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HMSA QUEST Nutrition Supports Credentialing Requirements

The table below lists requirements as well as descriptions of what constitutes compliance and potential noncompliance. The examples of potential noncompliance are not exclusive.

Requirement	**Compliance standard** (No additional review required)	**Examples of potential noncompliance** (Situations that may constitute noncompliance. These examples are not exclusive.)
1. State of Hawaii Business Registration (BREG)	Provider is active and in good standing with State of Hawaii Business Registration.	Provider does not provide evidence of active State of Hawaii Business Registration in good and unrestricted standing.
2. Hawaii General Excise Tax (GET) License	Provider must furnish a copy of an active Hawaii General Excise Tax license.	Provider does not provide a copy of an active Hawaii General Excise Tax license with an open account status.
3. Liability Insurance Coverage	The Provider has and maintains insurance in the following amounts: **General Liability** (required for all Nutrition Supports Providers) - at least $1,000,000 per occurrence, with an aggregate of at least $2,000,000; **Auto Insurance** (required if transporting food).	Provider has insurance coverage less than the specified minimum. Provider's insurance carrier limits or restricts coverage in any way. Denial or cancellation of any prior liability insurance.
4. Disciplinary Restrictions and/or Fines	No sanctions, exclusions, restrictions, fines, or evidence of fraud, dishonesty, deceit, or misrepresentation related to the provider's practice of nutrition support services. No complaints against the provider that are reported by the State of Hawaii Business Registration that in the opinion of the Credentialing Committee indicate a potential risk to members.	Restrictions relating to quality of care have been placed on the provider's practice by a licensing board, medical review board, other administrative body, government agency, or the Medicare or Medicaid programs. Sanctions, exclusions, restrictions, or fines relating to unethical conduct and/or professional misconduct. A type of serious complaint or trend of complaints reported that in the opinion of the Credentialing Committee indicates that the provider poses a potential risk to members.

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Requirement	Compliance standard (No additional review required)	Examples of potential noncompliance (Situations that may constitute noncompliance. These examples are not exclusive.)
5. Fraud	No evidence of false billing. No evidence of falsifying medical records, pre-authorization information, or any other document falsification related in any way to the provider's practice of nutrition support services. Absence of any misrepresentation or providing false, fraudulent, or Absence of any misrepresentation or providing false, fraudulent, or misleading information in connection with any credentialing process or procedure.	Evidence of false billing, regardless of recoupment and regardless of whether inaccuracies are due to the direct action of the provider or due to the action of the provider's employees or subcontractors, if the provider knew or should have known about the inaccuracies or false billing. Evidence of falsifying medical records, pre-authorization information, or any Evidence of falsifying medical records, pre-authorization information, or any other document falsification related in any way to the provider's profession or practice. Any misrepresentation or false, fraudulent, or misleading information submitted by the provider in connection with any credentialing process or procedure.
6. Professional Misconduct	No evidence of professional misconduct or behavior of a type that in the opinion of the Credentialing Committee indicates that the facility poses a potential risk to members.	Evidence of professional misconduct or behavior of a type that in the opinion of the Credentialing Committee indicates that the facility poses a potential risk to members.
7. Facility/Program's Attestation and Dispute Resolution Agreement	Form must be signed and dated.	Credentialing Application, Facility/Program's Attestation and Dispute Resolution Agreement form was submitted to HMSA with no signature.
8. QUEST Integration Additional Contracting Requirements	Form must be signed and dated with cultural competency box completed.	QUEST Integration Additional Contracting Requirements form was submitted to HMSA with no signature.
9. Cultural Competency	Cultural Competency Check box on the QUEST Integration Additional Contracting Requirements must be checked.	Cultural Competency Check box on the QUEST Integration Additional Contracting Requirements is not checked.
10. Medicaid HOKU Enrollment	HOKU enrollment with an "Active" and "Approved" status.	HOKU enrollment not showing an "Active" and "Approved" status.