POLICY 2024-05

PHYSICIAN RE-CREDENTIALING

Issued November 21, 2024

Healthcare facilities1 in the Commonwealth of Massachusetts are required to comply with Patient Care Assessment (PCA) regulations (243 CMR 3.00-3.14). The regulations include the requirement that healthcare facilities meet credentialing requirements prior to appointing, hiring, or granting privileges to licensees, and at least every two years thereafter. The credentialing requirements include obtaining for each licensee – with authorization from the licensee – information from the licensee’s medical malpractice liability insurance carrier a listing and description of all malpractice claims and lawsuits pending *or closed* during the previous ten years, including the specific information listed in 243 CMR 3.05(3)(e) and any further relevant information requested by the health care facility. 243 CMR 3.05 applies, whether or not the transaction giving rise to the malpractice claim arose at the health care facility where the licensee is seeking or renewing appointment, employment, practice, association for the purpose of providing patient care, or privileges. 243 CMR 3.05 also applies, whether or not the malpractice claim is filed with an insurance carrier, a court, or another entity to which the malpractice claim is presented.

In an effort to reduce redundancy and create a more efficient process, the Board issues this policy to clarify what steps will be deemed to have satisfied the malpractice claim credentialing requirement with respect to *closed* malpractice claims and lawsuits.

**Policy:**

The healthcare facility that has as part of the initial credentialing for a licensee, or as part of a prior two year re-credentialing, obtained information regarding a *closed* malpractice claim and lawsuit, including documentation that establishes all information the specific information listed in 243 CMR 3.05(3)(e), will be deemed to have met this credentialing requirement as to that particular *closed* malpractice claim or document in subsequent re-credentialing cycles during the previous ten years and does not need to obtain from the malpractice carrier a re-submittal of the previously obtained information.