SUBJECT: Competency Requirements for Credentialing/Recredentialing of Physicians and Osteopathic Physicians SECTION: CREDENTIALING POLICY NUMBER: CR-22	EFFECTIVE DATE: 12/21
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 as condition of new and continued membership on the Plan's panel. The Plan requires that all physician practitioners have the responsibility of being able to demonstrate continued competence as a condition of the continued membership on the Health Plan's practitioner panel. Maintenance or Continuation of Certification 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.

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.

The Plan requests that all physician practitioners, participating, or seeking participation status, with the Plan be board certified and maintain or continue their certification 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").

The standard is largely based upon board certification and 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").

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

A. Initial Board Certification

Process

1. Upon training completion from an accredited Internship, Residency and/or Fellowship Program, all physician practitioners 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.

2. All physicians **eligible** to sit for the board certification examination who are unable to provide proof as required at #1 above, will be required to provide confirmation of actively pursuing Board Certification and must provide **all** of the following:

a) Is currently licensed and in good professional standing as set forth in the Plan's Credentialing Policy CR-21 Disciplinary andNon-Disciplinary Actions Resulting in Restriction, Suspension or Revocation of License; and
b) Has a lifelong learning and self-assessment which includes:
    i. registration for the next available board certification examination or
    ii. documented completion of a board review course, in their practicing specialty, recognized by a certifying board and offering AMA PRA or AOA-accredited Category 1 credits for its completion, within 3 years of initial credentialing or recredentialing approval; and
    iii. a minimum of fifty (50) hours of category 1 CME annually, in the specialty for which they are seeking participation.

3. Where the Plan is considering a physician's application based on an alternative pathway certification process, the physician shall provide the following documentation:

a) Evidence 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 Plan, two letters of recommendation from a board certified physician, or program director, in the physician's specialty.

4. Physicians, who do not qualify under the above provisions, will be required to provide proof of all the following:

a) Is currently licensed and in good professional standing as set forth in the Plan's Credentialing Policy CR-21 Disciplinary and Non-Disciplinary Actions Resulting in Restriction, Suspension or Revocation of License; and
b) Documentation that the physician practitioner is no longer eligible to sit for their practicing specialty board certification exam or the physician practitioner is facing an undue burden, at the discretion of the Corporate Credentialing Committee, in taking the board certification exam; and
c) Has a lifelong learning and self-assessment which includes:
    i. documented completion of a board review course, in their practicing specialty, recognized by a certifying board and offering AMA PRA or AOA-accredited Category 1 credits for its completion within 3 years of initial credentialing or recredentialing approval; and
    ii. a minimum of fifty (50) hours of category 1 CME annually in the specialty for which they are seeking participation.

B. Maintenance of Certification or Continuous Certification

Process

1. Maintenance of Certification or Continuous Certification is requested for all physicians who sat for the initial board certification examination and are currently eligible to sit for the examination.

2. All physicians **eligible** and required to participate in the Maintenance of Certification or Continuous Certification Program who are unable to provide proof as required at #1 above, will be required to provide proof of the following:

a) documented completion of a board review course in their practicing specialty, recognized by a certifying board and offering AMA PRA or AOA-accredited Category 1 credits for its completion,within 3 years of initial credentialing or recredentialing approval; and
b) documentation of completion of fifty (50) Category One CME credits annually, directly in the specialty for which they are currently participating.

3. Physicians who do not qualify under the above, to sit for the examination or do not successfully pass the examination following a minimum of four (4) attempts, will be required to provide the following:

a) participate/enroll in a Continuous Certification or Maintenance of Certification (MOC) Program; or
b) documented completion of a board review course in their practicing specialty, recognized by a certifying board and offering AMA PRA or AOA-accredited Category 1 credits for its completion,within 3 years of initial credentialing or recredentialing approval; and
c) documentation of completion of fifty (50) Category One CME credits annually, directly in the specialty for which they are currently participating.

Refer to Credentialing Policy **CR-22A** for CME definitions and requirements.

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

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; 4/21/21 renewed; 11/17/2021 revised; 11/16/2023 revised; 11/19/2025 Renewed

Excellus Credentialing Committee: 12/16/02
MCOCC 11/13/00
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