HUDSON VALLEY REGIONAL MEDICAL ADVISORY COMMITTEE

REGIONAL CREDENTIALING AND CONTINUING MEDICAL EDUCATION POLICIES AND PROCEDURES

SECTION 1: Program Administration

The Hudson Valley Regional Medical Advisory Committee (HVREMAC) evaluates candidates for HVREMSCO credentialing and applicable Medical Control privileges against criteria established by the HVREMAC as indicated in the Hudson Valley Regional EMS Council Medical Control Plan. At the time of initial credentialing and upon re-credentialing, the applicant must meet one of the following criteria:

1. Currently certified New York State AEMT or Paramedic holding affiliation with a certified ALS agency authorized by the HVREMAC to operate in the Hudson Valley Region.

2. Current Physician, Physician Assistant, or Nurse Practitioner affiliated with a Hudson Valley Regional Medical Control Facility

3. Current Medical Director of an ALS agency, authorized by the HVREMAC to operate in the Hudson Valley Region, as defined the Hudson Valley Regional EMS Council Medical Control Plan

SECTION 2: Regional Credentialing Process

Any ALS Provider who wishes to operate in the HVREMSCO Region must:

1. Provide documentation of affiliation with every HVREMAC approved ALS Agency operating in the HVREMSCO, under whose auspice the provider will be practicing AND indicate agency of primary affiliation. No individual can be credentialed without an ALS affiliation.

2. Provide documentation of holding required credentials that are both valid and current:
   a. Submitted by the ALS provider for INITIAL CREDENTIALING.
   b. Submitted by the agency of primary affiliation upon RE-CREDENTIALING, on behalf of the provider:

Credentialing and Re-credentialing Documents	AEMT	AEMT/CC AEMT/P	RN / NP PA / MD
HVREMAC Credentialing Application	X	X	X
Proof NYS AEMT Certification *	X	X	
Government Issued Photo Identification	X	X	X
Completed Agency Affiliation Form	X	X	
Current BCLS – Healthcare Provider	X	X	
Current PALS or PEPP		X	
Current ACLS		X	
Verification of NYS Licensure			X
Completed Medical Control Affirmation Form			X
*Applicants for initial HVREMAC credentialing may sit for the HVREMAC Credentialing Exam with proof of New York State BEMS on-site scoring. HVREMAC Credentials will only be issued on HVREMSCO receipt of certification card issued by New York State BEMS.			

3. Schedule an appointment with the HVREMSCO for a credentialing examination, at least 24-hours in advance, when pursuing INITIAL credentialing.

4. Successfully achieve a passing grade on the HVREMAC credentialing exam.

The HVREMAC will issue HVREMAC Credentials upon receipt of above criteria, and will list the provider in the HVREMAC data bank for ALL affiliated agencies and will notate the agency of primary affiliation.

SECTION 3: Credentialing Examination

Written examinations are administered at the Hudson Valley Regional EMS office. The HVREMAC reserves the right to designate an alternatively approved electronic testing utility or off-site location. Pre-Registration is required.

1. Exams are administered only to:

    a. NYS certified Advanced EMTs who are sponsored by an ALS agency authorized by the HVREMAC to practice in the Hudson Valley Region and who meet the requirements of Section 2.

    b. Medical Control representatives: Physicians, Physician's Assistants, and Nurse Practitioners sponsored by a HVREMAC designated Medical Control Facility.

    c. The Medical Director of a HVREMAC authorized ALS agency. Reference the HVREMAC Medical Control Plan.

The HVREMSCO shall use a five (5) module credentialing examination which will cover:

1. General Operations
2. Respiratory ALS Protocols
3. Cardiac ALS Protocols and CPR
4. Trauma ALS Protocols
5. General and Environmental ALS Protocols

All candidates must achieve a minimum score of 80% in each module.

SECTION 4: Retesting Policy

1. Candidates who fail the credentialing exam may be eligible for a retest, but not on the same day as their initial examination.

2. Candidates will be issued an Examination Retest Form that identified the module(s) the candidate must retest.

3. Authorized agents of the candidate's sponsoring ALS Agency must reauthorize, in signature, the ability of the candidate to take the credentialing exam.

    a. It is incumbent upon the authorizing ALS Agency to ensure that remediation of the provider has occurred prior to reauthorizing the provider to schedule a retest.

4. Candidates having failed of two (2) or less modules during the initial exam will be eligible to schedule a retest with the HVREMSCO office within three (3) business days of their initial exam, providing the provider submits the agency signed form authorizing them to take the retest. The provider will take a different test version of the specific modules that require retest. Failure to successfully complete any/all of the retest modules will be counted as an exam failure.

5. Failure of three (3) or more modules constitutes an exam failure, and the candidate is not eligible for a module-based retest. The provider must schedule an appointment to take the entire certification examination over. The Provider will not be scheduled for this exam for a minimum of five (5) business days from the date of the initial failure, and only after the submission of the signed form authorizing the schedule of the retest.

6. Candidates who have failed any retest are not eligible for a new examination for thirty (30) days from the date of their failed retest. Failure of any re-test will deem the Provider ineligible for a new certification examination until the authorizing agency submits detailed documentation of remediation, and a new letter of authorization.

SECTION 5: Reciprocity

Providers credentialed by a REMAC participating in the Collaborative Protocols are exempt from the full HVREMAC credentialing exam only. The REMAC issuing the provider credentials under the Collaborative Protocols must submit a letter of good standing to the HVREMSCO. The *provider is required to take only the general operating procedure portion* of the HVREMAC credentialing exam. A minimum passing grade of 80% must be achieved. All required materials and certifications must be submitted to the HVREMSCO office prior to sitting for the exam.

SECTION 6: Maintaining Regional Credentials

1. All HVREMAC credentialed Advanced Emergency Medical Technicians (AEMT) are required to:

    A. Maintain affiliation with an ALS agency authorized to practice in the Hudson Valley Region. ALS Agencies must notify the Hudson Valley Regional EMS office of all new ALS provider/agency affiliations. This notification must occur before the provider is authorized to practice ALS skills in the field while acting on behalf of the agency.

    B. Maintain NYS DOH Bureau of EMS certification as an AEMT

    C. Complete 24 hours of Physician Contact, 12 of which must be Medical Control Contact Hours (see section 7), during the three year period prior to the expiration date of the provider's HVREMSCO credentials.

        i. It is the ALS provider's responsibility to submit verification of Physician / Medical Control Contact Hours earned to each ALS agency to which he/she is affiliated; it is the responsibility of the ALS agency to maintain the provider's documentation of contact hours for a period of three (3) years.

        ii. Agencies will be audited for compliance, and completeness, of required record retention, as determined by the HVREMSCO at a time determined by the HVREMSCO office.

        iii. It is the responsibility of the provider, when changing his primary agency, to provide to the new primary agency his record of Physician / Medical Control Contact Hours.

    D. Maintain valid and current certifications as indicated for re-credentialing.

E. The provider's agency of primary affiliation must submit the provider's completed re-credentialing packet to the HVREMSCO no less than forty-five (45) days prior to the provider's HVREMSCO credential expiration date. It is the responsibility of the provider to meet recertification requirements and submit proof of such to their agency. For cases where the documentation was submitted via US Post, the postmark will be used to determine the submission date. In instances where the documentation is hand delivered, the HVREMSCO date stamp will be used to determine the submission date.

2. Provider Standing: Although all EMS agencies must monitor their own personnel for compliance, the HVREMAC is the definitive governing body for determining whether ALS providers are active, in "good standing" and subsequently credentialed to practice in the Hudson Valley Region.

SECTION 7: Accruing Medical Control Contact Hours & Non-Medical Control Physician Led Contact Hours

Medical Control Contact Hour credit will be issued to programs that are delivered by a medical control practitioner credentialed by any REMAC participating in the Collaborative Protocols.

Medical Control Contact Hours (MCCH) may be obtained in the following manner:

1. By attending Medical Control delivered programs
   a. Credit will be awarded for attending call audits, case presentations, and lectures offered by REMAC credentialed Medical Control Practitioners.
   b. Credit is offered for actual program length
   c. Providers who attend MCCH in any REMAC outside the HVREMSCO, participating in the Collaborative Protocols, must submit verification of such attendance directly to their agencies and electronically to the HVREMSCO.
2. Through Case Reviews
   a. ALS Providers may discuss and review their individual ALS cases, with Medical Control Practitioners in regions that participate in the Collaborative Protocols, for MCCH credit.
      i. The case under review / discussion must be a provider's individual case or one wherein the provider significantly participated in the care of the patient.

ii. The provider must have transported the patient to the Medical Control facility where the Medical Control Practitioner is located.

iii. The Medical Control practitioner has the sole discretion whether or not to award credit and must be comfortable with the review that occurred. The medical control practitioner may elect not to review cases due to volume in the emergency department.

iv. Each review will be awarded 0.25 hour credits provided a HVREMSCO Medical Control Contact Hour form is signed by the Medical Control practitioner.

v. A maximum of 8.0 credits (32 reviews) is permitted by this method.

3. Through the Medical Control Shadow Program

   a. Providers may earn no more than 8.0 Medical Control Contact Hours credit by participating in the HVREMAC shadow program and fulfilling all requirements. See Manual: HVREMAC Shadow Program.

4. Through QI Program participation

   a. ALS providers may request MCCH allotment for Quality Improvement (QI) Committee participation that involves direct interaction with a Medical Control Practitioner credentialed by a REMAC participating in the Collaborative Protocol.

   b. MCCH allotment will be awarded on a 1 credit per hour basis up to a maximum of 4.0 credit hours per instance for Quality Improvement Activities.

   c. MCCH allotment will be awarded only if the following requirements are met:

      i. Written documentation that includes the Medical Control representative's signature verifying the ALS provider's active QI committee involvement is submitted to the Regional Office;

      ii. The agency that utilizes the ALS provider as a QI Committee member submits a current (within two years) HVREMAC approved QI plan to the Regional Office;

      iii. A completed MCCH attendance form that includes the Medical Control representative's signature verifying the ALS provider's attendance to the QI committee meetings is submitted to the Regional Office.

Non-Medical Control Physician Led Contact Hours may be obtained in the following manner:

1. By attending Non-Medical Control Physician delivered programs
    a. Credit will be awarded for attending call audits, case presentations, and lectures offered by Non-Medical Control Physicians.
    b. Credit is offered for actual program length
    c. Providers who attend programs in any REMAC outside the HVREMSCO, participating in the Collaborative Protocols, must submit verification of such attendance directly to their agencies and electronically to the HVREMSCO.

SECTION 8: Requirements for Receiving Medical Control Contact Hour Approval by the HVREMSCO

1. All programs seeking Medical Control Contact Hour (MCCH) allotment must be pre-approved by the HVREMSCO office.

2. Each request must fully identify (A-G):

    A. The title of the program
    B. The name and credentials of the presenter
    C. A content outline and a brief description of its relevance to EMS providers
    D. The specific NYS DOH BEMS Basic Life Support Protocols and/or the Collaborative ALS Protocols that the presentation will cover. If the presentation does not relate to any existing protocol, the presenter must indicate its relevance to the role or function of the EMS provider.
    E. Organizers of educational seminars that offer multiple presentations over the course of the seminar must indicate the title, presenter, descriptive narrative, and protocol reference for each presentation included in the seminar, in order to be eligible for MCCH allotment.
    F. A copy of all handouts or presentation materials should be included if possible, since this may include essential information needed to evaluate the appropriateness of the MCCH content to the certification level of the anticipated audience.
    G. Proof that the presenter is currently credentialed under a REMAC participating in the Collaborative protocols

3. All MCCH allotment requests must be either postmarked, or sent via email to the HVREMSCO **a minimum of fifteen (15) days prior** to the date of the program. The MCCH application **must be complete** and received on the MCCH request form provided by the HVREMSCO. Facsimiles are not acceptable.

4. The HVREMSCO may reject any application not having all the required information provided by the organizer, and will notify the organizer that no MCCH allotment will be forthcoming until the information is provided.

5. A MCCH approval code must be obtained in advance of any program offering. Programs which are offered, which do not have an approval code will not be applied toward MCCH. Organizers that have been denied MCCH awards do not have approval to conduct credit-approved MCCH, in anticipation of receiving a retroactive approval and MCCH award. There are no retroactive MCCH approvals.

6. MCCH credit will not be allotted to any program delivered by non-credentialed Medical Control Practitioners. When a non-credentialed instructor participates or assists in the delivery of a program it is the responsibility of the credentialed Medical Control Practitioner to actively participate in the presentation and ensure that the delivery of the program is applicable and relevant to EMS.

7. All content delivered in the program must be relevant to EMS, and must be designed to cover content within the knowledge base, skills, and/or scope of practice of the EMS participants in attendance. The HVREMSCO reserves the right to reject content. The HVREMSCO may require that the organizer hosting the educational program provide additional content information or documentation prior to awarding any MCCH allotment. Content should always reference the appropriate NYS DOH BLS Protocols, and/or Collaborative ALS Protocols relevant to the topic of the presentation.

8. All MCCH Credit approvals are awarded on an hourly basis, and programs should be designed accordingly. When a presentation does not last as long as its advertised duration, the MCCH Award should be reduced as appropriate, and the attending participants so advised. For suggestion on how to avoid presentations that do not maximize their planned hourly duration please see the HVREMSCO MCCH Planning tool.

9. All organizers providing educational content and anticipating the allotment of HVREMAC MCCH are advised to plan and time presentations appropriately. Repeated failures to do so will result in the withdrawal of MCCH allotment approval until a written plan of corrective action is received by the HVREMSCO and accepted by the HVREMSCO REMAC.

10. Organizers that demonstrate repeated non-compliance issues tantamount to fraudulent content delivery or timeframes of delivery are liable to an immediate suspension of the ability to conduct HVREMSCO approved Medical Control content. In addition, any HVREMSCO previously approved subsequent MCCH sessions scheduled by the organizer will be revoked until an acceptable remediation action plan is submitted by the organizer and approved by the HVREMSCO REMAC.

11. The HVREMSCO will report any Certified Instructor Coordinator to the NYS DOH BEMS for investigation, who knowingly signs for a fraudulently submitted CME/MCCH document to be used for recertification.

12. The HVREMSCO does not authorize CME content hours for EMS providers seeking to re-certify under the NYS DOH BEMS CME Recertification Program. Educational content to be utilized for NYS re-certification lies under the purview of the NYS Certified Instructor Coordinator providing oversight for the EMS Provider's recertification program.

13. All Original and Medical Control Practitioner signed MCCH rosters, complete with all presenter signatures must be received by the HVREMSCO Office within **five (5) business days** of the date of the presentation. Failure to provide said documentation within the prescribed time period may result in the HVREMSCO withholding the MCCH allotment for attendees until such time as the verification paperwork is secured. Repeated delays by an organizer in forwarding required documents will lead to a suspension of any HVREMSCO MCCH allotments for said organizer.

    Note: Students requiring this MCCH credit for recertification or credentialing may be adversely affected by this delay, and the organizer offering the MCCH should be aware of the ramifications that missing, lost, or not submitted documentation may have on the EMS provider.

14. The HVREMSCO must approve any distance learning program seeking MCCH allotment. Organizers and presenters, including Medical Control Practitioners, must account and attest to the attendance and participation by all those present.

    A. Since this type of offering may have participants physically present in a common classroom where they are able to sign a session roster, the previously discussed submission criteria will apply.

    B. For any session where the participants are not present in a common area, i.e. they sign on via computer/internet at a remote location, the organizers, presenters, and Medical Control Practitioner will document all participant's verified names and MAC numbers on a HVREMSCO Roster, and

countersign attesting to such attendance. Organizers must submit this roster to the HVREMSCO as previously identified.

15. Auditing of MCCH programs may be performed by the HVREMSCO or their representatives, and their findings reported to HVREMSCO Office and/or HVREMSCO REMAC. For purposes of audit and reporting, the following will be deemed mandatory reporters as agents of the HVREMSCO:

    A. All HVREMSCO staff
    B. All HVREMSCO REMAC members
    C. All HVREMSCO Delegates
    D. All Members of the HVREMSCO Training Committee
    E. Any NYS DOH Certified Instructor Coordinator affiliated with a HVREMSCO area Course Sponsor.
    F. Any Regional Faculty

    Other than any of the aforementioned who are **assigned** by the HVREMSCO to audit a specific presentation, any party witnessing inappropriate content, presentations, presenters, or MCCH allotment of hours must report same to the HVREMSCO office for follow-up.

16. No Medical Control Contact Hours offered in the HVREMSCO may be advertised as **"Medical Control Contact Hours Pending".** All MCCH program announcements must list the HVREMSCO Approval number. Organizers must be cognizant of the importance of CME and MCCH offerings, and that the failure to provide approved and appropriate programs to an EMS Provider may have significant ramifications for the provider's ability to recertify or re-credential.

SECTION 9: Pro-Rating Medical Control Contact Hour Requirements

1. ALS providers that obtain HVREMAC credentials and begin to function in the Hudson Valley region within the three year certification period will receive pro-rated Physician Medical Control Contact Hour requirements based on the expiration date of their NYS DOH BEMS certificate. Note that 50% of hours must be Medical Control Contact Hours.

2. FIGURE 1: Pro-Rated Physician / Medical Control Credit Scale

Months Active	MD/MCCH	Months Active	MD/MCCH	Months Active	MD/MCCH
36	24	24	16	12	8
35	23	23	15	11	7
34	23	22	15	10	7
33	22	21	14	9	6
32	21	20	13	8	5
31	21	19	13	7	5
30	20	18	12	6	4
29	19	17	11	5	3
28	19	16	11	4	3
27	18	15	10	3	2
26	17	14	9	2	1
25	17	13	9	1	1

3. Process for pro-rating Medical Control Contact Hour allotment:

    A. Physician / MCCH allotment will be pro-rated as indicated in this section.

    B. Pro-rated Physician / MCCH allotment will only be awarded if all other credentialing requirements are met.

    C. Pro-rating will only be awarded for providers who are on military leave or providers with anticipated inactivity for six (6) months or more *and* who have given written notification to the HVREMSCO office.

    D. If the provider has previously been credentialed in the HVREMAC region in the prior year, the provider must have remained in "good standing" at the end of their prior credentialing period.

    E. The HVRESMCO Executive Director in concert with the HVREMAC Medical Director will have the authority and flexibility to determine MCCH eligibility for maintaining credentials.

SECTION 10: Requests for Periods of Inactivity

The HVREMAC recognizes that circumstances may arise which render a provider unable to participate in HVREMAC credentialing activities. For this reason the HVREMAC allows for periods of inactivity. The approval of inactive status is granted with the understanding that the provider may not be active in credentialing activities for a prolonged period of time. Any Physician / MCCH which are pro-rated will be pro-rated according to Figure 1.

1. Requests for inactivity will be granted in the following circumstances:

    A. Pursuant to NYS BEMS Policy 09-02 and its successors, providers will be granted a period of inactivity and Physician / MCCH pro-rated accordingly. Extension of HVREMSCO credentials will be granted, upon written notification to the HVREMSCO, that the ALS provider has requested an extension of certification to NYS BEMS. The provider must provide a copy of the new NYS BEMS certification card to the HVREMSCO office within three (3) weeks of the request. Verification of extension may be accomplished through a finding of "good standing" in the New York State Health Care System database.

B. ALS providers that become inactive or anticipate becoming inactive in the Hudson Valley Region for six (6) months or more, regardless of the reason, must notify the Regional office, in writing, of their request to become inactive.

   i. Upon HVREMSCO receipt of notification by the requesting ALS provider, all agencies to which the provider is affiliated will receive written notice from the Regional office and the requestor will be place on the inactive ALS provider list. The ALS provider is required to abstain from any ALS practice, within the Hudson Valley Region, while on inactive status.

   ii. Written notification, for the purpose of this section, includes electronic notification.

C. Inactive ALS providers may request in writing to become active again at any time provided their HVREMAC credentials have not expired during the period of inactivity. If the ALS provider's HVREMAC required credentials expire during the period of inactivity or if the period of inactivity exceeds six (6) month duration, the ALS provider will be required to complete the HVREMAC credentialing process, including credentialing exam, in its entirety.

D. Any Physician / MCCH earned during a period of inactivity will be counted toward the pro-rated Physician / MCCH requirements.

E. At all times during inactive status the provider must maintain a primary agency affiliation.

F. Upon receipt and review of written request to return to active status, the ALS provider and all agencies to which the provider is affiliated, will receive written confirmation of reactivation from the Regional office and the ALS provider will be returned to active status.

G. The ALS provider will be responsible for obtaining only Physician / MCCH for the time period that the provider is active within the Hudson Valley Region; see Figure 1.

SECTION 11: Re-Credentialing Process

1. ALS provider HVREMAC credentials run concurrent with and expire with the provider's NYS DOH BEMS AEMT certificate. In order to receive updated HVREMAC credentials all ALS Providers must:
    a. Complete all of the mandatory Physician / MCCH requirements
    b. Maintain current New York State AEMT provider certification,
    c. Maintain all HVREMAC required credentials,
    d. Remain in "good standing,"
    e. Maintain a primary affiliation with a HVREMAC approved ALS agency
    f. Submit re-credentialing packet to HVREMSCO through their primary agency.
2. Physician / MCCH verification, as determined by MCCH master attendance sheets, will be maintained by the HVREMSCO. It is the responsibility of the ALS provider to complete all HVREMAC requirements. The ALS provider will not be notified by the Hudson Valley Regional EMS Office to do so.
3. HVREMAC credentials are only valid when accompanied by current NYS DOH BEMS ALS provider certification. It is the responsibility of the ALS provider to submit updated contact information, other required certifications and photo identification or any changes of such to the Hudson Valley Regional EMS Office. Failure to do so may result in an immediate suspension of HVREMAC credentials.

Re-Certification Process for Medical Control Credentialed Providers

1. Medical Control representative credentials are issued on a biennial basis becoming effective on January 1 and continuing through January 31st of the second year. Medical Control Facilities must verify Medical Control representatives operating at their facility annually and on a schedule to be determined by the HVREMSCO.

SECTION 12: Credentialing Non-Compliance

1. All ALS providers are required to maintain valid, current, appropriate and required certifications. In the event of a lapsed certification of BCLS, ACLS, or PALS / PEPP a provider will have sixty (60) days past the date of expiration to renew the certification.
    A. Forty-five (45) days prior to the date of a provider's expiring certification or HVREMAC Credentials, the provider's agencies will be notified of the pending expiration.
    B. Sixty (60) days after a provider's expired certification, HVREMAC Credentials will be *suspended*. All agencies to which the provider is affiliated will be notified of the suspension.
    C. On receipt of current certifications by the Hudson Valley Regional EMS Office the provider will be returned to active status and all agencies to which the provider is affiliated will be notified.
    D. At the time of renewal the ALS provider must possess valid and current ACLS and PALS/PEPP certifications. The grace period does not extend through expiring HVREMAC credentials.
2. All Physician / MCCH must be completed forty-five (45) days prior to the ALS provider's expiration date. However, Physician / MCCH completed within the 45 days to the provider's credential expiration timeframe will count towards required Physician / MCCH. If a provider's Physician / MCCH are satisfied, Physician / MCCH will then count towards the next credentialing period.
3. In the event a provider's re-credentialing materials are not submitted by the required submission date:
    A. The ALS provider is immediately placed "on notice" to complete all requirements by the provider's credential expiration date. All agencies to which the provider is affiliated will be notified. The provider must not only complete all required materials, but also take the re-credentialing exam with a passing score of 80% or greater in all categories.
    B. If required materials are not received by the credentialing expiration date, the provider is immediately suspended. All agencies to which the provider is affiliated will be notified.
    C. When all re-credentialing materials are submitted less than sixty (60) days past the provider's HVREMAC Credential Expiration date:

i. The provider must schedule and complete the HVREMAC Credentialing Exam with a passing score of 80% or greater in all categories.

ii. Upon successful completion of credentialing exam, the provider will be returned to active status and all agencies to which the provider is affiliated will be notified.

D. When all re-credentialing materials are submitted greater than sixty (60) days but less than one (1) year from the provider's HVREMAC expiration date:

i. The provider will remain on a mandatory six (6) month suspension from the date of credentialing expiration, during which time the provider is NOT authorized to provide ALS care in the Hudson Valley Region.

ii. The provider must *re-apply for HVREMAC credentials*

iii. The provider must schedule and complete the HVREMAC Credentialing Exam with a passing score of 80% in all categories.

4. Providers are required to maintain a Primary Agency Affiliation.

A. *Each HVREMAC approved ALS agency* must submit to the HVREMSCO office the Provider Affiliation Form for any change of affiliated provider status with that agency. Agencies must notify the HVREMSCO office of provider affiliation changes within five (5) business days.

B. Providers have thirty (30) days, from time of primary affiliation change, to re-affiliate with a Primary Agency.

C. After thirty (30) days without a primary agency the provider's HVREMAC credentials will be *suspended*.

i. If a provider then affiliates with a primary agency within one year of losing primary affiliation, all credentialing requirements remain in force. Pro-rating will not be considered.

ii. Providers who lack a Primary Agency for a period of one year or greater will be required to re-take the HVREMAC Credentialing Examination, meet all credentialing requirements, and complete all required Medical Control Contact Hours.

iii. Providers who lack a Primary Agency for a period of one year and whose NYS BEMS ALS certification expires during the period of suspension must re-apply and complete the process for HVREMAC Credentialing.

SECTION 13: Disciplinary Action and Notification

1. Disciplinary action against an agency knowingly using non-credentialed or suspended individuals to provide ALS care:

    A. Any agency found to be using non-credentialed or suspended individuals to provide ALS level care; will be immediately reported to the HVREMSCO Executive Director, HVREMSCO Medical Director and to the HVREMAC Chair.

    B. The HVREMSCO Medical Director will ensure that the service immediately ceases to utilize the non-credentialed or suspended individual, and a mandatory meeting will be scheduled for no more than five (5) business days after the reported violation is received by the HVREMSCO.

        i. The meeting must involve the HVREMSCO Medical Director, the HVRESMCO Executive Director, the Agency Medical Director of the Service in question, the Chief Operating Officer of the agency in question, the HVREMAC Chair and two additional HVREMAC members appointed by the HVREMAC Chair and are not affiliated with the agency and/or the agency's primary county of operation.

        ii. At this meeting the involved service must provide a written plan of corrective action for review by the HVREMSCO and the HVREMAC. The HVREMAC Chair, in consultation with the HVREMSCO and HVREMAC representatives present, will decide if any further action is indicated, or if the matter is to be remanded to the full HVREMAC for possible revocation of the service's qualification to provide ALS level care.

2. Notification of the suspension or revocation of an individual's ALS privileges.

    A. Any individual, who has had a suspension or a mandatory revocation of their privileges, will have their name removed from the list of credentialed providers listed on the HVREMSCO website.

    B. A letter will be sent to all primary and secondary agencies and their Medical Directors announcing his/her suspension. Upon successful re-qualification, including the correction of the reason for suspension, the individuals name will be returned to the list of credentialed providers on the HVREMSCO website. Letters will be sent to all primary and secondary agencies and their Medical Directors announcing his/her re-instatement.

3. Re-instatement following suspension / revocation.

    A. Correct the reason for suspension / revocation.

    B. Any penalties pertaining to the suspension / revocation must be met.

    C. There will be no pro-rated Medical Control Contact Hours during a period of suspension / revocation

    D. The provider must hold and provide proof of required certifications. Proof of certification may include current copies in HVREMSCO files.

4. The HVRESMCO Executive Director in concert with the HVREMAC Medical Director will have the authority to issue or temporarily suspend HVREMAC credentials. Should the HVREMSCO Executive Director and HVREMAC Medical Director temporarily suspend credentials, they will immediately refer the issue to the Evaluation Sub-Committee.