

Home Health Agency Network Standards *(effective 11.16.2023)*



As part of the eviCore healthcare network, we have designed a comprehensive set of Standards to ensure patients have confidence they will receive the best service available. Please REVIEW all requirements listed within this document prior to applying/reapplying to the network.

- Please contact if you have questions at Credentialing@eviCore.com.

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1. Completed application upon initial and recredentialing cycles. This includes a current signed and dated attestation.
 2. Agency must participate with Medicare and be in good standing. If the Agency is contracting for a Medicaid program within eviCore's network, the Agency is required to be in good standing with Medicaid.
 3. Certified Home Health Agency (CHHA) shall submit a copy of their Medicare approval letter.
 4. Licensed Home Health Agency (LHHA) shall submit a copy of their Medicaid approval letter.
 5. Agency must have a Department of Health Certification Survey, if required by state. If any deficiencies are identified, the Agency must provide written confirmation that the deficiencies have been adequately addressed.
 6. Agency shall maintain comprehensive general liability insurance at minimum levels required by Payer, but in no event less than \$1,000,000 per claim and \$3,000,000 in the annual aggregate.
 7. Agency has not and shall not have been disciplined, suspended, or terminated for cause from a PPO, HMO, or other managed care organization.
 8. Agency must have all appropriate license(s), accreditations and certification(s) mandated by governmental regulatory agencies, including, without limitation, any certificate of operation, and certificate of occupancy.
 9. Agency shall maintain appropriate medical records and shall, subject to applicable law, provide such records to eviCore as deemed necessary by eviCore, in its sole discretion, for the purposes of utilization management and/or quality assessment.
 10. Exceptions to the requirements can be made on a case-by-case basis to conform to network requirements at the request of a client health plan, providing the Agency otherwise meets the remainder of Standards.