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Criteria

Credentialing/recredentialing criteria

1. The practitioner must hold a current, valid and unrestricted license to practice in the state in which they intend to provide services. Any license actions will be reviewed by the Fallon Credentialing Committee. The determination that a licensure action is significant enough to deny participation will be made by the Fallon Credentialing Committee.
2. The practitioner must hold a valid, unrestricted DEA registration or provide evidence satisfactory to the Fallon Credentialing Committee that his/her practice does not require such registration. If a practitioner does not hold a current DEA registration, the practitioner must provide the name and DEA number of the practitioner who will prescribe for them. Any actions against a practitioner's DEA, including but not limited to, denial, restriction, suspension or termination, will be reviewed by the Fallon Credentialing Committee. Participation may be denied and shall be at the discretion of the Fallon Credentialing Committee.
3. The practitioner must maintain admitting privileges at a Fallon contracted hospital. The practitioner must be credentialed by the designated hospital according to the Commonwealth of Massachusetts Patient Care Assessment regulation, 243 CMR 3.05.
 - A. If the practitioner does not have admitting hospital privileges, the practitioner must provide adequate information regarding inpatient coverage arrangements or an explanation regarding lack of admitting privileges.
 - B. If the practitioner has had any past actions against hospital privileges, including, but not limited to, revocation, limitation, suspension or other type of specific disciplinary action, the issues will be reviewed by the Fallon Credentialing Committee. The determination that previous actions are significant enough to disqualify a practitioner for participation will be made by the Fallon Credentialing Committee.
4. The practitioner must have current malpractice coverage in the amount of at least \$1 million/\$3 million and must attest to current malpractice insurance on the application for both initial credentialing and recredentialing, inclusive of dates of coverage and amount of coverage. The practitioner must have no record of cancellation or suspension of professional liability insurance, or must provide evidence satisfactory to the Fallon Credentialing Committee, that such a record is not indicative of substandard care. The practitioner may furnish Fallon with a malpractice face sheet.
5. The practitioner's history with third party payers must be acceptable to Fallon. If the practitioner participates with Medicare/Medicaid, then the participation must be valid and unrestricted with no history of sanction activity and no history of opting out of Medicare to contract with a private payer. If a sanction exists or has existed for non-payment of a student loan, the practitioner may be eligible for participation if the practitioner has satisfied all obligations of the student loan. This will be reviewed by the Fallon Credentialing Committee.

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6. The practitioner's participation with insurance carriers and managed care organizations will be reviewed. Issues, including, but not limited to, suspension or revocation due to substandard practice, billing fraud or abuse will be reviewed by the Fallon Credentialing Committee.
7. The practitioner is not currently excluded under the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities (OIG) list, the System for Award Management (SAM) list, the Medicare Exclusion Database (MD), or is terminated or suspended from participation in Medicare, Medicaid or any other federal or state health care program. In the event of a termination or suspension by MassHealth or any regulatory authority, reinstatement by MassHealth or such regulatory authority must occur prior to submission of application with Fallon for MassHealth, Qualified Health Plan or Medicare plans.
8. The practitioner participating in the care of the Medicare Advantage population has not opted-out of Medicare.
9. The practitioner has not been convicted of, pled guilty to, or pled "no contest" to any state or federal felony charge, within the past ten (10) years from the date attested to on the application. Factors considered shall include, but are not limited to, the relationship of the felony to the practice of medicine, current license status and/or history of professional sanctions.
10. The practitioner must attest to lack of present or recent (within 2 years) illegal drug use.
11. The practitioner does not demonstrate any reason for any inability to perform the essential functions of the position, with or without accommodation.
12. The practitioner agrees to abide by all policies and procedures of Fallon as consistent with moral, ethical and professional standards of behavior. The practitioner agrees to adhere to generally recognized standards of medical and professional ethics.
13. Practitioners are required to have formal training in the area of their practice. Practitioners will limit their practice to areas in which they have received adequate training and which are within the scope of their practice.

Practitioners are expected to meet the conditions for board certification as described below. Physicians who are not yet board certified will be required to achieve board certification within the timeframe established by their respective boards or within five (5) years of completion of their residency or fellowship program. Any currently credentialed physician who is not board certified and who completed a residency or fellowship prior to 1987 will be grandfathered into the network.

Fallon may waive board certification requirements at the discretion of the Fallon Credentialing Committee for access issues, extenuating circumstances with pertinent documentation and via specifically designated Pathways One and Two provided that the physician meets all other requirements.

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Board certification/recertification requirement and verification

Practitioner attests to board status on practitioner application. Practitioner may furnish Fallon with copy of the board certificate. The Credentials Associate performs primary source verification from ABMS Compendium, ABMS CD-ROM, ABMS Certifacts, ABMS Certifax service, AOA Physician Profile Report, AOA Physician Master File, AMA Master File, or confirmation from the state licensing agency, if the state agency performs primary source verification of the board status. For podiatrists, confirmation from the appropriate specialty board, podiatry specialty board master file, or confirmation from state licensing agency, if the organization demonstrates evidence that it performs primary source verification of graduation from podiatric school and completion of a residency. Primary source verification may be oral, written or via Internet. Internet verification must be with an NCQA approved source. Oral and Internet verification requires signature or initials of the Fallon Credentials staff verifying the credential and the date verified. Written verification may be in the form of a letter or documented review of cumulative reports released by the primary sources of credentialing data. The latest version of cumulative reports must be in use.

If the physician is not board certified, verification of highest level of training fully meets this requirement on initial credentialing.

At the time of initial credentialing, the Fallon Credentialing Committee may grant a waiver to physicians (MD, DO) applying for participation who would otherwise be required to be ABMS or AOA board certified/eligible, if they meet each of the criteria of one of the following two pathways:

Pathway One

1. Applicant has been appointed to, or currently serves in, an academic leadership position of significance. The applicant must currently hold a position as an:
 - a. ACGME or AOA Training Program Director, or a
 - b. Department or division chairperson in a Fallon contracted hospital, or hold the
 - c. Rank of associate professor or higher in a medical school
2. Applicant must engage in sufficient clinical activity in his/her specialty to maintain clinical competency, and
3. Applicant must be of good character.
4. The credentialed applicant and the department chairman must notify Fallon if the applicant's employment is terminated before the completion of two years.

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Pathway Two

1. Foreign-trained applicants, who do not meet the criteria of Pathway One, must meet each of the following criteria:
 - a. Have hospital based, full-time clinical employment in a leadership role at a major teaching hospital as defined by the Massachusetts Hospital Association;
 - b. Hold an academic appointment in a major medical school;
 - c. Submit a letter, signed by the applicant's academic department chair, attesting that the applicant has:
 - Clinical training in his/her specialty currently comparable in duration and quality to that required by the American Board of Medical Specialties or the American Osteopathic Association, and;
 - Excellent clinical skills, and;
 - A unique academic skill set.
2. Applicant must engage in sufficient clinical activity in his/her specialty to maintain clinical competency, and;
3. Applicant must be of good character.
4. An applicant approved as an exception under Pathway Two may hold a Massachusetts Category I, Temporary I Faculty Appointment license. *
5. An applicant approved as an exception under Pathway Two will be decertified if his/her employment as described above terminates before the completion of two years.
6. The credentialed applicant and the department chairman must notify Fallon if the applicant's employment is terminated before the completion of two years.

**A license granted to a visiting physician holding a license to practice in another state or territory, or in the District of Columbia, or in another country and having a temporary faculty appointment certified by the dean of a medical school in the Commonwealth of Massachusetts for purposes of medical education in a hospital associated with the medical school, such registration to terminate automatically upon termination of the faculty appointment and, in any event, at the end of three years.*

If a practitioner has not maintained certification, the reasons for not doing so must be submitted. A waiver may be granted for access issues, imminent retirement or extenuating circumstances with appropriate documentation and review by the Credentialing Committee. Imminent retirement shall be defined as an anticipated retirement date prior to the next biennial recertification cycle. If the practitioner has not maintained board certification and remains in practice, the practitioner must submit documentation of ongoing CME activity and a letter from the Chair of Service at their

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primary admitting facility, attesting specifically to continued competency in the area of clinical expertise. If not recertified or retired at the time of the next biennial recredentialing cycle, the practitioner must recertify within that cycle, and present evidence of recertification or their contract will be terminated.

If the practitioner remains in practice at the time of the next biennial review after a retirement waiver, then review by the Fallon Credentialing Committee is required.

If necessary to ensure adequate access, Fallon may contract with Providers who have training consistent with board eligibility but are not board certified. In such circumstances, Fallon shall submit to EOHHS for review and approval, on a case-by-case basis, documentation describing the access need that Fallon is trying to address.

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Hearings and appeals

Fallon makes all policies and procedures available to practitioners at the time that the credentialing application is sent. The appellate process, along with all credentialing criteria, appears on the Fallon website, as well as in the provider manual. In the event that an action is taken against a practitioner, a letter is sent by certified mail, along with this policy, so that the practitioner is fully apprised of his/her right to appeal.

The Fallon Credentialing Committee will use the following process when making a decision subject to “Regular Review”.

Regular Review

The Committee shall notify the practitioner by certified mail of the credentialing action. A copy of this policy is enclosed with the letter. Such notice shall state the reason for the action and shall notify the applicant that he/she may have the action reviewed by submitting additional written evidence, including statements by any relevant sources, to correct the record as it relates to the reasons for the action, within thirty (30) days of such notification.

The Committee shall appoint an impartial review official or a panel of impartial officials not in direct economic competition with the practitioner to conduct any further fact finding it deems necessary, using methods of its choice, during a thirty (30) calendar day period following the receipt of practitioner’s request for review of the decision. The impartial official or panel shall make a recommendation to the Credentialing Committee that it maintain or modify its initial decision. The practitioner shall be informed of the decision of the Committee within ten (10) days of its next meeting. This decision shall be final.

Expanded Review

The Fallon Credentialing Committee will use the following process when initiating action against the practitioner, in those instances in which the action would be subject to Expanded Review:

1. The Fallon Credentialing Chairman shall, by certified mail, notify the practitioner that a decision has been reached to take action against the credentialing or recredentialing status of the practitioner. The Fallon Credentialing Chairman shall provide the reasons for the proposed action in the letter, and shall notify the practitioner of the reason for the proposed action and of the right to request a hearing.
2. The notice shall inform the practitioner of practitioner’s right to be represented by an attorney or other person of the practitioner’s choice; to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of reasonable charge; to call, examine and cross-examine witnesses; and to present evidence determined to be relevant by the hearing office, regardless of its admissibility.

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3. The practitioner will have thirty (30) calendar days after receiving the notice to submit a written request for a hearing.
4. Failure of the practitioner to request a hearing within the specified time period would constitute a complete waiver of rights to such a hearing and/or appellate review, and would allow the initial decision to stand.
5. If the practitioner requests a hearing, the hearing shall be scheduled on a date no less than thirty (30) calendar days from the date of the notice of the request for a hearing except where the practitioner requests an earlier date. The Committee will use its best efforts to accommodate requests for an earlier hearing date. Written notification of the date, time and place of the hearing, as well as the composition of the Hearing Panel, shall be sent to the practitioner within fifteen (15) calendar days of practitioner's request for a hearing.
6. The composition of the Hearing Panel is described below.
7. Following the hearing, the Hearing Panel shall provide the practitioner a copy of its decision in writing by registered or certified mail within ten (10) calendar days including a statement of the basis for the decision. Also, a copy of its decision shall be provided to the Fallon CEO. The decision of the Hearing Panel shall be considered final.
8. A decision to reduce, suspend or terminate participation for a period of longer than thirty (30) days is reported to the Massachusetts Board of Registration in Medicine and the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank by the Credentials Manager as required by Reporting Statute.
9. In the event that the decision of denial stands, reapplication to Fallon will not be considered for a one year period of time from the date on the letter notifying the practitioner of the decision of the Hearing Panel or at the discretion of the Fallon Credentialing Committee.

Composition of the hearing panel for expanded review

The Fallon CEO or designee shall appoint a panel of three (3) individuals, one of whom is a Fallon Medical Director, who had not previously been involved in the case. The Fallon Medical Director shall be designated the Chair. The other two (2) practitioners shall be similarly licensed practitioners (for example, an M.D. physician will review an M.D. physician) as the practitioner who initiated the appeal, neither of whom are in direct economic competition with the petitioner nor are partners in practice, who have not acted as accusers, investigators, or decision makers in the same matter being appealed. At least one (1) individual shall be practicing the same specialty as the petitioner.

The petitioner shall have the right to challenge the impartiality of any member of the Hearing Panel. Challenges should be filed within five (5) calendar days of the notice of the composition of the Hearing Panel. The Chair shall rule upon such challenges, unless he/she is challenged, in which case the Fallon CEO shall rule on such a challenge.

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Assessment of organizational providers

Fallon will verify with primary source that its contracted facilities are in good standing with state and federal regulatory bodies. Fallon assesses contracted medical health care providers, including hospitals, home health agencies, home infusion therapy sites, skilled nursing facilities, free standing surgical centers and behavioral health care facilities providing mental health or substance abuse services for inpatient, residential and ambulatory care.

Fallon will verify with primary source that its contracted facilities have been reviewed and approved by an accrediting body and hold required registrations and certificates. Accrediting bodies recognized by Fallon may include, but are not limited to, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care (AAAHC), Commission on Accreditation of Rehabilitation Facilities (CARF), Community Health Accreditation Program (CHAP), Accreditation Commission for Health Care, Inc. (ACHC) and Continuing Care Accreditation Commission (CCAC). Facilities accredited by the above may be exempt from a site visit.

If a contracted facility is not approved by an accrediting body, Fallon will schedule a site visit prior to contracting or within 6 months of the initial contract or as necessary. Fallon will accept Massachusetts Department of Public Health (DPH) site visit and information in lieu of performing a site visit. If any issues have been identified through the DPH site visit, the organizational provider must present evidence of corrective action taken prior to being reviewed by the Fallon Credentialing Committee.

A summary of the site visit findings will be presented to Fallon's Credentialing Committee and SQOC for endorsement and recommendation to the Fallon Board of Directors.

If significant quality issues/deficiencies are found, the Credentialing Committee will suggest specific actions or recommendations to include the scheduling of a follow-up site visit and/or a corrective action plan.

The credentials file data compiled by Fallon including, but not limited to, quality issues, utilization, and member complaints, will be reviewed as part of this assessment.

If a contract is terminated for any reason, the health care delivery organization will be notified in writing by the Fallon Chief Executive Officer.

Written notification will be provided to the health care delivery organization by the Chair of the Credentialing Committee outlining the concerns/deficiencies and requesting a corrective action plan and/or follow-up visit as deemed necessary.

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Practitioner rights

- Practitioners have the right to review information submitted to support his/her credentialing application unless the disclosure of certain information or the source of information is prohibited by law, contract or agreement with the entity that provided the information to Fallon; and the right to correct erroneous information submitted by another party for use in the credentialing process.
- Notification to a practitioner of a discrepancy in the information obtained during the credentialing process that varies substantially from the information provided by the applicant will be made in writing within ten (10) working days of the receipt of such discrepancies. The Credentials Associate will notify the practitioner via telephone and in writing of any erroneous or discrepant information. Within 10 business days of notification, the practitioner must respond to the Credentials Manager by producing a written or verbal explanation of any information obtained during the credentialing process that varies substantially from the information provided to Fallon by the practitioner. The applicant shall have ten (10) working days after receipt of notification to submit an explanation of the discrepancies in writing to the Credentialing Department. The applicant will be notified in writing within ten (10) working days that the explanation has been received and will be taken into consideration while completing the application process. All such cases will be reviewed by the full Credentialing Committee at their monthly meeting. The explanation will be documented in the credentials file. If the explanation is provided via telephone, the Credentials Manager will note date, time, and from whom the information is received, then sign and date the notation.
- The right to be informed of the status of the credentialing or recredentialing application upon request. Applicants may contact the Credentialing Department to request information on the status of their credentialing/recredentialing application.
- Practitioners are informed of their rights through the Provider Manual and on the credentialing/recredentialing application that requires the applicant's signature of completeness.