

SUBJECT: BOARD RECERTIFICATION SECTION: CREDENTIALING POLICY NUMBER: CR-22A	EFFECTIVE DATE: 1/01
<i>Applies to all products administered by the Plan except when changed by contract</i>	

Policy Statement: The Plan has a responsibility to its members to ensure, to the best of its ability, the ongoing competence of its physicians. The standard is intentionally and purposefully based upon board recertification by a member board of American Board of Medical Specialties(ABMS), American Osteopathic Association (AOA), or Royal College of Physicians and Surgeons of Canada (RCPSC) (collectively, “Boards”), and their respective maintenance of competency processes, namely the American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC), the American Osteopathic Association Bureau of Osteopathic Specialists (AOA BOS) Osteopathic Continuous Certification (OCC), and the Royal College of Physicians and Surgeons of Canada (RCPSC) Physician Competency (CanMEDS) (collectively, “Maintenance Program”).

It is the policy that all physicians have the responsibility of being able to demonstrate continued competence as a condition of the continued membership on the Health Plan’s practitioner panel. The Plan supports the American Board of Medical Specialty (ABMS) policy that requires all boards to recertify diplomats whether on a voluntary or mandatory basis. Recertification seeks to assure a physician’s continuing competence in their chosen specialty through periodic evaluations. The Plan encourages physicians to continue those educational activities essential to maintain competence in their specialty. All board certificates issued currently are time-limited. The Plan expects physicians to pursue recertification. This policy applies only to physicians which, for the purposes of this policy, is defined as a practitioner of medicine licensed to practice medicine and having received a degree of doctor of medicine (MD), or doctor of osteopathy (DO), or an equivalent foreign degree recognized by New York State.

For new applicants, please refer to **CR-22** - Competency Requirements for Credentialing/Recertification of Physicians and Osteopathic Physicians and **CR-22B** for CME definitions and requirements.

Process:

Physicians with prior Board Certification

Physicians are required to be board certified and must **maintain** their certification, in their practice specialty, with one of the appropriate member boards, as set forth in this policy.

1. Physicians who fail to recertify or are unable to recertify in the board, or have been previously granted an exception based on accessibility issues, will be required to provide proof of all the following:
 - a) Eligibility to sit for the recertifying examination and have proof of registration to take the recertification examination.

 - b) Has a lifelong learning and self-assessment which includes:

- a. a minimum of 50 hours of category 1 CME annually; or
- b. the completion of a board review course each recertifying cycle.
- c. participation in a Quality Improvement Project. This can be as part of a county medical society, hospital, or similar organization. This may also include programs offered through the Health Plan. The Health Plan may assist in the formation of the project, however, the design is the ultimate responsibility of the applicant. Finished projects will be presented to the Health Plan's Corporate Credentialing Committee for input and/or approval.

- c) If there is a demonstrated access issue (e.g.: rural area), individual consideration may be given by a Plan Medical Director. The Plan will conduct a study of the subspecialty in the geographic area to confirm the access issue. The Plan will verify the physician will provide services that are consistent with the definitions published in the most current State Education Department "Regents Designated Physician Shortage Areas in New York State" and/or the medical director gives consideration because physician's participation is necessary to meet the Plan's quality standards for Availability of Providers (QI-1B).

Physicians approved as exceptions to Board Certification criteria

1. Physicians who have previously been approved as exceptions to board certification have an obligation to provide the evidence of going competence with elements essentially equivalent to board recertification.
 - a) All physicians who have been approved as exceptions to board certification are required to (1) complete 50 hours of annualized Category One CME, all of which must be in their credentialed practice specialty, and (2) currently enrolled as a participant in an MOC program if permissible.
 - b) At the Plan's request, the physician, at his/her expense, is required to complete a competency evaluation, at a frequency of no more than once per credentialing cycle.

Note: The Corporate Credentialing Committee reserves the right to grant exceptions to this policy for the good of the community.

Cross Reference:

For Board Certification of New Physicians and Osteopaths refer to #CR-22
 Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-22 Dated 1/99
 CR-22B – Continuing Medical Education....

Committee Approvals:

Corporate Credentialing Committee: 6/16/03, 8/3/05, 4/18/07, 6/17/09, 6/22/11, 9/19/12, rev 8/20/14
 Excellus Credentialing Committee: 9/24/01, 4/15/2013, 8/19/15 rewrite, 1/20/16 rev, 1/18/2018 rev,
 1/15/2020 rev,

MCOCC 11/13/00,
 HCBMC 12/7/00

Internal Review: 11/08

Original Source: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-22