Roles and Responsibilities in a Successful CVO

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UPMC Credentials Verification Office

UPMC is an integrated global healthcare delivery system headquartered in Pittsburgh, Pennsylvania and affiliated with the University of Pittsburgh Schools of the Health Sciences.

- 60,000+ employees
- 20 academic, community and specialty hospitals in western Pennsylvania with 4700+ licensed beds
- 400 clinical care sites in 29 western Pennsylvania counties
- 17 retirement and long term care facilities
- 70 hospital and outpatient rehabilitation facilities
- UPMC Cancer Centers in 40 locations

UPMC Facts and Figures

- ISMETT (Institute for Transplantation and Advanced Specialized Therapies – Palermo, Italy)
- International sites – Italy, Ireland, Japan, China, Kazakhstan and Singapore
- Train 1900 medical residents
- 1000 nurses in training
- UPMC Health Plan (a health insurance plan - commercial, Medicare and Medicaid products) with 2.2 million members
- Total of 7500 credentialed practitioners with 5300 physicians
- 4900 employed physicians and extenders
- 21 facilities in MSO – 14 credentialing entities
- 33 organizations in Apogee – 1 credentialing entity
Decision to Create a CVO

- February 1999 – consultant was hired to assess the credentialing activities and processes of all UPMC entities conducting either Medical Staff or managed care credentialing.
- Report showed that the decentralized application processing and verification activities resulted in completion of multiple applications by the practitioners, duplication of work and multiple payments for the same verification.
- Fall 1999 – decision was made to create a CVO to be responsible for centralized application processing and verification services – the responsibility for the evaluation of the information and the subsequent granting of privileges or membership would remain the responsibility of the facility or organization – there would be no "centralized credentialing".
- December 1999 – Administrator hired and charged with the creation of the CVO.

Goals for the Development of the CVO

- To maximize the use of technology including:
  - electronic communication
  - paperless document storage and retrieval
- To eliminate redundancy and duplication through a centralized data repository utilizing standardized software
- To centralize the gathering and maintenance of credentialing information for physicians and other healthcare practitioners
- To standardize the dates and application process for each practitioner’s reappointment and recredentialing cycle

Initial Development Activities

- December 1999 thru January 2000 – site visits to all UPMC Medical Staff and managed care credentialing offices
- CVO Implementation Steering Committee, Medical Staff Office User Group and a Health Plan/PHO User Group established
- Creation of the application packet forms and documents initiated
- Software selection
  - Multiple credentialing products in use throughout UPMC
  - Review of all available products on the market
  - RFP
  - Vendor site visits
  - Recommendation to the Steering Committee
  - Contract finalized in March
Initial Development Activities (con’t)

- March 2000 – business plan submitted that addressed:
  - Structure of the CVO
  - Allocation of cost
  - Space considerations and location
  - Software implementation timeline
  - Staffing and recruitment
  - Equipment
  - Development of policies and procedures
  - Legal issues
  - Insurance

- April, May, June 2000
  - Policies, procedures and processes developed
  - Software customizations designed and requested
  - Data conversion specifications developed
  - Space occupied
  - Equipment bought or leased
  - Personnel hired, oriented and trained

- June 26, 2000
  - CVO services initiated – MSO for Windows live

Subsequent Software Installation

- eDelineate
- Populate Forms
- Apogee
- MSOW
- PSV – Online Response Letters
- Administrative Review
- MSOnet
- FPPE/Conditions Manager
- NPDB Manager (CQ)
- Peer Review Manager
- Morrisey e-Signature solution

Major Responsibilities of the CVO

- Application packet maintenance and distribution
  - CVO initial application packets
  - CVO online reapplication packets
- Privilege form creation, maintenance and distribution
  - Universal privilege request forms (27 by specialty for the physician – 25 by role for extender)
  - Request for the system – granted by facility
- Application processing, verification and follow up to obtain missing documents
  - Initial Medical Staff appointment and initial managed care credentialing
  - Evaluation of the information gathered and verified by the CVO and the subsequent recommendation for membership/privileges or payer participation is retained by the facility or organization
- Management of the reappointment/credentialing process
  - Provision, tracking, processing and verification of reapplications for Medical Staff reappointment and managed care recredentialing
- Maintenance of the database
- Facilitation, participation and report generation for System initiatives as required and as requested
Major Responsibilities of the CVO (con’t)

- Coordination of the initial and ongoing attainment of NCQA certification
- Serving as the System Administrator for MSOW
  - Maintenance and reconciliation of the user accounts
  - Management of group security
  - Facilitation of updates – scheduling, testing and installation
  - Troubleshooting of software issues with reporting and resolution
- Orientation and training of new users
- User site visits and ongoing review of MSOW and CVO processes
- Support for facility software implementation
- Facilitation of the CVO User Group meetings
- Development and maintenance of the upmc.com credentialing website
- Development and maintenance of the CVO SharePoint site
- Managing the data conversion, installation of MSOW and implementation of CVO services for new UPMC entities

Private vs Employed Practitioners

- Private practitioner
  - Interface with Medical Staff Office
  - CVO contacts practitioner directly
  - No UPMC involvement with enrollment or credentialing with the payers
- Employed practitioner
  - Interface with the employing entity – one of the Departments or business units of the Physician Services Division (PSD)
  - Contact for all credentialing matters is the Department Enrollment Specialist (DES) of the employing entity
  - CVO contacts the DES
  - Enrollment and credentialing for the payers is managed by the Provider Enrollment and Credentialing Department (PEC)
  - Verification services are provided by the CVO to PEC under a delegated agreement

Initial Application — MD new to UPMC

1) Data Entry and Scanning CVO packet in MSOW
2) Verification
3) Notification to Facilities

PSD (employed) or non-PSD (not employed)

设施 1
设施 2
设施 3
设施 4
设施 5
Items Verified for the Physician Medical Staff Application

- State License
- FSMB Query (except DPM or DMD)
- DEA
- Medicare/Medicaid Sanctions
- Board Certification (all recognized Boards)
- Medical/Osteopathic/Pediatric/Dental School
- ECFMG
- Internship
- Residency (all begun and/or completed)
- Fellowship (all begun and/or completed)
- Program Director Evaluation
- Additional Education / Research
Items Verified (con’t)

• Criminal Background Check
• Current Teaching Appointment (current only unless required to fill a gap)
• Prior Teaching Appointment
• Peer References (3 at least one from same specialty)
• Clinical Competence Evaluation
• Hospital Affiliations Current
• Hospital Affiliations Prior
• Malpractice Carrier and 10 year History of Claims
• Military Service (within past 10 years)

Facility Medical Staff Office Credentialing Responsibilities

• Request application packets to be sent as necessary
• Decision to accept the application (if not requested)
• Print application and documents (as necessary)
• Initiate the facility credentialing process
• Obtain the NPDB Query results or enroll in NPDB CQ
• Facility data entry, including privilege request
• Monitor the verification process
• Print the verifications (as necessary)
• Prepare the credentialing file (as necessary)
• Manage the Committee approval and granting process
• Release privileges
• Communicate the decision to the practitioner

Managed Care Organization Credentialing Responsibilities

• Determine that hospital privileges have been granted
• Obtain a signed attestation and submit to the CVO
  – The Credentialing Information Form from the CVO packet can be used as the
    application – designed to meet both Joint Commission and NCQA standards
• Obtain the NPDB Query results or enroll in NPDB CQ
• Complete the organization data entry
• Present to the PSD Credentialing Committee
• Approve and recommend participation to the delegated payers
• Complete the credentialing process for the non-delegated payers
  – Evolution is used to facilitate the application completion process
  – E-mail is sent to the provider with a link – a set of questions are answered
  – Information is pulled from Apogee and Evolution to populate the applications
  – Signature pages are e-mailed to the provider
CVO Maintenance of the Database

- Ongoing additions and revisions to the practitioner information when notified or requested (each facility and organization maintains their own facility or organization data)
- Twice a month, as part of the reapplication preparation and management process, reports are run from the database to check the accuracy of the practitioner data. The reports serve as the data collection activity for a number of the QI Program indicators as well as providing information for concurrent updating of the database.
- Obtaining copies of current documents on expiration - State License, DEA, Board certificate and Malpractice certificate
- Scanning current documents (ACLS, Fluoroscopy, etc. when received)
- Obtaining verification on expiration for State License, DEA and Board certification
- Obtaining PPD Results annually

Current CVO Staffing

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<tr>
<th>Title</th>
<th>Primary Job Responsibilities</th>
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<tr>
<td>Executive Director</td>
<td>Overall supervision and management of the CVO.</td>
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<tr>
<td>Administrative Assistant - Senior</td>
<td>Support for the Director – 10%. Support for the CVO – 90%. Scanning expired documents, data entry and review projects, sending and resending application and reapplication packets. First level of support for applicant questions and concerns.</td>
</tr>
<tr>
<td>Credentialing Assistant (PT)</td>
<td>Review of 100% of managed care files. Assists with QI data collection. Sends expired document requests. Prepares and sends reapplication reminders.</td>
</tr>
<tr>
<td>Credentialing Coordinator (C)</td>
<td>Application processing, data entry, verification and follow up for missing items.</td>
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CVO ISD Support Team

- ISD resources supplied by Corporate
- Equivalent of 2 FTEs are allocated and charged to the CVO
- Primary contacts – ISD Applications Manager and 2 Analysts
- Responsibilities
  - Interface with the UPMC network, server, security, web services and database teams
  - Interface with software vendor for technical software issues
  - Coordination of hardware and software updates
  - Creation of reports – CVO and user
  - Creation of prepopulated applications
  - Creation of letters – CVO and user
  - Creation of privilege request forms
Other CVO Facts

- During CVO implementation, CVO Director reported to the Senior Vice President of UPMC – now reports to the Senior Vice President of PSD.
- The CVO remains an internal CVO serving only UPMC entities.
- The CVO occupies space in a UPMC building housing many Divisions/Departments. The CVO has an office, cubes and file and supply space on the PSD floor.
- The CVO is not involved with recruitment.
- The CVO is not responsible for FPPE/OPPE. The System uses Cognos and Crimson.
- The CVO is the gold standard for a number of data elements in the enterprise data warehouse.

Plans for the Immediate Future

- Provision of user defined fields in MSOW for data entry of quality reviews to be fed to Crimson.
- Data conversion, MSOW installation and initiation of CVO services for the new UPMC hospital – fall 2014.
- Participation in System sponsored “onboarding” initiatives.
- Implementation of online initial Medical Staff appointment applications.
- Installation of PCCB (enterprise)
- Facilitation of facility implementation of additional modules.

Plans for Some Day (probably not in my lifetime!)

- Centralized credentialing and privileging.
- Under the CMS revised Conditions of Participation, multi-hospital systems will be allowed to use a unified and integrated medical staff structure.
- Long range plan:
  - One set of Bylaws for the UPMC Medical Staff.
  - Application to UPMC – not to individual hospitals.
  - Standardized criteria for appointment and privileges.
  - Centralized review and approval process.
  - Appointment and privileges granted for UPMC.
  - Ability to provide care in any UPMC entity.