

System Reintegration Requirements

Purpose

System credentialed providers must “reintegrate” following an event or Organizational action causing an extended absence from the provision of patient care (Clinical Standard regarding Modification or Revocation of Credential to Practice). The reintegration process aims to ensure that the provider successfully transitions back to independent duty after returning from an extended leave of absence, OJI, FMLA, military duty, etc. This period of clinical reintegration ensures that the returning provider has clinical knowledge and skills proficiency commensurate with that of the other credentialed providers in the System.

Policy Text

Upon return from any leave of absence, the provider’s employer or volunteer organization (agency) will determine the exact number of days the provider has been absent. The agency will notify The Office of the Chief Medical Officer of any individual returning to duty if their absence exceeds 30 consecutive days. The Provider must complete certain credentialing requirements before returning to full independent patient care duty status. These requirements will be determined based on the number of days the provider was absent and the credential level of the provider – requirements are in line with the maintenance of credentialing requirements for each credential level. With the support of their agency, providers may choose to reintegrate at a lower credentialing level than they held before their absence.

Providers seeking to change agencies must reintegrate within the provider levels allowed at the tier level of their new agency.

Time Absent	Provider Level(s)	Requirements
>30 - <90 days	All	<ul style="list-style-type: none"> Familiarization with any missed Medical Directives Assignment of any missed Continuing Education
≥90 days	PL-6 Providers	<ul style="list-style-type: none"> All above, as appropriate Medical Director Interview
≥180 days	All	<ul style="list-style-type: none"> All above, as appropriate Credentialing level COG test Ensure provider is on track to meet biennial MOC proficiencies, with SCP if necessary
	≥PL-3 Providers	<ul style="list-style-type: none"> Medical Director Interview
	PL-6 Providers	<ul style="list-style-type: none"> All above, as appropriate

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≥180 days	PL-6 Providers	<ul style="list-style-type: none"> • Scenarios with Medical Director or designee
≥360 days	EMD, PL-1, & PL-2 Providers	<ul style="list-style-type: none"> • All above, as appropriate • Complete OCMO initial credentialing modules
	≥PL-3 Providers	<ul style="list-style-type: none"> • All above, as appropriate • OCMO designated MOC scenarios
	PL-6 Providers	<ul style="list-style-type: none"> • All above, as appropriate • OCMO PL-6 academy

Process:

Providers who wish to re-integrate should contact their agency’s medical education department, which will work with the OCMO to create their reintegration plan based on the time parameters described above. Reintegration plans for all providers absent for 90 days or longer or reintegrating at the PL-5 level or higher must be approved by the Medical Director or their designee. If the reintegration process requires supervised practice, the provider will be granted a modified credential for reintegration. If a provider is unsuccessful in the initial reintegration process, they will be assigned a remediation plan to address any identified deficiencies. Continued failure to successfully complete the reintegration process may result in revocation of the credential to practice per the Clinical Standard regarding Modification or Revocation of Credential to Practice.

Responsibilities:

OCMO – Work with system agencies to complete reintegration plans/approval of reintegration plans completed by system agencies, provide for medical director interviews, credential level COG tests, reintegration scenarios, modified credentials, and re-issuance of credentials upon reintegration.

System Agencies – Create individualized reintegration plans for providers returning to duty based upon the above requirements, assist and track providers through the reintegration plan, notify the OCMO when providers are ready for COG exams, medical director interviews, scenarios, etc.

Provider – Follow the reintegration plan and achieve objectives as designated above. Notify their agency and/or OCMO if the provider feels more is needed for safe independent practice.