CHAPTER 6: CREDENTIALING PROCEDURES

We want to help you become or continue as a participating in-network provider for our members. Please refer to this chapter for information about:

- Provider credentialing
- Provider recredentialing
- Provider suspension, termination, or sanction
- Provider credentialing rights (non-facility)
- Facility credentialing
- Laboratory credentialing
- Behavioral health (BH) facility credentialing

Provider credentialing

Tufts Health Plan – Network Health providers must meet our contracting and credentialing requirements. Only providers who have completed the contracting and credentialing process may render services to our members.

Tufts Health Plan – Network Health works with the Council for Affordable Quality Healthcare (CAQH) to obtain provider credentialing information through a central data repository called the universal provider database. All providers must enter their credentialing information through that database.

We require the following to credential providers:

1. A completed profile through CAQH, including:
   - License number
   - Drug Enforcement Administration (DEA) certificate, if applicable
   - Five-year work history in a month/day/year format
   - Malpractice liability face sheet information, including name of carrier, dates of coverage, and amount of coverage

2. An HCAS Provider Enrollment Form

3. A signed contract
We credential the following types of licensed providers:

- Physicians, including but not limited to medical doctors, doctors of osteopathy, and podiatrists
- Dentists (for medical purposes)
- Other allied health professionals, including but not limited to: registered nurses, nurse practitioners, physician assistants, certified nurse midwives, chiropractors, optometrists, physical therapists, speech therapists, occupational therapists, registered dieticians, nutritionists, audiologists, acupuncturists, and others

We credential the following behavior health (BH) providers:

- Psychiatrists and other physicians
- Addiction medicine specialists
- Doctoral or master’s-level psychologists
- Master’s-level clinical social workers
- Master’s-level clinical nurse specialists or psychiatric nurse practitioners
- Other BH care specialists

Once you complete a CAQH credentialing profile and submit a signed contract and HCAS Provider Enrollment Form, we begin the credentialing process. Please see Provider credentialing rights for additional information about provider rights. There is no right of appeal for initial applications.

We will notify you once our credentialing committee makes a decision on your application. Providers become effective with Tufts Health Plan – Network Health on the date the credentialing committee approves their application.

Throughout the credentialing process, CAQH, Aperture (our credentialing vendor), and Tufts Health Plan – Network Health will make reasonable attempts to collect all required information. If we do not receive the requested information after multiple attempts, Tufts Health Plan – Network Health will deem the application incomplete and will discontinue your credentialing application. If you do not provide the information within 30 calendar days of our final request, we will consider your credentialing application withdrawn and will notify you of this decision.

**BOARD-CERTIFICATION POLICY**

Physicians seeking credentialing must be board-certified or in the process of receiving certification after completing requisite board education and training within a time frame set by the applicable specialty.

Board-certified physicians must maintain certification in accordance with their applicable specialty board guidelines. If physicians do not maintain board certification in at least one clinical specialty, we may terminate their network participation.

New physicians who are eligible but not yet certified, such as physicians who have finished the applicable training and education but have not yet obtained board certification, are exempt from the board-certification requirement. We will only excuse the board certification requirement provided that no more than six years or two exam cycles, whichever is greatest, have elapsed since the physician completed residency in the applicable medical specialty.
Additionally, we may contract with physicians who have training consistent with board eligibility but who are not board-certified. In such circumstances, on a case-by-case basis, Tufts Health Plan – Network Health will submit documentation describing the business need that we are trying to address by adding a non-board certified physician to our network for review and approval by the Executive Office of Health and Human Services. We may consider credentialing physicians who demonstrate in their initial Tufts Health Plan – Network Health application that they have been in practice for 10 or more consecutive years and did not meet the criteria necessary to take the applicable certification examination. From these physicians we require three letters of reference as well as documentation of continuing medical education.

**Provider recredentialing**

To meet regulatory and accreditation guidelines, we recredential all of our providers at least every three years (or more frequently as required by state, federal, or accrediting agencies). CAQH will notify you and send you instructions when it is time to update your profile. Your updated information will be processed, and in the event of any concern, you will be promptly notified.

Throughout the recredentialing process, CAQH, Aperture, and Tufts Health Plan – Network Health will make reasonable attempts to collect all required information. If we do not receive the requested information after multiple attempts, Tufts Health Plan – Network Health will deem the application incomplete and will not move forward with your recredentialing application. If you do not provide the information within 30 calendar days of our third request, we will consider your recredentialing application withdrawn and participation terminated, and we will notify you of this decision.

Please make sure to keep your contact information updated with us so we can more easily stay in touch with you during the recredentialing process. Update your information with us via the Medical or Behavioral Health PIF, or by calling your provider relations representative at 888-257-1985.

**Provider suspension, termination, or sanction**

If MassHealth, the Health Connector, and/or another state’s Medicaid program or other agency suspends, terminates, or sanctions you, your Tufts Health Plan – Network Health provider status will be updated to reflect the same status. When you resolve any outstanding issues to the satisfaction of the agency and they have changed your status, Tufts Health Plan – Network Health will update your status accordingly.

You must notify us immediately of any disciplinary actions a governmental agency or licensing board takes against you or if you know of any such confirmed or pending disciplinary actions. We monitor the Board of Registration in Medicine (BORIM), Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), the Medicare Exclusion Database, and the Service Agreement Management System.
In the event there is a disciplinary action or evidence of serious quality issues, our credentialing committee will determine if there will be a change to your credentialing status, or suspend or terminate your contract. Quality issues that could cause us to suspend or terminate you may include:

- Refusing to comply with any of our provider contract provisions
- Failing to comply with federal, state, or local clinical or administrative practice requirements or regulations
- Failing to maintain full and unrestricted licensure
- Failing to obtain or maintain board-certified status (if you have a board certification, you must maintain that status)
- Failing to maintain active hospital privileges
- Failing to comply with acceptable ethical and professional standards of behavior

You must notify us immediately if another health plan or other institution terminates you for:

- Refusing to comply with any contract element that also appears in our provider contract with you
- Failing to comply with federal, state, or local clinical or administrative practice requirements or regulations
- Failing to maintain full and unrestricted licensure
- Failing to obtain or maintain board-certified status (if you have a board certification, you must maintain that status)
- Failing to maintain active hospital privileges, as applicable
- Failing to comply with acceptable ethical and professional standards of behavior

You must also notify us immediately about:

- Suspension, termination, or sanctions from MassHealth, the Health Connector, or another state’s Medicaid program
- Suspension from the Massachusetts BORIM or other applicable board

If our credentialing committee decides to terminate or suspend you, we will notify you of the decision within three business days.
An overview of the rights of our providers follows. Please note: Tufts Health Plan – Network Health is a division of Tufts Health Plan. All provider credentialing is completed by the Tufts Health Plan credentialing department.

- Providers have the right, upon written request, to review Tufts Health Plan’s credentialing policies and procedures.
- Providers have the right, upon request, to be informed of the status of their credentialing or recredentialing application. Upon request, the credentialing department may notify the provider of the receipt date, the date the application is considered complete and ready for verification (e.g., elements including license, DEA, malpractice insurance information), and the final committee review date.
- Providers have the right to review information submitted to Tufts Health Plan for purposes of credentialing or recredentialing the provider, including information obtained by Tufts Health Plan from any outside primary source, such as a malpractice carrier, state license board, or the National Practitioner Data Bank (NPDB). Tufts Health Plan shall notify providers of this right to review. Notwithstanding the foregoing, Tufts Health Plan is not required to reveal the source of information if the information was not obtained for the purpose of meeting Tufts Health Plan’s credentialing requirements. Providers are not entitled to review references, recommendations, information that is peer-review privileged, or information that by law Tufts Health Plan is prohibited from disclosing.
- Tufts Health Plan shall notify providers in the event that credentialing information that it has obtained from sources other than the provider varies substantially from credentialing information provided to Tufts Health Plan by the provider. Tufts Health Plan is not required to reveal the source or contents of the information if the information is not obtained for the purpose of meeting Tufts Health Plan’s credentialing requirements.
- Providers have the right to correct erroneous information submitted by another party, and Tufts Health Plan shall notify providers of their right to correct erroneous information.
- In the event the Quality of Care Committee (QOCC) votes to take disciplinary action, the provider is entitled to notice consisting of a written statement of the reasons for the action and, if applicable, has the right to appeal such action by filing a written appeal within thirty (30) days of receipt of the statement of reasons. For providers practicing in Rhode Island, if a credentialing decision is made to deny credentials to a provider, the QOCC sends the provider written notification of all reasons for the denial within sixty (60) days of receipt of the completed and verified application.
- A disciplinary action notice will include a summary description of the appeals process. If the provider exercises his or her appeal right, QI Program Director/Chair of QOCC will arrange for a hearing before an Appeals Committee that will review the decision of the QOCC and issue a decision prior to implementation of the disciplinary action against the provider. The provider is entitled to be represented by an attorney or other representative of the provider’s choice. In the event that new information becomes available, the provider may submit new information up until the Appeals Committee meeting. Each committee member must engage in a fair and impartial review of the provider’s appeal. No committee member may be an economic or geographic competitor of the reviewing provider. The committee member should not be employed by or act in the capacity of a Tufts Health Plan Board member or otherwise be a representative of Tufts Health Plan. The decision of the Appeals Committee is final. The provider will be given written notification of the appeal decision that contains the specific reasons for the decision.
Facility credentialing

At the time of contracting with us, we ask facilities to complete and return the contracting package to us. Our credentialing team will review the documentation for completeness and current, valid licensure and then submit the package to the credentialing committee for review.

We credential the following types of facilities:

- Acute-care and rehabilitation hospitals
- Ambulatory care centers
- Skilled nursing facilities
- Home care agencies
- Hospice agencies
- Free-standing imaging centers
- Facilities the Department of Mental Health licenses as mental health or substance-use clinics

We require the following from facilities before we begin the credentialing process:

- A current and valid license
- Current and valid accreditation, as applicable
- A Tufts Health Plan – Network Health Medical or Behavioral Health Provider Information Form (PIF)
- Form W-9
- Completed Federally Required Disclosures Form
- Complete copy of the most recent site visit, if not accredited; if there is no recent site visit, Tufts Health Plan – Network Health may perform one

After the credentialing committee reviews the credentialing application, we contact facilities to inform them whether or not we have approved their credentials.

There is no right of appeal for facilities.

Facilities will be recredentialed at least every three years or more frequently as required by state, federal, or accrediting agency requirements.
LABORATORY CREDENTIALING

We credential clinical laboratories in accordance with the federal Clinical Laboratory Improvement Amendments (CLIA). We require credentialed laboratories to:

- Have a current, unrevoked, or unsuspended certificate of waiver, registration certificate, certificate of compliance, certificate for provider-performed microscopy (PPM) procedures, or certificate of accreditation issued by the U.S. Department of Health and Human Services applicable to the category of examinations or procedures performed by the laboratory, or
- Be CLIA-exempt, as defined in 42 CFR 493.2, or satisfy an exception set forth in 42 CFR 493.3(b)

There is no right of appeal for laboratories.

Laboratories will be recredentialed at least every three years or more frequently as required by state, federal, or accrediting agency requirements.

Behavioral health (BH) facility credentialing

In addition to the requirements outlined in this chapter, BH providers must meet state and federal regulatory requirements, including but not limited to the Department of Mental Health (DMH) regulations for licensing of mental health facilities, as described in 104 CMR 27, for network inclusion. For more information about our BH program, see Chapter 4B.

We use the following criteria to credential any BH facility or clinic provider:

- The provider must be licensed by the Commonwealth of Massachusetts.
- The facility may be accredited by the Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations) or another Tufts Health Plan – Network Health-recognized accreditation organization. If not accredited, other requirements apply (e.g., a recent site visit by DPH or Tufts Health Plan – Network Health).
- The provider must meet our site review requirements, including but not limited to demonstrating age- and population-appropriate services, assessments, and restrictions for all defined specialty populations.
- The provider must have an organized and fully implemented quality management plan.
- The provider must not discriminate or restrict access on the basis of sex, race, creed, physical disability, national origin, sexual orientation, or ability to pay, and must make services available to any person in the commonwealth.
- The provider should work with one of our contracted Emergency Services Program (ESP) providers to ensure Tufts Health Plan – Network Health patients can access more intensive levels of psychiatric intervention when a condition warrants additional emergent psychiatric intervention. Programs must also maintain procedures to ensure emergent medical care access for all Tufts Health Plan – Network Health patients.
Additionally, hospitals that provide BH inpatient services must:

- Follow a human rights protocol that is consistent with DMH requirements and includes training of staff and education of patients regarding human rights
- Have a human rights officer, overseen by a human rights committee, and provide written materials to patients regarding their human rights, in accordance with DMH requirements

There is no right of appeal for BH facilities.

BH facilities will be recredentialed at least every three years or more frequently as required by state, federal, or accrediting agency requirements.