SUBJECT: LEAVE OF ABSENCE/EXTENDED LEAVE OF ABSENCE SECTION: CREDENTIALING POLICY NUMBER: CR-04	EFFECTIVE DATE: 1/01
Applies to all products administered the health plan except when changed by contract	

Policy Statement: Excellus Health Plan, Inc., ("Health Plan") must be made aware of any practitioner involved in a leave of absence ("Leave of Absence") or extended Leave of Absence ("Extended Leave of Absence"). A Leave of Absence is considered to be a period of time greater than twelve weeks, but less than one year, during which the provision of health care services by a credentialed practitioner is interrupted in whole or in part and there is no reviewable professional activity. An Extended Leave of Absence is considered to be a period of one year or greater ("Extended Leave of Absence"). This policy is not triggered by a practitioner's absence for a period of less than twelve weeks. A reviewable professional activity includes, but is not limited to, an investigation related to competence, fraud or licensing issues.

A Leave of Absence/Extended Leave of Absence can be for any reason including, but not limited to, time away from practice due to vacations, administrative leaves, military service, additional training, missionary/charitable work, sabbaticals, physical or mental impairment, disorder or illness (including chemical dependency or substance abuse), and/or extended family leave.

Process:

1. The practitioner must provide the Health Plan with sufficient prior written notice of a Leave of Absence/Extended Leave of Absence. Notification must include information regarding the practitioner's coverage arrangements to assure continuous care for Health Plan's members, and the practitioner's, or their representative's, contact information for the time they will be absent. Any concerns regarding the coverage arrangements will be brought to a Medical Director's attention for follow-up, when necessary.

2. The practitioner must keep the required credentialing elements current during the Leave of Absence/Extended Leave of Absence. This includes providing current license registration, malpractice coverage, and DEA license (if applicable).

    A. If the recredentialing cycle occurs during the Leave of Absence/Extended Leave of Absence, the practitioner, either directly or through a representative, must respond as if they were still in active practice.

    B. No automatic extension of current credentials approval will be granted because of the Leave of Absence/Extended Leave of Absence.

    C. If credentials are not renewed, the practitioner will be terminated in accordance with administrative policies.

3. The Health Plan Credentialing Staff will update the system to notify internal departments of the practitioner's Leave of Absence/Extended Leave of Absence.

4. Upon receipt of a practitioner's written notification of a Leave of Absence/Extended Leave of Absence, the Health Plan Credentialing Staff will send the practitioner a certified letter acknowledging receipt of such notification, with a copy of Credentialing Policy CR-04.

5. A practitioner may extend his/her Leave of Absence/Extended Leave of Absence for one additional period (not to exceed one year) by notifying Health Plan in writing, and providing any additional information Health Plan may require, including continued coverage arrangements.

   The practitioner must notify the Health Plan in writing prior to resuming his practice and provide the following information/documentation:

   A. Review and reattest his/her CAQH application

   B. A current copy of an unrestricted NYS registration certificate

   C. A DEA Certificate (if applicable)

   D. A copy of current malpractice insurance

   E. A practitioner who has been on a Leave of Absence/Extended Leave of Absence for a health-related impairment will be required to submit sufficient evidence of medical competency.

6. The Health Plan Credentialing Staff will source verify the registration certificate (6B above) and the malpractice coverage (6D above).

7. The Health Plan Credentialing Staff will refer the file to a Medical Director and the Corporate Credentialing Committee Chair to determine whether additional verification of current competency is needed prior to restoring the practitioner's active participation status.

8. In the event a Medical Director and/or Corporate Credentialing Committee Chair determine that full Corporate Credentialing Committee review is necessary, the Corporate Credentialing Committee will submit the issue to the Corporate Credentialing Committee.

9. The Health Plan Credentialing Staff will notify the practitioner and the applicable delivery systems of the decision regarding the practitioner's resumption status.

10. After an Extended Leave of Absence for a period greater than two years, a practitioner's credentials will automatically expire and he/she will be administratively terminated. The practitioner will be required to re-apply for credentialing in accordance with CR-01.

Cross Reference:
Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-4 Dated 4/99

Committee Approvals:
Corporate Credentialing Committee 6/16/03, 3/21/05, 11/15/06, 12/14/08, 11/17/10, 11/14/12, 11/19/2014, 12/21/16; renewed 12/19/2018; renewed 1/20/2022; revised 2/15/2023; renewed 2/19/2025
Excellus Credentialing Committee 12/16/02; MCOCC 11/13/00; HCBMC 12/7/00
Original Source: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-4