants
Accreditation as a Level 1, 2 or 3 Hyperbaric Treatment Center by the Undersea and Hyperbaric Medical Society	UHMS	Hyperbaric Treatment Centers
Commission on the Accreditation of Rehabilitation Facilities	CARF	Day Treatment Health Centers (Adult and HIV/AIDS) and rehabilitation facilities
Accreditation Commission for Home Care	ACHC	Home Health Care, Home Infusion (if home care agency accreditation includes private duty nursing) and Hospice

Non-accredited organizational providers will be considered for participation based on network need as defined by MVP.

Non-accredited organizational providers must supply MVP with a copy of their CMS or state review and provide copies of their Credentialing and Quality Assurance processes. The organizational provider will need to demonstrate satisfactory completion of an on-site quality assessment using MVP-developed assessment criteria.

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Site Visit

The organizational provider must meet MVP's facility site standards. The facility reviews focus on patient safety, access and availability, confidentiality, emergency services, credentialing processes and quality-improvement processes. The corresponding medical record review is tailored to address the specific needs of each of these facility types. For a copy of the criteria for any of these facilities, contact the Credentialing Department at Credentialing@mvphealthcare.com.

At MVP's option, a CMS or state review may be substituted for an MVP-conducted site review. If MVP is using a state review in lieu of an MVP conducted site visit, MVP must verify that the review was completed within the time limits and meets MVP's site visit standards. In this instance, organizational provider applicants must provide a copy of the CMS or state review report and a copy of the organizations QI Plan and Credentialing Process. The CMS or state review must not be more than three years old at the time of verification.

Additional Exception to the Site Visit Requirement: MVP is not required to conduct a site visit if the state or CMS has not conducted a site review of the facility and the facility is in a rural area, as defined by the U.S. Census Bureau.

Access Standards

The facility must meet MVP's Access Standards for Appointment Availability, as applicable. (See QI policies and procedure on Access Standards).

The above criteria should be considered a complete list of criteria for all facility types. For facility type specific criteria please email Credentialing@mvphealthcare.com.