The Commonwealth Care Alliance Credentialing Committee oversees the credentialing and re-credentialing process for all provider applicants to the Commonwealth Care Alliance network. The Credentialing Committee approves or denies the provider’s participation in our network based upon the review of the application, supporting documents, and results of the credentialing verification process.

In some specific instances, Commonwealth Care Alliance delegates Primary Source Verification to another entity. Notwithstanding delegation, Commonwealth Care Alliance retains the right to approve, suspend, or terminate practitioners from our network.
Credentialing and Re-credentialing Process

Types of Providers Credentialed

Commonwealth Care Alliance credentials providers that are permitted to practice independently under Massachusetts law, including but not limited to:

- Chiropractors
- Dentists
- Masters level behavioral health clinicians, including:
  - Alcohol and drug addiction counselors (BCBA, LADC, LCDP)
  - Licensed marriage and family therapists (LMFT)
  - Licensed Mental Health Counselors (LCMH, LMHC)
  - Social Workers (LSW, LICSW)
- Nurses—nurse practitioners and other advanced practice nurses (ARNP, CNS, CRNP, NP, PNMHC, RN, RNCS)
- Oral surgeons
- Physicians (MD and DO), including locum tenens physicians
- Physician assistants
- Podiatrists
- Psychologists (EDD, LP, PhD, PsyD)
- Speech, occupational, and physical therapists

Information Required for Credentialing

Commonwealth Care Alliance requires the following information for credentialing:

Application: A completed, signed and dated practitioner application form that includes work history, education and training, attestation, authorization and release, professional liability insurance information, malpractice history, disciplinary action information, board certification status, primary hospital and names of all other hospitals where you have privileges.

Work history must be submitted via the application or a CV. As of the date the application is signed, physicians must submit 10 years of history, and all other practitioners 5 years of history. Each entry of work history must be dated with the month and year. Any gap of employment of greater than 6 months must include a written explanation.

For Behavioral Health providers treating substance use disorders, providers need to report on Continuing Education Units (CEU) trainings they have participated in on substance use disorder.

Physicians must give written confirmation from their primary hospital stating that they are credentialed or re-credentialed pursuant to Massachusetts state law.

Either Commonwealth Care Alliance or a delegated contracted, NCQA certified CVO will perform and document primary source verification on certain information that you have provided to us. Examples of this information include verification of full license to practice, DEA certificate, board certification, highest level of education or training, professional liability claims history, work history, Medicare/Medicaid sanctions, and disciplinary action history. Sources of primary source verification include, but are not limited to, the National Practitioner Data Bank, state licensing agencies, malpractice carriers, and the Office of the Inspector General.
Credentialing Quality: Commonwealth Care Alliance assembles internal quality issues related to the practitioner that have been identified and documented through our ongoing quality monitoring process, including adverse events, member grievances, appeals and complaints and audits of practitioner records.

Your Right to Review and Correct Erroneous Information

You have a right to review information that we have obtained to evaluate your credentialing application, including information from outside sources, except for references, recommendations or other peer-review protected information.

If the information we receive from outside sources varies substantially from information submitted to us by you, we will notify you in writing of the discrepancy. Our letter to you will include a description of the discrepancy, a request for an explanation and/or correction from you, who you should return the letter to, and the timeframe you have to do so.

We will document receipt of your response.

Your Right to Be Informed

You have a right to be informed, upon request, of the status of your application at any time during the credentialing process. If you make an inquiry to the Credentialing Department, we will respond to any questions you have, inform you of any outstanding information needed by us prior to a credentialing/re-credentialing determination, and, if none, inform you of the date your application is scheduled to be reviewed for a final credentialing determination.

Credentialing File Review, Determinations, Notice and Reporting

After all necessary information has been collected and verified; provider credentialing files are reviewed by the Credentialing Committee to determine if credentialing criteria is met. Based on this review, practitioners may be credentialed, approved with conditions, denied initial credentialing, or terminated from participation in our programs.

Notice to Practitioners

All applicants granted initial credentialing are notified in writing of the approval no later than 60 calendar days from the approval date. Any initial applicant who is denied credentialing, or a participating practitioner whose credentials are approved with conditions or terminated, is notified in writing of the action, and the reasons therefore, within 60 calendar days from the Committee's decision. Practitioners who are re-credentialing in the ordinary course do not receive written notice.

Notice to Members

If a PCP or certain specialists are terminated for any reason, Commonwealth Care Alliance is required to notify members who have been obtaining services from these practitioners that the practitioner is no longer participating with Commonwealth Care Alliance.

Reporting

Commonwealth Care Alliance complies with all regulatory and government reporting requirements. All denials, conditional approvals or terminations that constitute disciplinary actions under state law and/or adverse professional review actions under federal law will be reported as required. Reports to the Board of Registration in Medicine are required to be made within 30 days of the date of the Credentialing Committee action.
Credentialing/Recredentialing Criteria

Practitioners are credentialed and re-credentialed based on the following credentialing criteria:

- **Contract with Commonwealth Care Alliance:** Practitioner must be contracted with Commonwealth Care Alliance
- **Completed credentialing application:** Practitioner must have submitted an accurate and fully completed credentialing application
- **Education and Training:** Practitioner must have appropriate education and training consistent with his/her profession and specialty, as further described in our Credentialing Policies and Procedures
- **License:** Practitioner must have an active and valid Massachusetts license, and additional certifications where required, to practice his/her profession and specialty
- **DEA and CDS Certification:** as applicable
- **Professional Liability Insurance:** You must maintain professional liability insurance no less than $1,000,000 per claim/$3,000,000 annual aggregate, or higher if required by the Commonwealth of Massachusetts, or be covered under the Federal Tort Claims Act (FTCA). (Applicants who meet the professional liability requirements because they are covered under the FTCA and are credentialed by Commonwealth Care Alliance may only deliver services to members who are patients of the entity that is covered by the FTCA.) Dentists must maintain at least $1,000,000/$2,000,000, or as specified by the Commonwealth of Massachusetts
- **Board certification:** In accordance with Commonwealth Care Alliance’s Board Certification Policy, physicians, podiatrists, oral surgeons and nurse practitioners must be:
- **Board certified by a Commonwealth Care Alliance-recognized specialty board; or**
- **In the process of achieving initial board certification by a Commonwealth Care Alliance -recognized specialty board and achieve board certification in a time frame relevant to the guidelines established by the applicable specialty board. Waivers will be considered by Commonwealth Care Alliance only when necessary for Commonwealth Care Alliance to maintain adequate member access**
- **Hospital privileges:** Physicians must have hospital admitting privileges at a hospital contracted with Commonwealth Care Alliance, unless the physician has Alternative Admitting Arrangements as described below. If there are any restrictions on the physician’s hospital privileges, the physician must provide a detailed description of the nature and reason for such restrictions which shall be considered and evaluated by the Credentialing Committee in its discretion. Alternative Admitting Arrangements:
  - If you do not have hospital admitting privileges at a hospital contracted by Commonwealth Care Alliance, you must provide an explanation of arrangements you have put in place for members to be admitted to plan-contracting hospitals (which can be an arrangement with a contracted physician who does have privileges at the hospital, provided that the covering physician sends confirmation of these arrangements to the Credentialing Department)
  - If you do not have hospital admitting privileges at any hospital, you must:
- **Provide the names of two Commonwealth Care Alliance-contracted physicians (who are not financially linked to your practice) who can provide reference letters attesting to your clinical competence. (Credentialing Department staff will request reference letters from these two physicians at the time of initial credentialing and re-credentialing.)** The Credentialing Committee will review these references and in its sole discretion determine whether they are adequate for an exception to be made
- **Provide an explanation of arrangements you have put in place for your members to be admitted to a Commonwealth Care Alliance-contracted hospital (which can be an arrangement with a Commonwealth Care Alliance-contracted covering physician who does have privileges at a Commonwealth Care Alliance-contracted hospital, provided that the covering physician sends confirmation of these arrangements to the Credentialing department)**
- **Federal/state program exclusions:** That you are not currently excluded, terminated or suspended from participation in Medicare, Medicaid or any other federal or state health care program
- **Criminal Proceedings:** That you have not been involved in any criminal proceedings that may be grounds for suspension or
Credentialing/Recredentialing Criteria

Practitioners are credentialed and re-credentialed based on the following credentialing criteria:

- Compliance with Legal Standards: That you are in compliance with all applicable legal requirements relating to the practice of your profession, including meeting all continuing education requirements
- Quality Care and Service:
- Based on all the information collected as part of the credentialing process, that you can be reasonably expected to provide quality and cost-effective clinical care and services to plan members
- That you have not engaged in behavior which may adversely impact member care or service, including but not limited to, behavior which negatively impacts on the ability of other participating providers to work cooperatively with you; reflects a lack of good faith and fair dealing in your dealings with Commonwealth Care Alliance, its provider network or its members; reflects a lack of commitment to managed care principles or a repeated failure to comply with Commonwealth Care Alliance’s managed care policies and procedures; indicates a lack of cooperation with Commonwealth Care Alliance’s Quality improvement or Utilization Management Programs; or constitutes unlawful discrimination against a member under any state of federal law or regulation. Provider shall not discriminate by product and shall maintain access and hours equally for all CCA Members.
- That the practitioner has not engaged in any behavior which could harm the other health care professionals, patients or Commonwealth Care Alliance employees. Such behavior includes, but is not limited to, acts of violence committed within or outside the practitioner’s practice, whether or not directed towards other health care professionals, patients, or Commonwealth Care Alliance employees, and must be judged by the Credentialing Committee to create a significant risk to other health care professionals, patients or Commonwealth Care Alliance employees
- Primary care providers (PCPs): In addition to meeting the above criteria applicants applying for credentials as PCPs must be:
  - A physician or osteopathic physician trained in Family Medicine, Geriatric Medicine, Internal Medicine, General Practice, Adolescent and Family Medicine, Pediatric Medicine or Obstetrical and Gynecological Medicine (for female members only); or a nurse practitioner (NP). For NPs: the NP must submit the name of the participating supervising physician. NPs are required to be trained as an adult nurse practitioner, pediatric nurse practitioner, or family nurse practitioner
  - PCPs (who are physicians or osteopathic physicians) must be board certified in Family Medicine, Internal Medicine, Pediatric Medicine, or Obstetrics & Gynecology or must meet the criteria specified in the Board Certification Policy
  - **Exceptions**: The Credentialing Committee may authorize a specialist physician to serve as a member’s PCP if the member has a life-threatening, degenerative, or disabling condition or disease that requires prolonged specialized care (e.g., HIV, end stage renal disease, or an oncology diagnosis), and the Committee believes it will be in the best interest of the Member to make this exception. Specialists acting in the capacity of a PCP must be, or must become Commonwealth Care Alliance participating providers and must adhere to all Commonwealth Care Alliance standards applicable to PCPs. Covering practitioners for the specialist-PCP must be credentialed by Commonwealth Care Alliance
  - Access and Availability: As part of its credentialing determinations, the Credentialing Committee may consider, in its discretion, Commonwealth Care Alliance network access and availability needs

You are not entitled to be credentialed or re-credentialed on the basis that you are licensed by the state to practice a particular health profession, or that you are certified by any clinical board or have clinical privileges in a Commonwealth Care Alliance-contracted entity. Commonwealth Care Alliance, in its sole discretion, credentials and re-credentials practitioners based on its Credentialing Criteria set forth in its Credentialing Policies and summarized in this manual. Commonwealth Care Alliance is responsible for all final determinations regarding whether a practitioner is accepted or rejected as a participant in our network. No Commonwealth Care Alliance credentialing or re-credentialing decisions are based on a practitioner’s race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures in which the practitioner specializes. We may include practitioners in our network who meet certain demographic, specialty, or cultural needs of members.
Recredentialing

You will be required to update and re-attest to your information every three years. If a practitioner does not keep his/her information current, or re-attest to information to ensure it is available for re-credentialing, termination may result, in which case the practitioner would need to re-apply to Commonwealth Care Alliance as an initial applicant.

Please note that, unlike initial credentialing, re-credentialing includes an assessment of quality-related information collected by Commonwealth Care Alliance as a result of its ongoing clinical and service quality monitoring process. This information may include, but is not limited to, adverse events, member grievances, appeals and complaints, member satisfaction surveys, utilization management information, and information generated from Commonwealth Care Alliance site reviews or audits of practitioner records.

Ongoing Monitoring and Off-Cycle Credentialing Reviews and Actions

Between re-credentialing cycles, Commonwealth Care Alliance conducts ongoing monitoring of information from external sources, such as sanctions from state licensing boards (e.g., Massachusetts Board of Registration in Medicine), Medicare/Medicaid or the Office of Inspector General, and internal sources, such as Member grievances and adverse clinical events. This information is routinely included in practitioner file reviews during re-credentialing cycles, but also may be reviewed by a Medical Director or the Credentialing Committee at any time between re-credentialing cycles. After review, the Committee may take no action, may continue the practitioner’s credentials with conditions, may require the practitioner to complete a full off-cycle credentialing application and review, or may terminate the practitioner from Commonwealth Care Alliance programs.

If information is received through the monitoring process that causes the Commonwealth Care Alliance Medical Director and/or the Chief Medical Officer to believe that a practitioner has placed or is at substantial risk for placing a member in imminent danger and that failure to summarily suspend credentials is contrary to the immediate best interests of member care, he or she may summarily suspend a practitioner’s credentials. In such event, the practitioner is notified in writing immediately, including the reasons for the action, and the subsequent procedure to be followed by Commonwealth Care Alliance. Any summary suspension will be reviewed by the full Credentialing Committee at its next regularly scheduled meeting. The Committee may reinstate the practitioner, or take any action described in the preceding paragraph.

Under its state contracts, if Commonwealth Care Alliance receives a direct notification from MassHealth or the Connector to suspend or terminate a practitioner, Commonwealth Care Alliance is required to suspend or terminate the practitioner from its network. In such a case, Commonwealth Care Alliance will notify the practitioner in writing, with the reasons therefore, no later than three business days from the date Commonwealth Care Alliance receives such notice. There is no right of appeal from a suspension or termination based on a termination directive from MassHealth or the Connector.
Credentialing Appeals Process for Practitioners

Right of Appeal

If the Credentialing Committee denies your initial credentialing application, approves your network participation with conditions, or terminates your network participation, and such action constitutes a “disciplinary action” as defined in Commonwealth Care Alliance’s Credentialing Policies, you are entitled to appeal the disciplinary action. A disciplinary action is an adverse action taken by Commonwealth Care Alliance’s Credentialing Committee, up to and including termination from Commonwealth Care Alliance, on the basis of a Committee determination that the practitioner does not meet Commonwealth Care Alliance Credentialing Criteria related to the competence or professional conduct of the practitioner (i.e., quality of care or service.) Examples include, but are not limited to, a denial or termination due to the volume or nature of malpractice suits against the practitioner, or the quality or quantity of adverse clinical events generated during a practitioner’s affiliation with Commonwealth Care Alliance. Practitioners have no right of appeal from an action that is:

• An “Adverse Administrative Action”—an adverse action taken by the Credentialing Committee against a practitioner, up to and including termination from Commonwealth Care Alliance, that is not related to the Committee’s assessment of your competence or professional conduct. Examples include, but are not limited to, a denial or termination due to failure to meet Commonwealth Care Alliance board certification requirements, failure to maintain adequate professional liability coverage, or failure to meet other contractually-specified obligations; or

• A Commonwealth Care Alliance termination based on a directive from MassHealth or the Connector to terminate or suspend a practitioner who is contracted with the plan for MassHealth or Commonwealth Care.

Notice

If the Credentialing Committee takes a disciplinary action, the practitioner will be notified in writing (by signature-requested delivery) within 30 calendar days following the date of the action. The notice will contain a summary of the reasons for the disciplinary action and a detailed description of the appeal process.

Practitioner Request for Appeal

You may request an appeal in writing by sending a letter to the Commonwealth Care Alliance’s Credentialing Committee Chairperson postmarked no more than 30 calendar days following your receipt of Commonwealth Care Alliance’s notice of disciplinary action. Commonwealth Care Alliance will not accept provider appeals after the 30 calendar day period. You have a right to be represented in an appeal by another person of your choice (including an attorney). Your appeal should include any supporting documentation you wish to submit.

When we receive a timely appeal, we will send you an acknowledgement letter. The Credentialing Committee Chairperson will arrange for your case to be sent back to the Credentialing Committee for reconsideration. If no appeal request is received by the filing deadline, the Credentialing Committee’s action is final.

Credentialing Committee Reconsideration

Upon timely receipt of an appeal request, the Credentialing Committee will review the appeal and reconsider its original decision. Upon reconsideration, if the Committee overrules its original decision, you will be notified in writing. If the Committee upholds its original decision, or modifies it such that another type or level of disciplinary action is taken, you will be notified in writing that an Appeals Panel will be assembled to review the appeal, the date and time of the Appeal Panel hearing, whether you are invited to attend the hearing, and other administrative details.

Appeals Panel Hearing and Notice

The Appeals Panel is a medical peer review committee that is appointed by Commonwealth Care Alliance to hear the appeal.
The hearing will occur no earlier than 30 calendar days and no later than 90 calendar days following Commonwealth Care Alliance’s receipt of your appeal request, unless otherwise determined by the Commonwealth Care Alliance. The hearing shall consist, at a minimum, of the Panel’s review of the written submissions by Commonwealth Care Alliance and the practitioner, but may, at Commonwealth Care Alliance’s sole discretion, allow for presentation of live testimony by Commonwealth Care Alliance and/or the practitioner. The Panel is empowered to uphold, modify or overturn the Credentialing Committee’s decision. The Appeals Panel’s decision is final.

You will be notified of the decision of the Appeals Panel, and the reasons therefore, no later than 45 calendar days from the date of the hearing.

Re-Application following Denial or Termination

In the event initial credentialing is denied, or if a practitioner is terminated from the network, Commonwealth Care Alliance will not reconsider his/her reapplication for credentialing for 2 years following the effective date of denial or termination, unless the Credentialing Committee, in its sole discretion, deems a shorter period to be appropriate.
Role of the Credentialed Primary Care Provider (PCP)

A PCP is responsible for supervising, coordinating, and providing initial and basic care of members who have selected that provider for general healthcare services. The PCP also initiates referrals for specialty care and assessments needed by a member and maintains overall continuity of a member’s care. Examples of specialty care services may include medical, behavioral and long term support services. The referral process may include PCPs utilizing the CCA directory of contracted providers where ever possible and a review of the Covered Services and Prior Authorization Requirements, found in Section 4 of this Provider Manual. The PCP provides 24-hour, 7 days-a-week coverage for members. A PCP is a provider selected by the member, or assigned by Commonwealth Care Alliance, to provide and coordinate the member’s care.

PCPs are physicians practicing in one of the following specialties: Family medicine; internal medicine, geriatrics, general practice, adolescent and family medicine, pediatric medicine and obstetrics/gynecology (for female members only). Nurse practitioners (NP) may also function as the PCP, if they are trained in internal medicine, pediatrics, family medicine, or women’s health.

Specialists as Primary Care Practitioner (PCP): When designated as a PCP, a specialist assumes all administrative and clinical responsibilities of a PCP, including responsibility for making necessary referrals to other specialists and addressing the preventive and routine care needs of the assigned member. A PCP who believes that one of his/her plan members should receive primary care from a specialist should contact our Care Management department.

Role of the Credentialed Specialist

Credentialed specialists are physicians who are board-certified in a specific specialty recognized by the American Board of Medical Specialties. In addition to specialty physicians, contracted providers may be credentialed in the disciplines of podiatry, chiropractic, audiology, or other specialties where an accrediting body has established criteria for education and continuing medical education. We must credential all covering providers.
Organizational Providers

We assess the quality of all organizational providers prior to contracting. We will confirm that the provider is in good standing with all state and federal regulatory bodies, has been reviewed and approved by an accrediting body, or if not accredited, we will compare the facility’s most recent Department of Public Health survey against Commonwealth Care Alliance standards. We will conduct an onsite assessment if the facility is not accredited and has not had a recent Department of Public Health survey.

We credential the following types of medical/ancillary organizational providers:

- Acute care hospitals
- Addiction disorder facilities
- Certified Home Health Agencies
- Community-based organizations
- Community Health Centers
- Community Mental Health Centers
- Durable Medical Equipment Suppliers
- Freestanding Diagnostic Radiology Centers
- Freestanding Outpatient Dialysis Centers
- Freestanding Laboratories
- Hospices
- Inpatient psychiatric facilities
- Intermediate care facilities for the mentally disabled
- Long Term Acute Care Hospitals (LTAC)
- Long-Term Service and Support Providers
- Nursing Facility (NF)
- Outpatient behavioral health clinics
- Rehabilitation hospitals
- Residential treatment centers for psychiatric and addiction disorders
- Skilled nursing facilities (SNF)

The initial network application process for organizational providers includes the submission of the following, at a minimum:

- An application
- A state license
- Medicare and Medicaid certification
- Professional liability insurance
- A copy of accreditation status

We may request other documentation, based on provider type. For those facilities not accredited by one of the accreditation agencies listed below or not recently visited by the Department of Public Health, a Commonwealth Care Alliance site visit to that facility is required.

- AAAHC: Accreditation Association for Ambulatory Health Care
- AAAASF: American Association for the Accreditation of Ambulatory Surgery Facilities
- ACHC: Accreditation Commission for Health Care
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- AAAHC: Accreditation Association for Ambulatory Health Care
- AAAASF: American Association for the Accreditation of Ambulatory Surgery Facilities
- ACHC: Accreditation Commission for Health Care
- ACR: Accreditation by the American College of Radiology
- CARF: Commission on Accreditation of Rehabilitation Facilities
- CCAC: Continuing Care Accreditation Commission
- COA: Counsel on Accreditation
- DNV: Det Norske Veritas Healthcare, Inc.
- CHAP: Community Health Accreditation Program
- HFAP: Healthcare Facilities Accreditation Program
- TJC: The Joint Commission

Recredentialing of Organizational Providers

All contracted organizational providers are recredentialed every three years, or more often, as determined necessary or as requested by the Credentialing Committee.

Quality of Care Issues

Organizational providers may be required to have a site visit in the event that a serious quality of care issue has been identified, the provider has been sanctioned, the provider’s accreditation has been withdrawn, or if a pattern of quality of care problems has been identified by Commonwealth Care Alliance. Organizational providers are required to notify us within 10 business days of any actions by a state agency that might affect their credentialing status with us, including, but not limited to, a change in license status, change in ability to perform specific procedures, or a freeze in admissions, type, or number of patients the provider is allowed to admit.
Credentialing Contact Information

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Ph: (617) 286-5326
credentialingdepartment@commonwealthcare.org