Do your homework, shop around, and select the CVO that is the best fit for your organization

About a year ago, the St. Alexius Medical Center in Bismarck, ND, decided to use a CVO to help with its credentialing process.

However, its experience was not positive, proving that if you are going to contract with a CVO—a company your organization can hire to check information with primary sources—you need to do your homework to find the right match for your hospital.

“[To make a] long story short, we are no longer working with the CVO,” says Valerie Kingsley, medical staff coordinator at St. Alexius. “I’m positive there are very good, quality CVOs out there. Finding the right one takes time,” she says.

Kingsley learned a lot about CVOs from her experience—lessons she’s willing to share with others so they can avoid committing to a CVO that doesn’t meet their needs. What should you keep in mind if you’re shopping for a CVO? Kingsley and several credentialing consultants share the following tips:

1. Consider whether a CVO is certified, says Vicki Searcy, CMSC, president of the Searcy Resource Group in Laguna Beach, CA. Two organizations—the NCQA and the American Accreditation Health Care Commission—certify CVOs, adds Christina Wiggins-Giles, MS, CMSC, a consultant with Medical Staff Solutions in Pepperell, MA.

Certification does not guarantee that a hospital will be happy with a particular CVO, but it does ensure that the CVO is in compliance with either NCQA or URAC standards, says Searcy, who, along with Wiggins-Giles, is a NCQA surveyor who certifies CVOs.

For example, the NCQA standards require that a CVO receives information when verifying credentials from the most current sources.

“I’m not saying that just because a CVO is NCQA-certified that that’s one you should automatically do business with, but that would be a benchmark to look at,” Searcy says. Kingsley can attest to the fact that certification is not a guarantee of satisfaction, since the CVO that St. Alexius contracted with was NCQA-certified.

Both the NCQA and URAC post a list of certified CVOs on their Web sites www.ncqa.org and www.urac.org respectively. The JCAHO does not certify CVOs, but does include a list of guiding principles that hospitals should follow in evaluating a CVO. The newly renumbered and restructured standard MS.4.10 in the Medical Staff chapter of the 2004 Comprehensive Accreditation Manual for Hospitals contains more information. (See related story on p. 4.)

2. Do your own investigation of any CVO you are considering hiring, including checking references, Searcy says. Ask for additional references besides those the
CVO gives you, and speak with the medical staff services office of the organization, says Kingsley. Do some research on the CVO that your facility is considering, such as asking peers whether they know of the CVO or calling the National Association of Medical Staff Services (NAMSS), she says. Don’t hesitate to compare CVOs, she adds.

If possible, visit the CVO’s office to get a sense of how they do their work, continues Wiggins-Giles. Look at their credentialing processes and how they maintain confidentiality. Ask for copies of their policies and procedures.

Consider how they assign the work, Giles says. Will you work with the same person or team, or is the work assigned randomly and you might therefore work with a different person each time? Also ask whether the CVO’s employees are certified by the NAMSS.

**Determine whether it is cost-effective to do your own credentials verification or whether you should use a CVO.** Know what services the CVO will provide for the price they are offering, Kingsley says. For example, are National Practitioner Data Base, Federation of State Medical Boards, and Educational Commission for Foreign Medical Graduates queries additional costs? If your bylaws require such queries, make sure to discuss those issues with the CVO.

“Little charges add up,” Kingsley warns. “Do a cost analysis and determine whether using a CVO will save or cost you money.”

**Consider all the details of your arrangement with the CVO.** Decide what you want the CVO to do for you. Do you want it only to verify information, or do you also want it to handle application management, whereby CVO staff send out the appointment application and follow up with the practitioner, Wiggins-Giles asks. Review all of the CVO’s forms—reappointment applications, initial applications, peer reference forms, etc.—to ensure that they have all the information you need, Kingsley says. If their forms do not work for you, discuss using your facility’s forms with the CVO.

However, keep in mind that if a CVO is willing to do a lot of customization (for instance using a particular letter or changing their usual process), the slower the process is probably going to be, Searcy says. In this case timeliness may be a concern.

Ask whether the CVO you are considering can receive electronic communications, which can be a huge advantage, Searcy says. This allows you to dial up and see the status of credentialing files, which is much more efficient, she says.

**Sign a formal, written agreement or contract that addresses the specifics of your arrangement with the CVO,** says Wiggins-Giles. Most CVOs have a standard contract, but each organization should review the agreement and see whether there are items they want to add or delete. Most organizations agree to work with a CVO for a year, and if they are happy with the service they automatically renew the contract, she says.

It is important to ensure that the expectations on both sides are clear, Searcy says. Instead of a CVO agreeing to credential practitioners according to JCAHO standards, be more specific. For example, you want to know whether the CVO will verify state licensure for you and how it will do so, she says.

“Make it specific and include timeframes for product delivery and remedies,” she says. Wiggins-Giles agrees. “If the CVO is not doing a good job, you want to know what the remedy will be. Address in your contract what the ramifications are. They need to provide an action plan and repair the problem in a certain period of time,” she says.

Plan for worst case scenarios, Giles says. What happens if the CVO has some kind of disaster and loses its database? If the CVO goes out of business, ensure that all documents are returned to your hospital.
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*Call Guy Tomasky at 781/639-1872, ext. 3153 for more information. To register, call our Customer Services Department at 800/650-6787.*
NCQA releases data on Medicaid HMO products
State agencies, health plans, and other users can now view performance data on nearly 80 Medicaid HMO products, according to the NCQA.

The information is available through “Quality Compass, File 6,” a special Medicaid-only addition to the NCQA’s health care information database. File 6 features national averages and plan-specific health plan employer data and information set performance measures that allow users to evaluate performance in key areas of clinical care and member service, including childhood immunization rates and satisfaction with a health plan, the NCQA said in a press release. Go to www.ncqa.org to learn more about the available data.

URAC to study preventive health care strategies
The American Accreditation Health Care Commission (URAC) has launched a Web-based tool to collect and analyze information on health care prevention strategies in medical management and preferred provider organizations. URAC hopes to learn more about approaches to clinical preventive services delivery in less-integrated systems, the accrediting organization said in a press release. URAC is working on the project with the National Business Coalition on Health and the Centers for Disease Control and Prevention. Go to www.urac.org to learn more about the project.

The JCAHO now has 10 principles guiding CVOs

In 2004, the JCAHO has added new criteria to its list of principles that hospitals must use in evaluating CVOs.

As of January 1, a hospital must have a formal arrangement with its CVO for communicating any changes in credentialing information. You’ll find that list of principles in the rationale for newly renumbered and restructured standard MS.4.10 in the Medical Staff chapter of the 2004 Comprehensive Accreditation Manual for Hospitals.

The JCAHO has increased the number of principles that hospitals should use as a guide to evaluate a CVO from nine to 10.

“They keep adding new principles,” says Christina Wiggins-Giles, MS, CMSC, a consultant with Medical Staff Solutions in Pepperell, MA. “This is a good one.”

“It says [hospitals need] a formal agreement with the CVO, which to me would mean there needs to be something in writing in your agreement or contract that addresses communication of any changes in credentialing information,” she says. In other words, if the CVO finds out something new about a practitioner that relates to credentialing, they will alert the hospital to that information.

In the rationale for standard MS.4.10, the JCAHO describes why it has established guidelines for evaluating CVOs. “Any hospital that bases its decisions in part on information from a CVO should have confidence in the completeness, accuracy, and timeliness of that information,” the JCAHO says. “To achieve this level of confidence in the information, the hospital should evaluate the agency providing the information initially and then periodically as appropriate.”

Managed Care Credentialing is an exclusive service for subscribers of the Credentialing Resource Center. Do you have an idea to share or a question to ask? If so, write, telephone, fax, or send an e-mail to Joanne Finnegan, senior managing editor, CRC, P.O. Box 1168, Marblehead, MA 01945. Telephone: 781/639-1872. Fax: 781/639-2982. E-mail: jfinnegan@hcpro.com. ©2004 HCPro, Inc.