

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	

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	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.

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
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.

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 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 attachment 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

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