

ORGANIZATIONAL PROVIDER PARTICIPATION, CREDENTIALING, & CONTRACTING REQUIREMENTS

Revision Date: 03/05/2024

Notes:

* **RED indicates most recent changes or highlighted information.**

* Closed network applicants are rarely considered. Highmark performs outreach in the provider community when such services are determined to be a need. If an application is received for a closed network, no response will be provided at this time.

Requirements for all Organizational Facility Types

1. Proof of CMS participation. Acceptable proof includes PECOS Web printout that includes revalidation status, Medicare Administrative Contractor (MAC) letter confirming revalidation application is approved, Medicare Administrative Contractor (MAC) that states initial enrollment is approved. Dates on proof must not be >5 years old for all facilities/organizations except for Durable Medical Equipment Prosthetic Orthotic Supplier, or DMEPOS must be 3 years.

2. An initial facility submitting a proof of Medicare with an address that does not match the location will be Process Discontinued.

3. An in-network facility due for recredentialing and submitting proof of Medicare, with an address that does not match location, will be processed as follows:

a. Facility submits proof of application to update address on PECOS Web Printout, present to the Medical Director for one-year approval.

b. Facility does not submit proof of application to update address, present to the Network Quality and Credentials Committee for termination.

c. CMS/State Survey cannot be more than three (3) years old for Hospitals, Home Health Agencies, Skilled Nursing Facilities, Free Standing Surgical Centers, Inpatient Behavioral Healthcare Providers, Residential Behavioral Healthcare Providers and Ambulatory Behavioral Healthcare Providers and must be imaged to the file.

For other organizational provider types, the most current CMS or State review develop on when the next survey will be performed.

This must be in writing and include name of contact providing the information and imaged to the file.

5. Facility must provide current proof of liability insurance coverage that includes facility name, address, dates of coverage, and amounts of coverage.

6. Clinical Laboratory Improvement Amendments (CLIA) certificate verified as applicable. Laboratory must have CoW, COC or COA.

a. Certificate of Waiver (CoW)

b. Certificate of Provider-Performed Microscopy Procedures (PPMP)

c. Certificate of Registration (COR)

d. Certificate of Compliance (COC)

e. Certificate of Accreditation (COA)

7. Initial applicants for the Delaware Medicaid network must submit a copy of the DMAP Provider Enrollment Application approval letter.

8. New York network credentialing requirements effective 8/1/2022.

9. New York-If the license requirement is a tax certificate, the certificate is valid for all locations.

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|--|---|--|--|--|-------------------------|
| Adult Day Care/Adult Day Services (includes Day Habilitation Services) {atypical} | DE Medicaid Only | License Adult Habilitation Day-MR Department of Intellectual & Developmental Disabilities (DDDS) or Adult Day Care License from Department of Human Services. If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | N/A | N/A | No | Medicaid, if applicable. | |
| Air Ambulance-Fixed Wing | PA, WV | None | Accreditation | European Aeromedical Institute (EURAMI) Commission on Accreditation of Medical Transport Systems (CAMTS) | Yes | N/A | |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|---|--|---|--|--|-------------------------|
| Air Ambulance-Fixed Wing | NY | Certificate | Accreditation | European Aeromedical Institute (EURAMI) Commission on Accreditation of Medical Transport Systems (CAMTS) | Yes | N/A | |
| Air Ambulance-Fixed Wing | DE | License | Accreditation | European Aeromedical Institute (EURAMI) Commission on Accreditation of Medical Transport Systems (CAMTS) | Yes | Medicaid, if applicable | |
| Alcohol and Drug Counseling Agency (ADC) | DE | License (a six month provisional license can be accepted to meet this element; provisional licenses are granted when the agency needs additional time to obtain more cases in order to qualify for a state site review and full license) | Accreditation, state site survey or Highmark site survey | Office of Drug and Alcohol Programs (ODAP), Office of Mental Health (OMH), Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), American Association of Partial Hospitalization (AAPH), National Association of Private Psychiatric Health Systems (NAPPHS) Council on Accreditation (COA) | Yes | Medicaid, if applicable. | |
| Alcohol and Drug Counseling Agency (ADC) | PA | License | Accreditation, state site survey or Highmark site survey | Office of Drug and Alcohol Programs (ODAP), Office of Mental Health (OMH), Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), American Association of Partial Hospitalization (AAPH), National Association of Private Psychiatric Health Systems (NAPPHS) Council on Accreditation (COA) | Yes | Yes | |
| Ambulance (Ground or Air) | PA | License | None | N/A | Yes | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|------------------------------|--|--|---|---|--|--|--|
| Ambulance (Ground or Air) | WV | License One license is valid for multiple locations under the same vendor. | None | N/A | Yes | No | None. |
| Ambulance (Ground or Air) | DE (Closed for DE Medicaid only) | None | N/A | N/A | Yes | Medicaid, if applicable. | None. |
| Ambulance (Ground or Air) | NY | Certificate | none | N/A | Yes | Yes, if applicable | None. |
| Ambulatory Infusion Center | PA | Occupancy Permit | Accreditation *exempt if a Hemophilia Center | Joint Commission (JC) Accreditation Commission for Health Care (ACHC) | Yes Must also have NPI number | No | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. |
| Ambulatory Infusion Center | WV | License | Preferred but not required | Accreditation Commission for Health Care (ACHC) | Yes Must also have NPI number | No | |
| Ambulatory Infusion Center | DE | Business License | Accreditation *exempt if a Hemophilia Center | Joint Commission (JC) Accreditation Commission for Health Care (ACHC) | Yes Must also have NPI number | Medicaid, if applicable. | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. |
| Ambulatory Infusion Center | NY | License | Accreditation *exempt if a Hemophilia Center | Joint Commission (JC) Accreditation Commission for Health Care (ACHC) | Yes | Yes, if applicable | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|--|---|---|--|--|---|
| Ambulatory Surgical Center (ASC) (Class B and C only- single or multiple-specialty facility) | PA | License | Accreditation | Joint Commission (JC) Accreditation Association for Ambulatory Health Care (AAAHC) American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA/HFAP) | Yes | No | Initial applicants that have been operational for 12 months or more must be accredited to be eligible to apply for network participation. Initial applicants that have been operational for less than one year are eligible to apply for network participation and will have 18 months after they are credentialed to obtain accreditation. A state or Highmark site survey must be obtained for this initial credentialing. Reassessment applicants will have 18 months to obtain accreditation. |
| Ambulatory Surgical Center (ASC) (Class B and C only- single or multiple-specialty facility) | WV | Business Registration | Preferred but not required | Joint Commission (JC) Accreditation Association for Ambulatory Health Care (AAAHC) American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA/HFAP) | Yes | No | None. |
| Ambulatory Surgical Center (ASC) (Class B and C only- single or multiple-specialty facility) | DE | License, not required for Endoscopy Centers | Accreditation | Joint Commission (JC) Accreditation Association for Ambulatory Health Care (AAAHC) American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA/HFAP) | Yes | Medicaid, if applicable. | |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|--|---|--|--|--|---|
| Ambulatory Surgical Center (ASC) (Class B and C only- single or multiple-specialty facility) | NY | License | Accreditation | Joint Commission (JC) Accreditation Association for Ambulatory Health Care (AAAHC) American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA/HFAP) | Yes | Yes, if applicable | None. |
| Assisted Care Living Facility {atypical} | DE Medicaid Only | License * Assisted Care Living Facility (ACLF) or Nursing Home Facility License * If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | N/A | N/A | No | Medicaid, if applicable. | |
| Attendant Care {atypical} | DE Medicaid Only | License * If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | N/A | N/A | No | Medicaid, if applicable. | |
| Autism | (PA only) | License or Certificate of Compliance *FACILITY License or Certificate of Compliance with facility name. One certificate is acceptable for a facility with multiple locations. *PRACTITIONER License with practitioner name | Accreditation, state site survey or Highmark site survey. | Council on Accreditation (COA) Behavioral Health Center of Excellence (BHCOE) | No | If requesting/eligible for Delaware Medicaid, Medicaid Disclosure is required. | To request a Highmark site survey, submit the facility name, address, telephone number and contact name to the Supervisor, Network Quality Management via e-mail. |
| Autism | DE new mandate effective 12/11/12 | Business Registration | Accreditation, state site survey or Highmark site survey. | Council on Accreditation (COA) Behavioral Health Center of Excellence (BHCOE) | | Medicaid, if applicable | |

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|---|--|--|---|--|--|--|-------------------------|
| Behavioral Health Facilities/Centers (Professional 1500 Billers) - Mental Health & Substance Abuse | PA | License or Certificate of Compliance (COC) | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | No | No | None. |
| Behavioral Health Facilities/Centers (Professional 1500 Billers) - Mental Health & Substance Abuse | WV | License | Preferred but not required | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|--|---|---|--|--|-------------------------|
| Behavioral Health Facilities/Centers (Professional 1500 Billers) - Mental Health & Substance Abuse | DE | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) Delaware Division of Alcohol, Drug Abuse and Mental Health (DDADAMH) | Yes | Medicaid, if applicable. | None. |
| Behavioral Health Facilities/Centers (Professional 1500 Billers) - Mental Health & Substance Abuse | NY | Operating Certificate | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | Yes, if applicable | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|--|---|--|--|--|-------------------------|
| Behavioral Health Facilities/Centers (Facility UB92 Billers) - Mental Health & Substance Abuse | PA | License or Certificate of Compliance (COC). | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | No - *when only performing IOP services only | No | None. |
| Behavioral Health Facilities/Centers (Facility UB92 Billers) - Mental Health & Substance Abuse | WV | License | Preferred but not required | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|--|---|---|--|--|-------------------------|
| Behavioral Health Facilities/Centers (Facility UB92 Billers) - Mental Health & Substance Abuse | DE | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) Delaware Division of Alcohol, Drug Abuse and Mental Health (DDADAMH) | No - *when only performing IOP services only | Medicaid, if applicable. | None. |
| Behavioral Health Facilities/Centers (Facility UB92 Billers) - Mental Health & Substance Abuse | NY | Operating Certificate | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | Yes, if applicable | None. |
| Birth Center | PA | License | Accreditation | Commission for the Accreditation of Birth Centers | No | No | None. |
| Birth Center | WV | License | Accreditation | Commission for the Accreditation of Birth Centers | No | No | None. |
| Birth Center | DE | License | Accreditation | Commission for the Accreditation of Birth Centers | No | Medicaid, if applicable. | None. |

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|--|--|--|---|--|--|--|---|
| Birth Center | NY | License | Accreditation | Commission for the Accreditation of Birth Centers | No | Yes, if applicable | None. |
| Cancer Treatment Center | PA | None- if free-standing License is required if facility is hospital-based or linked | Accreditation | Joint Commission (JC) Accreditation Association for Ambulatory Health Care (AAAHC) American College of Radiology (ACR) | Yes | No | Initial applicants: If not accredited, must undergo an onsite review by Highmark to ensure facility meets appropriate standards for accrediting. Accreditation must be obtained within 18 months or contract may be terminated. |
| Cancer Treatment Center | WV | NA | NA | NA | NA | NA | None. |
| Cancer Treatment Center | DE | None | Accreditation | Joint Commission (JC) Accreditation Association for Ambulatory Health Care (AAAHC) American College of Radiology (ACR) | Yes | Medicaid, if applicable. | This provider type is currently credentialed under the acute care facility it resides in. Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. |
| Comprehensive Outpatient Rehabilitation Center (CORF) | PA | None | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP) Commission on Accreditation of Rehabilitation Facilities (CARF) | Yes, CORF designation on welcome letter. | No | None. |
| Comprehensive Outpatient Rehabilitation Center (CORF) | WV | License | Preferred but not required | Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP) or Commission on Accreditation of Rehabilitation Facilities (CARF) | Yes, CORF designation on welcome letter. | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|---|--|--|--|
| Comprehensive Outpatient Rehabilitation Center (CORF) | DE | None | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP) or Commission on Accreditation of Rehabilitation Facilities (CARF) | Yes, CORF designation on welcome letter. | Medicaid, if applicable. | None. |
| Comprehensive Outpatient Rehabilitation Center (CORF) | NY | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP) Commission on Accreditation of Rehabilitation Facilities (CARF) | Yes | Yes, if applicable | None. |
| Durable Medical Equipment (DME) | PA (closed network) | Registration | Accreditation | Joint Commission (JC), Accreditation Commission for Health Care, Inc. (ACHC), Community Health Accreditation Program (CHAP), National Association of Boards of Pharmacy (NABP), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP), Board Certification /Accreditation Intl (BCAI), Commission on Accreditation of Rehabilitation Facilities (CARF), HealthCare Quality Association on Accreditation (HQAA), The Compliance Team, National Board of Accreditation for Orthotic Suppliers (NBAOS), Board of Certification /Accreditation (BOCA) | Yes | No | DME suppliers that are a Pharmacy are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also, DME can be exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter and the attestation documentation. PECOS exemption from accreditation is acceptable in place of accreditation. "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" CHAP accreditation covers the parent location and any associated satellite |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|---|--|--|--|
| Durable Medical Equipment (DME) | WV (closed network) | Registration | None | None | Yes | No | "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" |
| Durable Medical Equipment (DME) | DE (closed network except for DE Medicaid) | Business License | Accreditation | Joint Commission (JC), Accreditation Commission for Health Care, Inc. (ACHC), Community Health Accreditation Program (CHAP), National Association of Boards of Pharmacy (NABP), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP), Board Certification /Accreditation Intl (BCAI), Commission on Accreditation of Rehabilitation Facilities (CARF), HealthCare Quality Association on Accreditation (HQAA), The Compliance Team, National Board of Accreditation for Orthotic Suppliers (NBAOS), Board of Certification /Accreditation (BOCA) | Yes | Medicaid, if applicable. | DME suppliers that are a Pharmacy are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also, DME can be exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter and the attestation documentation. PECOS exemption from accreditation is acceptable in place of accreditation. "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" CHAP accreditation covers the parent location and any associated satellite |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|---|--|--|--|
| Durable Medical Equipment (DME) | NY-Closed | Operating or Tax Certificate. | Accreditation | Joint Commission (JC), Accreditation Commission for Health Care, Inc. (ACHC), Community Health Accreditation Program (CHAP), National Association of Boards of Pharmacy (NABP), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP), Board Certification /Accreditation Intl (BCAI), Commission on Accreditation of Rehabilitation Facilities (CARF), HealthCare Quality Association on Accreditation (HQAA), The Compliance Team, National Board of Accreditation for Orthotic Suppliers (NBAOS), Board of Certification /Accreditation (BOCA) | Yes | Yes, if applicable | DME suppliers that are a Pharmacy are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also, DME can be exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter and the attestation documentation. PECOS exemption from accreditation is acceptable in place of accreditation. "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" CHAP accreditation covers the parent location and any associated satellite |
| Health Department | NY | License | none | N/A | Yes | Yes, if applicable | None. |
| Hearing Aid Dealers/Fitters | PA | Registration | None | None | No | No | This service is not covered by Medicare Part B; therefore the facility will not be enrolled or have a Medicare Welcome Letter. This service is covered by Medicare Advantage; in order to be credentialed for this network, the criteria noted in this section will meet the requirements. This information is applicable to PA, WV, |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|---|---|--|--|--|---|
| Hearing Aid Dealers/Fitters | WV | Registration | None | None | No | No | None. |
| Hearing Aid Dealers/Fitters | DE | None | None | None | No | Medicaid, if applicable. | None. |
| Hearing Aid Dealers/Fitters | NY | License | none | None | No | Yes, if applicable | None. |
| Home and Community Based Services (HCBS) {atypical} Includes: * Case Management (CM) *Intermediate Care (IC) *Crisis Intervention (CI) | DE Medicaid only | License If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | N/A | N/A | No | Medicaid, if applicable. | *recredentialing annually |
| Home Delivered Meals {atypical} | DE Medicaid only | License If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | N/A | NA | No | Medicaid, if applicable. | |
| Home Health Agency (HHA) | PA (closed network) | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | No | Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting Parent location documents cover branch locations. CHAP accreditation covers the parent location and any associated satellite locations. |
| Home Health Agency (HHA) | WV (closed network) | Registration | Preferred but not required | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | No | Note: The state of Ohio does not issue licenses for Home Health Agency. An application for an Ohio HHA can be processed without a license. CHAP accreditation covers the parent location and any associated satellite locations. |

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|--|--|---|---|--|--|--|---|
| Home Health Agency (HHA) *Includes Home Health Agency-Aide Only | DE (closed Commercial network Only) (Open for DE Medicaid only) | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | Medicaid, if applicable. | None. |
| Home Health Agency | NY | License/Certification, valid for address and service area counties listed on certificate. | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | Yes, if applicable | None. CHAP accreditation covers the parent location and any associated satellite locations. |
| Home Infusion Therapy | PA | License | Accreditation | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) HealthCare Quality Association on Accreditation (HQAA) Utilization Review Accreditation Commission (URAC) | Yes | No | None. CHAP accreditation covers the parent location and any associated satellite locations. |
| Home Infusion Therapy | WV | License | Preferred, but not required | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) HealthCare Quality Association on Accreditation (HQAA) Utilization Review Accreditation Commission (URAC) | Yes | No | None. CHAP accreditation covers the parent location and any associated satellite locations. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|-------------------------------------|--|--|---|--|--|--|---|
| Home Infusion Therapy | DE | None | Accreditation | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) HealthCare Quality Association on Accreditation (HQAA) Utilization Review Accreditation Commission (URAC) | Yes | Medicaid, if applicable | None. CHAP accreditation covers the parent location and any associated satellite locations. |
| Home Infusion Therapy | NY | License | Accreditation | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) HealthCare Quality Association on Accreditation (HQAA) Utilization Review Accreditation Commission (URAC) | Yes | Yes, if applicable | None. CHAP accreditation covers the parent location and any associated satellite locations. |
| Homemaker/Chore Services {atypical} | DE Medicaid only | Licenself Exempt from licensure-must subr | N/A | N/A | No | Medicaid, if applicable. | |
| Hospice | PA (closed network) | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | No | |
| Hospice | WV (Closed network) | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | No | None. CHAP accreditation covers the parent location and any associated satellite locations. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|---|---|---|--|--|---|
| Hospice | DE (open for DE Medicaid only) | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | Medicaid, if applicable. | None. CHAP accreditation covers the parent location and any associated satellite locations. |
| Hospice | NY (Closed for MA) | Certification, valid for address and service area counties listed on certificate. | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Accreditation Commission for Healthcare (ACHC), Community Health Accreditation Program (CHAP) | Yes | Yes, if applicable | None. CHAP accreditation covers the parent location and any associated satellite locations. Parent location documents cover branch locations. |
| Hospital - Acute Care Specialty Long-Term Care Rehabilitation | PA | License | Accreditation, state site survey or Highmark site survey. | Accreditation Commission for Healthcare (ACHC), Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP), Commission on Accreditation of Rehabilitation Facilities (CARF), American Osteopathic Association /Healthcare Facilities Accreditation Program (AOA/HFAP), Det Norske Veritas (DNV), Council on Accreditation (COA), The Center for Improvement in Healthcare Quality (CIHQ) | Yes | No | Parent (Main) Hospital license is acceptable for all satellite locations. |
| Hospital - Acute Care Specialty Long-Term Care Rehabilitation | WV | License | Preferred but not required | Accreditation Commission for Healthcare (ACHC), Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP), Commission on Accreditation of Rehabilitation Facilities (CARF), American Osteopathic Association /Healthcare Facilities Accreditation Program (AOA/HFAP), Det Norske Veritas (DNV), Council on Accreditation (COA), The Center for Improvement in Healthcare Quality (CIHQ) | Yes | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|---|---|---|--|--|-------------------------|
| Hospital - Acute Care Specialty Long-Term Care Rehabilitation | DE | License | Accreditation, state site survey or Highmark site survey. | Accreditation Commission for Healthcare (ACHC), Joint Commission (JC), Healthcare Facilities Accreditation Program (HFAP), Commission on Accreditation of Rehabilitation Facilities (CARF), American Osteopathic Association /Healthcare Facilities Accreditation Program (AOA/HFAP), Det Norske Veritas (DNV), Council on Accreditation (COA), The Center for Improvement in Healthcare Quality (CIHQ) | Yes | Medicaid, if applicable. | None. |
| Hospital - Acute Care Specialty Long-Term Care Rehabilitation | NY | License | Accreditation, state site survey or Highmark site survey. | Accreditation Commission for Healthcare (ACHC), American Osteopathic Association/Healthcare Facilities Accreditation (AOA/HFAP), DNV Healthcare (DNV), The Joint Commission (JC), Center for Improvement in Healthcare Quality (CIHQ), Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) | Yes | Yes, if applicable | None. |
| In-Home Respite (atypical) *includes Pediatric Respite | DE Medicaid only | License required: Personal Assistance Serv | N/A | N/A | No | Medicaid, if applicable. | |
| In-Home Supportive Care | PA Medicare Advantage only (Closed Network) | License | Accreditation, state site survey or Highmark site survey. | Joint Commission | Yes | No | |
| In-Home Supportive Care | DE Medicaid only | N/A | N/A | N/A | N/A | Yes | |
| In-Home Supportive Care | NY Medicaid only | License/Certification, valid for address and service area counties listed on certificate. | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Council on Accreditation (COA) | N/A | Medicaid, if applicable | |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|---|--|--|---|
| Independent Diagnostic Testing Facilities (IDTF) Includes: *Portable x-ray suppliers *Sleep Testing *Home/PT/INR Based Testing For PA, WV, & DE | All | Proof of CMS participation (CMS verifies the providers are in good standing with State and federal agencies) | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), American College of Radiology (ACR), The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL), The Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL), The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL), The Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), American Institute of Ultrasound in Medicine (AIUM), *Community Health Accreditation Program (CHAP) for Home/PT/INR based testing only, Accreditation Commission for Health Care, Inc. (ACHC), American Academy of Sleep Medicine (AASM) | Yes | No If a Medicaid participating provider, then yes | None. CHAP accreditation covers the parent location and any associated satellite locations. *CHAP for Home /PT/INR based testing must submit letter and certificate with Home Medical Equipment |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|---|---|--|--|--|--|
| Independent Diagnostic Testing Facilities (IDTF) Includes: *Portable x-ray suppliers *Sleep Testing *Home/PT/INR Based Testing | NY | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), American College of Radiology (ACR), The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL), The Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL), The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL), The Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), American Institute of Ultrasound in Medicine (AIUM),*Community Health Accreditation Program (CHAP) for Home/PT/INR based testing only, Accreditation Commission for Health Care, Inc. (ACHC), American Academy of Sleep Medicine (AASM) | Yes | Yes, if applicable | None. CHAP accreditation covers the parent location and any associated satellite locations. *CHAP for Home /PT/INR based testing must submit letter and certificate with Home Medical Equipment |
| Independent Diagnostic Testing Facilities (IDTF)-cardiac monitoring | All | Proof of CMS participation (CMS verifies the providers are in good standing with State and federal agencies) | Accreditation or CMS survey (Medicare letter with IDTF type and attachmnet of diagnostic services | Joint Commission (JC) | yes | no | None. |
| Inpatient Respite {atypical} | DE Medicaid only | License Required: Assisted Care Living Facility (ACLF) or Nursing Home Facility License If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | N/A | NA | No | Medicaid, if applicable. | |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|------------------------------|--|---|---|--|--|--|--|
| Laboratory | PA (closed network) | License/permit or CLIA Certificate: Certificate of Compliance {CoC}; Certificate of Accreditation {CoA}; or Certificate of Waiver {CoW} | Accreditation, state site survey or Highmark site survey (If Facility has CoW, it is exempt from this requirement.) *exempt if a Hemophilia Center | College of American Pathologists (CAP), Commission on Office Laboratory Accreditation (COLA) or CLIA Certificate of Compliance (COC) or Certificate of Accreditation (COA) Joint Commission (JC) | Yes | No | |
| Laboratory | WV (closed network) | License/permit or CLIA Certificate: Certificate of Compliance {CoC}; Certificate of Accreditation {CoA}; or Certificate of Waiver {CoW} | Preferred but not required (If Facility has CoW, it is exempt from this requirement.) | College of American Pathologists (CAP), Commission on Office Laboratory Accreditation (COLA) or CLIA Certificate of Compliance (COC) or Certificate of Accreditation (COA) Joint Commission (JC) | Yes | No | |
| Laboratory | DE (closed network) | License/permit or CLIA Certificate: Certificate of Compliance {CoC}; Certificate of Accreditation {CoA}; or Certificate of Waiver {CoW} | Accreditation, state site survey or Highmark site survey (If Facility has CoW, it is exempt from this requirement.) *exempt if a Hemophilia Center | College of American Pathologists (CAP), Commission on Office Laboratory Accreditation (COLA) or CLIA Certificate of Compliance (COC) or Certificate of Accreditation (COA) Joint Commission (JC) | Yes | Medicaid, if applicable. | |
| Laboratory | NY-Closed | License | Accreditation, state site survey or Highmark site survey (If Facility has CoW, it is exempt from this requirement.) *exempt if a Hemophilia Center | College of American Pathologists (CAP), Commission on Office Laboratory Accreditation (COLA), CLIA Certification of Accreditation (COA) or CLIA Certificate of Compliance (COC). | Yes | Yes, if applicable | |
| Methadone Clinics | PA | License | Accreditation | CARF, COA, TJC, Missouri Department of Mental Health Division of Behavioral Health, NCCHC, Washington State Department of Social and Health Services Division of Behavioral Health and Recovery. | Effective 9/1/20 Yes must submit proof of CMS OTP approval letter to have the Medicare network | If participating in Medicaid, Yes, Medicaid disclosure | License types that can be accepted: Full, Provisional, Restrictions Effective 9/1/20 Proof of SAMHSA certification required for the Commercial networks per location |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|---|---|--|--|--|--|
| Methadone Clinics | DE | License | Accreditation | CARF, COA, TJC, Missouri Department of Mental Health Division of Behavioral Health, NCCHC, Washington State Department of Social and Health Services Division of Behavioral Health and Recovery. | Yes must submit proof of CMS OTP approval letter to have the Medicare network | Medicaid, if applicable. | License types that can be accepted: Full, Provisional, 1 year Effective 9/1/20 Proof of SAMHSA certification required for the Commercial networks per location |
| Methadone Clinics | WV | License | Accreditation | CARF, COA, TJC, Missouri Department of Mental Health Division of Behavioral Health, NCCHC, Washington State Department of Social and Health Services Division of Behavioral Health and Recovery. | Effective 9/1/20 Yes must submit proof of CMS OTP approval letter to have the Medicare network | No | License types that can be accepted: Initial, Provisional, Renewal Effective 9/1/20 Proof of SAMHSA certification required for the Commercial networks per location |
| Minor Home Modifications {atypical} | DE Medicaid Only | License If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | NA | NA | No | Medicaid, if applicable. | |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|------------------------------------|--|--|---|--|--|--|--|
| Orthotics & Prosthetics | PA (closed network) | Registration | Accreditation | Joint Commission (JC), Accreditation Commission for Health Care, Inc. (ACHC), Community Health Accreditation Program (CHAP), National Association of Boards of Pharmacy (NABP), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP), Board Cert/Accreditation International (BCAI), Commission on Accreditation of Rehabilitation Facilities (CARF), HealthCare Quality Association on Accreditation (HQAA), The Compliance Team, National Board of Accreditation for Orthotic Suppliers (NBAOS), American Board for Certification in Orthotics & Prosthetics (ABC), Board for Orthotist, Prosthetist Certification (BOC), Board of Certification/Accreditation (BOCA) | Yes | No | Effective 8/15/16, for PA and DE these are closed networks for initial files. Special consideration can be approved by contracting. If O & P supplier is a Pharmacy, they are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also acceptable, CMS/MAC letter stating attestation is approved, as well as a copy of the attestation. "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" CHAP accreditation covers the parent location and any associated satellite locations. Vendors located in |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|------------------------------------|--|--|---|--|--|--|--|
| Orthotics & Prosthetics | WV (closed network) | Registration | Accreditation | Joint Commission (JC), Accreditation Commission for Health Care, Inc. (ACHC), Community Health Accreditation Program (CHAP), National Association of Boards of Pharmacy (NABP), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP), Board Cert/Accreditation International (BCAI), Commission on Accreditation of Rehabilitation Facilities (CARF), HealthCare Quality Association on Accreditation (HQAA), The Compliance Team, National Board of Accreditation for Orthotic Suppliers (NBAOS), American Board for Certification in Orthotics & Prosthetics (ABC), Board for Orthotist, Prosthetist Certification (BOC), Board of Certification/Accreditation (BOCA) | Yes | No | Effective 8/15/16, for PA and DE these are closed networks for initial files. Special consideration can be approved by contracting. If O & P supplier is a Pharmacy, they are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also acceptable, CMS/MAC letter stating attestation is approved, as well as a copy of the attestation. "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" CHAP accreditation covers the parent location and any associated satellite locations. Vendors located in |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|------------------------------------|--|--|---|--|--|--|---|
| Orthotics & Prosthetics | DE (closed network) (Open for DE Medicaid only) | Business License | Accreditation | Joint Commission (JC), Accreditation Commission for Health Care, Inc. (ACHC), Community Health Accreditation Program (CHAP), National Association of Boards of Pharmacy (NABP), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP), Board Cert/Accreditation International (BCAI), Commission on Accreditation of Rehabilitation Facilities (CARF), HealthCare Quality Association on Accreditation (HQAA), The Compliance Team, National Board of Accreditation for Orthotic Suppliers (NBAOS), American Board for Certification in Orthotics & Prosthetics (ABC), Board for Orthotist, Prosthetist Certification (BOC), Board of Certification/Accreditation (BOCA) | Yes | Medicaid, if applicable. | Effective 8/15/16, for PA and DE these are closed networks for initial files. Special consideration can be approved by contracting. If O & P supplier is a Pharmacy, they are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also acceptable, CMS/MAC letter stating attestation is approved, as well as a copy of the attestation. "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" CHAP accreditation covers the parent location and any associated satellite locations. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|---|---|--|--|--|--|
| Orthotics & Prosthetics | NY | Operating, Tax Certificate, or Certificate of Status | Accreditation | Joint Commission (JC), Comm on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC), Office of Drug and Alcohol Programs (ODAP), American Association of Partial Hospitalization (AAPH), Board of Certification/Accreditation (BOCA), American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP) | Yes | Yes, if applicable | If O & P supplier is a Pharmacy, they are exempt from accreditation if they submit the National Supplier Clearinghouse (NSC) accreditation exemption acceptance letter. Also acceptable, CMS/MAC letter stating attestation is approved, as well as a copy of the attestation. |
| Personal Care | NY Medicaid only | N/A | N/A | | No | Yes, if applicable | |
| Pediatric Extended Care Facilities | PA | License | Accreditation, state site survey or Highmark site | Joint Commission | No | No | None. |
| Pediatric Extended Care Facilities | WV | N/A | Accreditation, state site survey or Highmark site | Joint Commission | N/A | N/A | None. |
| Pediatric Extended Care Facilities | DE | License | Accreditation, state site survey or Highmark site | Joint Commission | No | Medicaid, if applicable. | None. |
| Personal Emergency Response System (PERS) {atypical} | DE Medicaid only | License If Exempt from licensure-must submit IRS 501(c)(3) nonprofit form. | NA | NA | No | Medicaid, if applicable. | *Certificate of Compliance (UL or FCC), preferred but not required |
| Personal Emergency Response System (PERS) | NY Medicaid only | N/A | NA | NA | No | Medicaid | |
| Pharmacy Based Vaccination | PA | License Pharmacy only; do not need individual pharmacist licenses | None | N/A | Yes | No | Includes all PA County Health Department. Allegheny Health Department became a provider type effective October 1, 2012 due to a CDC mandate. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|---|--|---|---|--|--|--|---|
| Pharmacy Based Vaccination | WV | License Pharmacy only; do not need individual pharmacist licenses | None | N/A | Yes | No | None. |
| Pharmacy Based Vaccination | DE | None | None | N/A | Yes | Medicaid, if applicable. | None. |
| Pharmacy Based Vaccination with Limited DME | PA | License Pharmacy only; do not need individual pharmacist licenses | None | NABP | Yes | No | None. |
| Pharmacy Based Vaccination with Limited DME | WV | License Pharmacy only; do not need individual pharmacist licenses | Preferred, but not required | NABP | Yes | No | None. |
| Pharmacy Based Vaccination with Limited DME | DE | None | None | NABP | Yes | Medicaid, if applicable. | None. |
| Pharmacy Based Vaccination with Limited DME | NY | License | none | N/A | Yes | Yes, if applicable | None. |
| Renal Dialysis | PA | None | Accreditation, state site survey | Accreditation Commission for Health Care, Inc (ACHC) National Dialysis Accreditation Commission (NDAC) | Yes | No | None. If a vendor changes locations, the PA licensing board will not resurvey. Current survey with mis-match address will still be valid. |
| Renal Dialysis | WV | Business Registration Certificate | Accreditation, state site survey or Highmark site survey. | Accreditation Commission for Health Care, Inc (ACHC) National Dialysis Accreditation Commission (NDAC) | Yes | No | None. |
| Renal Dialysis | DE | Effective 9/1/20 License | Accreditation, state site survey or Highmark site survey. | Accreditation Commission for Health Care, Inc (ACHC) National Dialysis Accreditation Commission (NDAC) | Yes | Medicaid, if applicable. | None. |
| Renal Dialysis | NY | License | Accreditation, state site survey or Highmark site survey. | Accreditation Commission for Health Care, Inc (ACHC) National Dialysis Accreditation Commission (NDAC) | Yes | Yes, if applicable | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|-------------------------------|--|--|---|---|--|--|-------------------------|
| Residential Treatment Centers | PA | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | No | None. |
| Residential Treatment Centers | WV | License | Preferred but not required | Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--------------------------------------|--|--|---|---|--|--|-------------------------|
| Residential Treatment Centers | DE | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | Medicaid, if applicable. | None. |
| Residential Treatment Centers | NY | Operating Certificate | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), Office of Mental Health, National Association of Private Psychiatric Health Systems Accreditation Commission for Health Care (ACHC) Office of Drug and Alcohol Programs (ODAP) American Association of Partial Hospitalization (AAPH) | Yes | Yes, if applicable | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|--|--|--|---|
| Retail Clinic/Worksite Wellness Center | PA | None | Accreditation | Joint Commission Accreditation Commission for Health Care (ACHC) Accreditation Association for Ambulatory Health Care (AAAHC) National Urgent Care Centers Accreditation (NUCCA) | Yes | No | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |
| Retail Clinic/Worksite Wellness Center | DE | None | Accreditation | Joint Commission Accreditation Commission for Health Care (ACHC) Accreditation Association for Ambulatory Health Care (AAAHC) National Urgent Care Centers Accreditation (NUCCA) | Yes | Medicaid, if applicable. | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |
| Retail Clinic/Worksite Wellness Center | WV | None | Accreditation, state site survey or Highmark site survey. | Joint Commission Accreditation Commission for Health Care (ACHC) Accreditation Association for Ambulatory Health Care (AAAHC) National Urgent Care Centers Accreditation (NUCCA) | Yes | No | |
| Service (Mobile Lithotripsy) | PA | Registration | Accreditation, state site survey or Highmark site survey. | Joint Commission | Yes | No | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|-----------------------------------|---|---|---|---|--|--|--|
| Service (Mobile Lithotripsy) | DE | Business License | Accreditation, state site survey or Highmark site survey. | Joint Commission | Yes | Medicaid, if applicable. | None. |
| Service (Mobile Lithotripsy) | NY | License | Accreditation, state site survey or Highmark site survey. | Joint Commission | Yes | Yes, if applicable | None. |
| Service (Optical Goods Providers) | PA | Registration | None | N/A | Yes | No | None. |
| Service (Optical Goods Providers) | DE | Business License | None | N/A | Yes | Medicaid, if applicable. | None. |
| Service (Optical Goods Providers) | NY | License | none | N/A | Yes | Yes, if applicable | None. |
| Skilled Nursing Facility (SNF) | PA (closed network) | License | Accreditation, state site survey | Joint Commission (JC) | Yes | No | "Closed to network enrollment. Can be reviewed as an exception if deemed necessary by contracting" |
| Skilled Nursing Facility (SNF) | WV (Closed network) | License | Preferred but not required | Joint Commission (JC) | Yes | No | None. |
| Skilled Nursing Facility (SNF) | DE (Closed Commercial network Only) (Open for DE Medicaid only) | License not required in DE with DHSS LTC, License required if in other states | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC), Delaware Health Services Long Term Care (DHSS LTC) | YES | Medicaid, if applicable. | None. |
| Skilled Nursing Facility (SNF) | NY | License | Accreditation, state site survey or Highmark site survey. | Joint Commission (JC) | Yes | Yes, if applicable | None. |
| Sleep Center | PA | None | Accreditation | Joint Commission (JC), American Academy of Sleep Medicine (AASM) | Yes | No | Initial applicants that are not accredited must obtain accreditation |
| Sleep Center | WV | Freestanding- Registration Hospital-based-License | Accreditation | Hospital-based-Joint Commission (JC), Free-standing facility- American Academy of Sleep Medicine (AASM) Accreditation Commission for Health Care (ACHC) | Yes | No | None. |
| Sleep Center | DE | Business License | Accreditation | Joint Commission (JC), American Academy of Sleep Medicine (AASM) Accreditation Commission for Health Care (ACHC) | Yes | Medicaid, if applicable. | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|--|--|--|-------------------------|
| Specialized Medical Equipment or Supplies (Assistive Technology) {atypical} | DE Medicaid only | License | NA | NA | No | Medicaid, if applicable. | |
| Specialty Pharmacy | PA | Pharmacy License | Accreditation | Center for Pharmacy Practice Accreditation (CPPA) URAC Specialty Pharmacy Accreditation Joint Commission (JC) Accreditation Commission for Health Care (ACHC) | yes | no | None. |
| Specialty Pharmacy | DE | Pharmacy License | Accreditation | Center for Pharmacy Practice Accreditation (CPPA) URAC Specialty Pharmacy Accreditation Joint Commission (JC) Accreditation Commission for Health Care (ACHC) | yes | Medicaid, if applicable. | None. |
| Specialty Pharmacy | WV | Pharmacy License | Accreditation | Center for Pharmacy Practice Accreditation (CPPA) URAC Specialty Pharmacy Accreditation Joint Commission (JC) Accreditation Commission for Health Care (ACHC) | yes | no | None. |
| Specialty Pharmacy | NY | License | Accreditation | Center for Pharmacy Practice Accreditation (CPPA), Joint Commission (JC), Accreditation Commission for Health Care (ACHC), Utilization Review Accreditation Commission (URAC), Verified Internet Pharmacy Practice Sites (VIPPS) | Yes | Yes, if applicable | None. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|--|--|--|---|
| Support for Self-Directed Attendant Care Services {atypical} | DE Medicaid only | License If Exempt from licensu | N/A | N/A | No | Medicaid, if applicable. | |
| Transportation-Non-Emergency | NY | License | none | N/A | Yes | Yes, if applicable | |
| Urgent Care Center/Medical Aid Unit | PA (Urgent Care Cen | None | Accreditation | Joint Commission (JC), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ) Urgent Care Association of American (UCAOA) Det Norske Veritas (DNV) | Yes | No | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Effective 11/1/15, the 18 month timeframe will apply to FPH and FPLIC providers; it will replace the previous 24 month timeframe. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|--|--|--|---|--|--|--|---|
| Urgent Care Center/Medical Aid Unit | WV (Urgent Care Center) | None | Accreditation | Joint Commission (JC), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ) Urgent Care Association of American (UCAOA) Det Norske Veritas (DNV) | NA | NA | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |
| Urgent Care Center/Medical Aid Unit | DE (Medical Aid Unit) | None | Accreditation | Joint Commission (JC), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ) Det Norske Veritas (DNV) | Yes | Medicaid, if applicable. | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|-------------------------------------|--|--|---|--|--|--|---|
| Urgent Care Center/Medical Aid Unit | DE (Urgent Care Center) | Free Standing Emergency License | Accreditation | Joint Commission (JC), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ) Urgent Care Association of American (UCAOA) Det Norske Veritas (DNV) | Yes | NA | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |
| Urgent Care Center/Medical Aid Unit | MD | None | Accreditation | Joint Commission (JC), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ) Urgent Care Association of American (UCAOA) Det Norske Veritas (DNV) | N/A | Medicaid, if applicable. | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |

| Organizational Provider Type | State/LOB ("All" - applies to all states) | License, Certificate, Registration, Permit, etc. | Accreditation/CMS Survey/Highmark Site Survey | Acceptable Highmark Accreditations | Medicare Verification Required? Yes/No | Medicaid Verification Required? Yes/No | Additional Requirements |
|-------------------------------------|--|--|---|---|--|--|---|
| Urgent Care Center/Medical Aid Unit | NY | License | Accreditation | Joint Commission (JC) Urgent Care Association (UCA) American Academy of Urgent Care Medicine (AAUCM), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ), Urgent Care Association of American (UCAOA) Det Norske Veritas (DNV) | Yes | Yes, if applicable | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |
| Urgent Care Center/Medical Aid Unit | NY | License | Accreditation | Joint Commission (JC) Urgent Care Association (UCA) American Academy of Urgent Care Medicine (AAUCM), National Urgent Care Center Accreditation (NUCCA), Accreditation Association for Ambulatory Health Care (AAAHC), Center for Improvement in Healthcare Quality (CIHQ), | Yes | Yes, if applicable | Initial applicants that are not accredited must obtain accreditation within 18 months after they are credentialed. If accreditation is not obtained within that timeframe, the contract may be terminated. Initial applicants that are not accredited must undergo an onsite review by Highmark to ensure that the facility meets all of the appropriate standards for applicable accrediting entities. |

ABBREVIATIONS

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| AAAASF | American Association for Accreditation of Ambulatory Surgery Facilities |
| AAHHC | Accreditation Association for Ambulatory Health Care |
| AAPH | American Association of Partial Hospitalization |
| AASM | American Academy of Sleep Medicine |
| ABCOP | American Board for Certification in Orthotics & Prosthetics, Inc. |
| ABCOP | American Board for Certification in Orthotics & Prosthetics, Inc. |
| ACHC | Accreditation Commission for Health Care |
| ACR | American College of Radiology |
| AIUM | American Institute of Ultrasound in Medicine |
| AOA/HFAP | American Osteopathic Association/Healthcare Facilities Accreditation Program |
| BCAI | Board Certification/Accreditation International |
| BOCA | Board of Certification/Accreditation |
| BHCOE | Behavioral Health Center of Excellence |
| CAP | College of American Pathologists |
| CARF | Commission on Accreditation of Rehabilitation Facilities |
| CHAP | Community Health Accreditation Program |
| CIHQ | Center for Improvement in Healthcare Quality |
| COA | Council on Accreditation |
| COA | Clia Certificate of Accreditation |
| COC | CLIA Certificate of Compliance |
| COLA | Commission on Office Laboratory Accreditation |
| CPPA | Center for Pharmacy Practice Accreditation |
| DHSS LTC | Delaware Health Services Long Term Care |
| DNV | Det Norske Veritas |
| HFAP | Healthcare Facilities Accreditation Program |
| HQAA | HealthCare Quality Association on Accreditation |
| ICAMRL | The Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories |
| ICANL | The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories |
| ICAVL | The Intersocietal Commission for the Accreditation of Vascular Laboratories |
| JC or TJC | The Joint Commission |
| NABP | National Association of Boards of Pharmacy |
| NABP | National Association of Boards of Pharmacy |
| NAPPHS | National Association of Private Psychiatric Health Systems |
| NBAOS | National Board of Accreditation for Orthotic Suppliers |
| NCCHC | National Commission on Correctional Health Care |
| NUCCA | National Urgent Care Centers Accreditation |
| ODAP | Office of Drug and Alcohol Programs |
| OMH | Office of Mental Health |
| UCAOA | Urgent Care Association of American |