Excellus

SUBJECT: ONGOING MONITORING: SANCTIONS, EXCLUSIONS AND LICENSE EXPIRATIONS SECTION: CREDENTIALING/RECREDENTIALING POLICY NUMBER: CR-10	EFFECTIVE DATE: 1/01
Applies to all products administered by the Plan except when changed by contract	

Policy Statement: Ongoing monitoring of sanctions against practitioners and health delivery organizations is conducted on a monthly basis, during the interval between recredentialing cycles and at such times when the Health Plan (Plan) receives notification from a reporting entity. For purposes of this policy, references to "practitioner" shall include "health delivery organizations", as such term is defined in Credentialing Policy CR-07. This is done to ensure quality and safety of care for our members. The Plan takes appropriate action when occurrences of poor quality are identified.

Process:

1. STATE LICENSE DISCIPLINARY ACTIONS/SANCTIONS:

A. The Plan monitors sanctions and licensure limitations information for all states in which the practitioner practices. For New York State licensed practitioners, the Department of Health Office of Professional Medical Conduct (OPMC) and the Office of Professional Discipline (OPD) notifies the Plan of all actions taken against NYS licensed practitioners. These notifications are received via electronic mail and/or monthly reporting and are reviewed by the Plan. When the Plan is made aware of any other state or licensing entity action against a participating provider, reports of such action would be reviewed. A review of these notifications or related reports for further action in accordance with this policy will occur within 30 days of the Plan's receipt of the notification.

B. In the event the Plan learns that a practitioner has any of the following professional disciplinary action upon his/her license, as defined in Credentialing Policy CR-21, the following steps will occur:

1. Revocation or suspension of license:
   a) Notify the Plan Medical Director and initiate immediate termination/suspension of current credentials, in accordance with Credentialing Policy CR-05 and any applicable law or regulation.
2. Any professional disciplinary action other than actual revocation or suspension:
   a) Notify the Plan Medical Director, and:
      (i) May initiate recredentialing notice (out of cycle) to the practitioner.
      (ii) Request the disciplinary action report from NYSED/OPMC/OPD or other State reporting entity, and/or the practitioner.
      (iii) Request any other relevant documentation/information from practitioner.
      (iv) Present the file to the Credentialing Committee for action within 60 days of receipt of the disciplinary action report, or if requested, any other relevant documentation/information.
3. Any non-disciplinary license action (i.e., any non-disciplinary action that is not considered disciplinary" for purposes of Credentialing Policy CR-21):

a) Notify the Plan Medical Director who will determine if there is a potential for the non-disciplinary action to impact patient care.
(i) If yes, appropriate action will be taken in accordance with the Plan's policies.
(ii) If no, a copy of information relating to the action will be placed in the practitioner's file.

4. The Plan reports the findings to its Corporate Credentialing Committee (Committee) at the next meeting after the identified occurrence. The Committee recommends appropriate interventions. After determining which interventions are appropriate, the Plan acts to address quality and safety issues. The Plan's report includes, but is not limited to:
   - Affected practitioner
   - Incident date
   - Quality issue
   - Date reported to Committee
   - Plan's actions

2. STATE LICENSURE EXPIRATIONS:

A. The Health Plan collects and reviews expiration of licensure from the state licensing or certification agency (or its website).

1. Documents the license expiration date in the credentialing software system.
2. Monitors all licenses that will expire prior to the next recredentialing date.
3. Take appropriate action for practitioners who fail to keep their license active.

3. MEDICARE/MEDICAID SANCTIONS and EXCLUSIONS:

A. Individuals and Entities sanctioned and/or excluded from Medicare/Medicaid are verified against the HHS Office of Inspector General Medicare Exclusion Database (OIG/LEIE), the New York State Office of Medicaid Inspector General Medicare Exclusion Database (OMIG) and/or the National Practitioner Data Bank (NPDB) at the time of initial credentialing and recredentialing.

B. Practitioners are monitored on an on-going basis to identify those with Medicare/Medicaid sanctions and/or exclusions. On a monthly basis, data is imported from the Office of Inspector General (OIG) Excluded Individuals and Entities (LEIE); the Excluded Parties List System (EPLS/SAM) and the Office of Medicaid Inspector General (OMIG). This data is downloaded and compared to the Plan's provider database. The review will occur within 30 days of the of the previous month's inquiry.

C. In the event the Plan learns that a participating practitioner has a Medicare/Medicaid sanction/exclusion, the following steps will occur:

1. If the sanction/exclusion is for fraud or reasons of financial integrity including loan default, staff will notify the Plan Medical Director and Legal Counsel. Plan staff will prepare the file for presentation to the Credentialing Committee for potential action.
2. If the sanction/exclusion is for reasons related to professional performance or competence, staff will notify the Plan Medical Director of the potential quality issue. The Plan will initiate a quality of care review process with the appropriate department.
3. Regardless of the outcome of the practitioner's credentialing status, the Plan will immediately notify the appropriate internal departments to assure that reimbursement to the practitioner for Medicare and/or Medicaid and/or NYS of Health Exchange Product members

are discontinued.

4. The Plan reports the findings to its Corporate Credentialing Committee (Committee) at the next meeting after the identified occurrence. The Committee recommends appropriate interventions. After determining which interventions are appropriate, the Plan acts to address quality and safety issues. The Plan's report includes, but is not limited to:
    - Affected practitioner
    - Incident date
    - Quality issue
    - Date reported to Committee
    - Plan's actions

4. OFFICE OF FOREIGN ASSET CONTROL (OFAC):

A. Sanction activity of practitioners is verified against the Office of Foreign Asset Control (OFAC) website at the time of initial credentialing and recredentialing.

B. Practitioners are monitored on an on-going basis to identify practitioners present on the OFAC Sanction List. On a monthly basis, data is imported monthly from the the Office of Foreign Asset Control (OFAC) Sanction Lists and compared to the Plan's provider database. The review will occur within 30 days of the of the previous month's inquiry.

C. In the event the Plan learns that a practitioner is on OFAC's Sanction List(s), The practitioner will be immediately terminated, if an action from this source is identified.

Cross Reference:
For Disciplinary Action Against License Policy refer to #CR-21, CR-05, CR-01, CR-02, CR-07.
Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-10 Dated 2/99, BlueCross BlueShield of Central New York HMO-CNY Corporate Policy, Standards and Guidelines # Primary Verification Dated 4/6/99

Committee Approvals:
Corporate Credentialing Committee: 9/20/04, 4/19/06, 4/16/08, 5/19/10, 5/16/12, 12/18/13, 3/12/14 CMS rev, 5/21/14 renewal, 5/25/16 renewal, 8/17/16 revision; 8/15/2018 renewal; 6/19/2019 revision; 6/17/2021 renewal; 6/21/2023 tabled; 8/16/2023 revision; 6/18/2025 revision; 5/20/2026 revision

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