

SUBJECT: Competency Requirements for Credentialing/Recredentialing of Physicians and Osteopathic Physicians

EFFECTIVE DATE: 1/01

SECTION: CREDENTIALING

POLICY NUMBER: CR-22

Applies to all products administered by the Plan except when changed by contract

Policy Statement: The Plan has a responsibility to its members to ensure, to the best of its ability, the initial and ongoing competence of its physicians. The standard is intentionally and purposefully based upon board certification 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”).

The Plan requires that all physician practitioners, participating, or seeking participation status, with the Plan must currently be board certified in their specialty and applicable sub-specialty; actively enrolled in the certification process by a Board; and/or enrolled in the applicable Maintenance Program (collectively, “Board Certification Requirement”) as a condition of participation with the Plan. The Plan reserves the discretion to consider physician practitioners participating in an alternative pathway certification process which is intended to result in Board certification.

This Board Certification Requirement also applies to practitioners who leave the panel and reapply at a future date. General Practice is not a recognized specialty by the plan.

The Plan will consider requests from practitioners seeking an exception to the Board Certification requirement and may approve applications for credentialing/re-credentialing as set forth in this policy.

Process

- A. Physician shall submit proof of certification by a Board in their specialty and applicable sub-specialty, active enrollment in a certification process by a Board, or enrollment in an applicable Maintenance Program.
- B. Physicians who are unable to provide proof as required at #1 above, will be required to provide proof of **all** of the following:
 - 1. Is currently licensed and in good professional standing as set forth in CR-21 Disciplinary and Non-Disciplinary Actions Resulting in Restriction, Suspension or Revocation of License; and
 - 2. 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 recredentialing 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. Where the Plan is considering a physician's application based on an alternative pathway certification process, the physician shall provide the following documentation:
- a. documentation to substantiate the existence of the alternative pathway, the validity of the process, and the candidate's acceptance into the program. Proof of acceptance will consist of a letter from the program to the physician, acknowledging that physician's acceptance; and
 - b. Upon specific request by the Health Plan, two letters of recommendation from a Board Certified Specialist, or program director, in the physician's specialty.

Initial Board Certification Requirement Exceptions

Board certification requirement exceptions may be granted to physician practitioners who do not meet the Board Certification Criteria, provided such physician meet one of the criteria set forth below.

- A. The physician must have successfully completed an approved residency within the acceptable time frames to be considered eligible to take, or be registered to take, the board certification exam on the next available exam date, as designated by the specialty board. (S)he may be required by Health Plan to submit two letters of recommendation from Board Certified Specialist, or program director, in the physician's specialty. Or,
- B. If there is a demonstrated access issue (e.g.: rural area), individual consideration may be given by a plan Medical Director. At the time of application, 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).

In addition, the physician, unless he/she is a recent graduate, must show evidence of having completed a minimum of 50 CME credit hours each year in the two years prior to his/her application in the specialty for which they seek credentialing. Or,

- C. The Plan recognizes that applicants may possess extraordinary credentials that do not meet the routine standards, and they may exhibit potentially unique abilities worthy of consideration. These applicants can be considered for participation under this extraordinary credentials situation.
- D. The Plan reserves the right to grant exceptions when we are expanding our products into new service areas. We may accept physicians who would otherwise have been grandfathered according to policy CR-22A. As part of the credentialing process, one or more of the applicant's peers may be requested to review his/her credentials. The Credentialing Committee will review the application.

- E. In all cases where an exception to Board Certification is being sought, the physician shall be required to provide ongoing evidence of competence as set forth in this policy.

The Corporate Credentialing Committee will review all practitioner files that have unsuccessfully sat for a minimum of four (4) board certification exams (proof of failure is required) or if the practitioner is no longer eligible to sit for their practicing specialty board certification exam. At the discretion of the Corporate Credentialing Committee a practitioner may be allowed participation upon the completion of a board review course in their practicing specialty during each recertification cycle. The Category One CMEs issued upon the completion of a board review course will be included in the total of the annually required completion of 50 Category One CME in their practicing specialty.

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

Cross Reference:

For Board Recertification refer to #CR-22A

Adopted from BlueCross BlueShield of Central New York HMO-CNY Corporate Policy, Standards and Guidelines name: Board Certification 4/6/99

Committee Approvals:

Corporate Credentialing Committee: 9/15/03, 9/20/04, 5/17/06, 12/20/06, 2/20/08, 12/17/08, 12/15/10, 10/19/11, 4/15/2013, 2/18/2015, rev 11/19/2016; 11/28/2018 renewed; 4/17/19 revised

Excellus Credentialing Committee: 12/16/02

MCOCC 11/13/00

HCBMC 12/7/00

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