unifvera HEALTHCARE

SUBJECT: DISCIPLINARY ACTIONS RESULTING IN RESTRICTION, SUSPENSION OR REVOCATION OF LICENSE SECTION: CREDENTIALING POLICY NUMBER: CR-21	EFFECTIVE DATE: 1/01
Applies to all products administered by the Plan except when changed by contract	

Policy Statement: Practitioners who have a disciplinary action on their license are generally not eligible for Plan participation and credentialing. For purposes of this policy, a disciplinary action is any action by a regulatory or sanctioning body which impacts the practitioner's ability to practice medicine. A disciplinary action includes, but is not limited to, revocations, suspensions, stays, restrictions, probation, censure, reprimand, community service, fines, mandatory re-education, and the requirement for supervision. This policy addresses a practitioner's qualifications and/or eligibility to be admitted to the Plan's network as a credentialed provider, or remain credentialed when a disciplinary action has been taken upon the practitioner's license to practice medicine (hereinafter, "license").

In reviewing the credentials of practitioners with disciplinary action(s) upon their licenses, the Plan recognizes that there are a wide variety of circumstances that lead to such actions. No practitioner has a right to membership. It is the option of the Plan to set conditions if an applicant with disciplinary action is considered for (re) credentialing at all.

Process:

1. A practitioner whose license to practice, in the state in which that practitioner is contracted with the Health Plan to provide services to Health Plan members, is suspended or revoked, is ineligible for initial credentials approval or to remain credentialed by the Plan. The Corporate Credentialing Committee will review the application/participation of a practitioner whose license to practice in any other state is revoked or suspended, to determine his/her eligibility for credentials approval or continued credentials with the Plan.

2. A practitioner whose license to practice, in any state in which such practitioner is licensed, is limited by a disciplinary action (except for suspensions and revocations which are addressed in #1 above), shall be taken to the Corporate Credentialing Committee for review to determine whether the practitioner's eligibility for credential approvals or continued credentials with the Plan. The Corporate Credentialing Committee may deny/revoke the practitioner's credentials, or may impose conditions, on the practitioner's credentials with the Plan.

3. When a practitioner signs a consent decree, the practitioner acknowledges and agrees to the charges and specifications of the consent decree. The Plan recognizes that neither party necessarily has agreed to the facts of the other allegations. If a practitioner admits to or is found guilty in any court of competent jurisdiction in any state, the Plan will not re-adjudicate the action but instead will determine what penalty would apply if the action occurred in New York.

4. All practitioners, upon application for credential approval, or at any time after being credentialed, shall

notify the Plan of any disciplinary action in any state in which the practitioner is licensed. A practitioner's failure to disclose such actions to the Plan within 30 days of notice of such disciplinary action will be reviewed by the Corporate Credentialing Committee and may result in denial or revocation of credentialing.

5. The Plan may deny/revoke credentials when the disciplinary action requires supervision and/or monitoring, implying a practitioner is limited in the ability to practice independently or without oversight. For reconsideration at the end of the oversight period, the practitioner must demonstrate education that improves the aspect of care that required oversight. In addition, the Plan may review medical records in relevant aspects of care rendered after the monitoring requirement ended (e.g.: the practitioner must demonstrate ability to provide that care independent of any supervision). If, in the judgment of a plan Medical Director, substantive remediation has taken place, the practitioner may be permitted to submit an application for reconsideration to Corporate Credentialing Committee. If a new applicant or a practitioner in the process of recredentialing is requesting credentials approval in an area not related to the area of limitation and the practitioner seeks credentials approval in an area in which they are fully qualified, the case will be reviewed. The Plan may perform an audit of a random sample of the practitioner's records. If the review demonstrates the practitioner meets the standard of care in the community, the Plan may (re) credential the practitioner for a period no longer than one year.

6. The following are examples of the basis for a disciplinary action and the process the Plan maintains in each such situation.

   A. **Disciplinary action related to quality of care**: The Plan may deny or revoke the credentials of a practitioner for issues concerning the quality of care provided to a patient. Quality of care issues include, but are not limited to, charges of negligence, incompetence, gross negligence and gross incompetence. The Plan will review the type, severity, and number of cases that led to the state action and will also determine whether the quality of care issue that caused the disciplinary action has had a plan of remediation as defined by the state in the disciplinary action section. If a corrective action plan has been completed, the Plan reserves the right to perform an audit of a random sample of the practitioner's records. If the records demonstrate that the practitioner meets the standard of care in the community, the Plan may credential the practitioner for a period up to three-years with annual compliance checks. If the state has not defined an action plan, the Plan reserves the right to define an action plan that may include but is not limited to, assessment of the severity of the quality concern and review of medical records. Based on these reviews, if the practitioner meets the standard of care, the Medical Director, in conjunction with the Corporate Credentialing Committee, may credential the practitioner for a period up to three-years with annual compliance checks or terminate credentials.

   B. **Disciplinary action related to medical record violation**: The Plan may deny or revoke the credentials of a practitioner for a medical record violation. For purposes of this policy, a medical record violation is any record that does not meet the community standard. The applicant will be required to provide the action plan to resolve the concerns that caused a disciplinary action for medical records violation. If the corrective action plan is deemed to be adequate to correct the problem, the Plan may approve credentials for a period not longer than six months. The practitioner will be advised of medical record standards and that continued participation requires demonstration of acceptable medical records upon review in six months.

   C. **Disciplinary action related to moral unfitness** (including but not limited to, sexual misconduct involving improper sexual contact or behaviors with patient, misuse of the patient/practitioner relationship for personal gain, behavior disruptive to the patient care environment): the Plan may deny or revoke credentials. A practitioner may make application to a plan Medical Director detailing and demonstrating what action has been taken to remedy the problem. If, in the judgement of a plan Medical

Director, substantive remediation has taken place, the practitioner may be permitted to submit an application for reconsideration to Corporate Credentialing Committee.

D. **Disciplinary action related to fraudulent practice(s)** (as defined by the state in which the practitioner is licensed): Refer to Credentialing Policy CR-05, section IV, "Cases Involving Fraud".

Cross Reference:
Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-21 Dated 1/99
For Practitioner Termination, Suspension and Non-Renewal Policy refer to #CR-05
New York State Department of Health code and any applicable code in other states

Committee Approvals:
Corporate Credentials Committee 12/15/03, 8/31/05, 8/21/07, 8/19/09, 8/17/11, Revised 9/21/11, 8/21/13, Revised 11/18/15, Renewed 10/18/17, Revised 11/15/2017; Revised 11/17/2021; Revised 11/16/2023; Renewed 11/19/2025
Excellus Credentialing Committee 12/17/01
HCBMC 12/7/00
MCOCC 11/13/00
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