KNOW THY PHYSICIAN
When Credentialing Becomes Compliance

Regina Gurvich, Chief Compliance Officer
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- Completing gap analysis of the process
- Realizing efficiencies within multiple sets of requirement
- Compliance through CQI (“Continuous Quality Improvement”)
KYC (‘KNOW YOUR CUSTOMER’)

- Applicability to Healthcare
- Transparency of information
- Availability of data
- Setting best practices
HISTORICAL REFERENCE

- Credentialis or letters of reference
- Ernest Amory Codman, MD
  “Each physician should care for the patients he is qualified to care for.”
- 1913 American College of Surgeons (ACS)
- Hospital Standardization Program/ JCAHO
COMPLIANCE FRAMEWORK

- Conformity with
  - Set of standards set internally
  - Conformity / correlation with standards setting body
  - Advisory opinions/ guidance
  - Legal or statutory authority
LIABILITY FRAMEWORK

- Institutional duty of care
  - In hiring
  - Granting privileges
  - Credentialing
  - Re-credentialing
**BACKGROUND**

- Social Security Amendments (SSA) 1965
  “the organization provides access to appropriate providers, including credentialed specialists, or medically necessary treatment and services.”
- Healthcare Quality Improvement Act (HCQIA) 1986
- Medicare Improvement for Patients and Providers Act (MIPPA) 2008
BACKGROUND, CONT.

- Patient Protection Affordable Care Act
  - Compliance program as condition of participation (SSA§1866(j)(8)/ PPACA §6401)
  - Screening levels (Limited, moderate, high)
  - “High” – include fingerprinting, site visits, et al
  - “High” risk providers – home health agencies & DMEPOS
- Health plan accreditation includes provider credentialing
GUIDANCE MANUALS & STATE LAWS

- Medicare Managed Care Manual
  - Chapter 6
    - Credentialing, monitoring, and re-credentialing
    - Ongoing monitoring
    - Peer review
  - Chapter 11
    - Credentialing as a contract requirement
    - Assessment of compliance as part of the process

- Medicaid & CHIP enrollment process
STANDARD BEARERS

- The Joint Commission
- The National Committee for Quality Assurance
- Utilization Review Accreditation Committee
- Healthcare Facilities Accreditation Program
- Det Norske Veritas
- The Accreditation Association for Ambulatory Healthcare
- Commission on Accreditation of Rehabilitation Facilities
EVALUATION OF COMPETENCY

Six areas of credentialing:
- Patient care
- Medical/ clinical knowledge
- Interpersonal/ communication skills
- Professionalism
- Systems-based practice
- Practice-based learning and improvement
DATA CONCEPTS

Source:
- Self-reported data
- Second/third-party
- Primary source data

Uses:
- Authentication
- Validation
- Verification
OF CONCERN

- Name Changes
- New or Change of Profession
- State Hopping
- Recidivists
- Reasons for denial, termination, or removal
Due Diligence

- Integral part of healthcare market
- GRC approach
- Best practices
- CQI
BEST PRACTICES

- Outsourcing vs. insourcing
- Independent (arms-length from data sources)
- Defined credentialing cycle
- Passing the risk ‘down-stream’
- Timing of initial credentialing
- Re-credentialing process
  - 24/36 mo. vs. Event-based model
CONTRACTUAL OBLIGATIONS

- Notice obligation
- Quality of care concerns
- Clinical practice/ UR standards
- Compliance with standards & policies
- Denial reasons must be reasonable
**In Sum**

- Avoid or mitigate risks
- Ensure regulatory compliance
- Promote quality of health care outcomes
- Protect your reputation
CASE STUDIES - REFERRALS

Dr. A is practicing in New Jersey and has been referring patients to the facility B in New Jersey. Facility B just implemented concurrent verification of physician for each of the incoming referrals during scheduling. The verification identified that Dr. A has been sanctioned in Massachusetts and, consecutively excluded in New York,
CASE STUDY – CREDENTIALING/ BILLING

IPA retained services of a small credentialing firm for verify on ongoing basis credentialing of its 100 physicians. The firm is small and understaffed; the reports come in .pdf.; there is lag in credentialing. However, there has been good collegial relationship and there is reluctance to ‘repair what’s not broken’.
CASE STUDY – IN/OUT SOURCING

In reassessing its needs the IPA evaluates in-sourcing credentialing function while interviewing potential vendors. The process is tedious, time-consuming, and the decision will immediately affect the bottom-line.

The evaluation is done by CMO, CFO, Contracting, and Compliance
CONTACT

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