



Allina Health CVO (Credentials Verification Organization)

2015 Annual Report

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A Year in Review by Karen Crotinger MS CPMSM CPCS Director of the Allina Health CVO

Recently I took time to reflect, evaluate and thoroughly review the CVO progress from inception to present - and I remain completely overcome with pride at the accomplishments of the Allina CVO leaders and staff in two (seemingly short) years.

In 2014 the CVO was created, and the MSOW software was implemented.

In 2015 the CVO began processing electronic files. Kudos to the staff for meeting and exceeding such aggressive timelines. Through a concerted team effort, the implementation was seamless and manageable.

The team has been so immersed in executing projects, modules and quality initiatives that there has not been adequate time to review, show appreciation and celebrate, the exceptional success of the CVO.

This issue will focus only on the main highlights of the 2015 implementations, and more importantly, what the success means to Allina Health. All accomplishments cannot be identified in this issue; and it is impossible to not mention 2014 accomplishments, since the groundwork set in 2014 is the basis for each of the 2015 successes.

The CVO staff members have demonstrated the ability to meet expectations for customers and internal employees. Their experience and expertise is critical to reaching next year's goals.

Projects Implemented in 2015:

One Definitive Source of Trusted Data – MSOW (Medical Staff Office Web-based software)

Data conversion from Cactus and Symed was completed in 2014, and it was immediately clear that intensive data clean-up was needed to start electronic files. ***The first completed electronic files were delivered in January, 2015.*** In the meantime it was necessary to collect updates directly from the providers while their files were in process.

Due to consolidation of reappointment dates (to birth month only), many providers were placed in process a year early, allowing data to be cleaned up concurrently. Mergers and consolidations of Allina Hospitals also escalated reappointment date consolidation and therefore data clean up. Thanks to Mary Heller CVO Manager for a great job managing multiple reappointment dates. There were 10,277 different reappointment dates among the 12 sites. After synchronizing the dates there were a total of 4,653.

Well over 50% of the providers were completed early. Their cooperation was appreciated.

Dates and data cleanup was timely since the data clean-up was almost complete when the Excellian cleanup team formed in 2016. MSOW was already the source of truth database. As the Excellian cleanup team ran data comparisons, we are proud to state that only ONE error was found in MSOW – a birthdate on a file not yet touched by the CVO.

MSOW is the definitive, accurate data source that feeds all downstream systems and it is the trusted source of information. Allina Health now has optimal data that is updated immediately, saving significant time and effort (costs) without expensive, mistake-prone, labor-intensive manual processes; and has eliminated multiple data entry points that lead to serious errors.

Mission Accomplished!

Maintenance of Source of Truth Data to Benefit Allina Health

It is not sufficient to only implement and deploy excellent data, there must be a method to maintain the gains and multiply the gains long term. With this goal the CVO has been involved at all levels with numerous teams to ensure the gains are maintained. The System must maintain a source of good data for optimal reporting, and for downstream feeds to other data sources that need real-time interfaces.

The CVO is pleased to have the MSOW Software be the foundation of credentialed practitioner data. Several teams now include CVO leaders on the team to consult on data exports critical to their work. A few examples are: the Excellian cleanup team, the Access Management team and the Data Integrity workgroup.

Teamwork includes feeds to allow MSOW to update current data such as name, licensure, DEA, main office address and other shared elements. Together standards were set to avoid erroneous data changes in the downstream systems, changes to practitioner data must be completed in MSOW.

Quality Initiatives Deployed in 2015

It is important to maintain data points relative to the length of time to complete files, accuracy of content and the ability of the Credentials Specialist to meet CVO expectations. Staff members must be held accountable to meet standards set by leadership to ensure the CVO will meet numerous regulations and internal expectations.

This is accomplished by file audits, date tracking, completion of task bars and intense leadership oversight. As the Credentials Specialist completes a file, it is quickly audited by experts to ensure it is 100% accurate. If additional elements are needed the file is returned for updates (with an expedited return timeframe) to ensure the file is sent to the site on time and complete. Credentials Specialist must meet standards for accuracy and timeliness to work at the CVO.

File audits ensure our work is completed correctly the first time, every time, to send files to the sites [at least] 60 days ahead of the Board approval date. This allows 30 days for departmental review and 30 days for required committee approvals.

Electronic processes called 'web-crawlers' manage some verification processes which allow the staff to assess the file for issues - instead of simply running verifications to be included in the file.

Graphic representations of time and accuracy statistics are included below. Note the CVO processes an average of 300 reappointment files per month -- which means they have 900 files per quarter to manage on a rolling timeframe. ONE chart shows the number of initial files per month completed in 2015. That's **3,600 reappointment files and 700 initial files** - without the paper files that were being managed during the transition.

History demonstrates an expectation of 900 initial files per year has been the average within Allina Health. It took a great team of well-trained and dedicated credentials specialists and experienced leaders to manage the file volume, while eliminating paper and learning new software.

Hats off the CVO team! The accuracy and timeliness of credentialing files is second to none. Many other national CVOs contact us to ask how we manage our process so efficiently.

I am extremely proud of this office.

Average # of days to process initial application

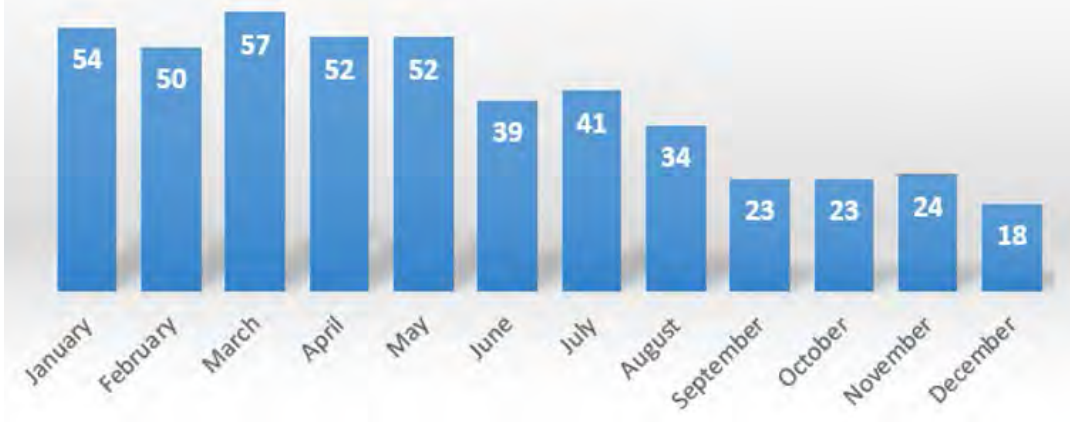


Figure 1 shows 2015 data

Credential File Process Time

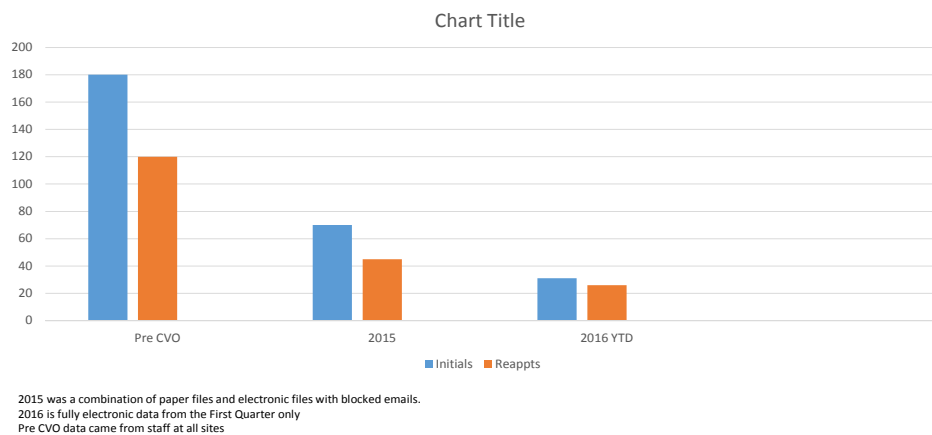


Figure 2 show time to process files over time before and after the CVO was formed

Average Number of Days to Process Initial Applications

Data from 2015 is provided in graph form. The average number of days to process an initial application at the beginning of the 2015 was at 54 days. Previous processing days ranged from 60-90 days for credentialing and another 30 days for board approval. Average days in 2015 slightly increased in the next few months as volume increased, due to residents completing educational programs and starting employment. As the year progressed, the average number of days to complete a file decreased. By the end of the 2015, the average number of days to complete the credentialing process on a file was reduced to 18 days.

There are a number of reasons for the increase and decrease in processing days. A noted opportunity for improvement was reaching full capacity of employees in order to process files within 30 days. By early 2015, the CVO was still understaffed while working hundreds of files at a time. Toward the end of the first quarter 2015, temporary staff was brought in to assist the credentialing staff.

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In the middle of the 2nd quarter 2015, a temporary staffing company specializing in only credentialing staff was contracted to alleviate the stress on the employed staff until new staff could be hired and trained. During these times, you can see the average number of days begins to decrease. As the staff increases, the processing time decreases. Even during busy times of the year, the CVO was able to exceed current timeframes of processing and exceed any and all expectations of the medical staff in regards to processing times. These accomplishments culminated in end of the year processing times of 18 days, quicker than any CVO in the metro area.

Telemedicine Standardized and Centralized

Best practice in healthcare is defined as “improving effectiveness and efficiency”. The CVO perfected Telemedicine by creating an effective and efficient process. Training is standard so that all staff follow the same procedures allowing for a cross trained team that is able to cover all tasks when an employee is out of the office. “The work never stops...the files must keep moving” is their motto.

Consistency was lacking in the prior paper based processes within the System. Adi McCarthy MPNA CPMSM CPCS took on the difficult task of creating and deploying a concise high quality Telemedicine procedure. There is now ONE method for all Telemedicine files. This resulted in a fast return that is extremely efficient for the providers and hospitals.

To date over 300 telemedicine providers have been processed and feedback from customers is excellent. Thanks Adi.

CVO Developed and Implemented a Process to Meet Regulations for Non-Employed Workers

The Joint Commission (TJC) regulation for Human Resources (HR) 01.02.05 and Centers for Medicare and Medicaid Services (CMS) 482.28 require independent workers that are not employed to be processed the same as employed staff. The CVO created a process (for this population) to meet stringent regulations.

In 2014 the database conversion eliminated clinical staff that did not belong in the Medical Staff credentialing process; a total of 876 individuals. Since a more appropriate process has not been developed, the CVO created a temporary process for non-employed independent clinical staff. The process matches the HR procedure for employed staff, and ensures that contracted providers are tracked in RepTrax.

The former process was inconsistent throughout the System and was typically placed in the Medical Staff process leading to Joint Commission citations since the OPPE and FPPE were not completed. Files were treated differently since they did not have (or need) privileges.

The current process was vetted by Accreditation, CVO and Supply Chain before implementation. The process meets all regulations.

Fully Electronic Processes Implemented in 2015

A few examples follow on how the CVO has saved time, money and effort by using one centralized electronic method:

- **Physician Satisfaction Improved - ONE file, ONE process, ONE application every two years**
The former state was each hospital had a medical staff office that processed files and charged fees unique to their facility. Providers needed to apply using paper applications, paper privilege forms (250 were in place) and requirements varied by individual site. Reappointment dates varied so some providers had to apply multiple times per year. As of January, 2015 practitioners apply only once and the CVO processes ONE file centrally that is sent to all applicable sites in a matter of seconds. Now each practitioner has ONE reappointment date every two years.
- **Multi-facility Privilege forms PCCB (Privilege Criteria and Content Builder) Phase ONE**
Consolidation to ONE file and ONE process required ONE privilege form for each specialty that could be embedded in the provider files. This project was difficult due to the volume of forms and lack of standard department/division naming conventions. After many months there were 30 forms (to replace 250) which merged all existing privileges and criteria from the old forms. The forms display many facilities so providers have ONE privilege form and apply for privileges at multiple Allina facilities on ONE form.

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The forms are long. A new Morrissey Associates PCCB update due later in 2016, is expected to have a pull down menu and search capability to make it easier to find privileges or privilege groupings. An internal team is working to gain agreement on criteria and avoid duplication.

- ARM (Administrative Review Module) Implementation

Without this module electronic files would need to be printed to send to individual hospitals for approvals. This would be impossible for large facilities and high volume CVOs and would completely defeat the purpose of electronic files. This was not an easy launch as the MSOW automated emails were blocked for phishing, and a major IT hurdle had to be resolved which took several months.

The ARM module creates an electronic file that mimics a paper file. All verifications can be viewed, privilege forms can be approved, and an evaluation form completed – all available on-line, 24/7 for convenience. With the implementation of the ARM module, the Allina Health process is now completely electronic and completely paperless from start to finish.

- Simple Reference Form

The introduction of a ONE page electronic reference form (that eliminated printing and faxing) has been extremely satisfying according to customer feedback. Now professional references receive an email and can click through and complete the form quickly and easily. Allina Health CVO is proud to be an early adopter of this functionality.

- Automated Medical Staff Office (MSO) Board letters

A very simple report was created to allow the local medical staff offices to create all monthly board letters in under a minute. The old method of mail merges and printing are over. The new format allows for electronic signature and a text field for special notes.

- Webi licenses for self-service easy reporting at the MSOs

This software package has numerous reports with pull down menus to create standard reports. At times customization is needed, and Crystal Reports requires a trained person to create these. A much better option is web intelligence (Webi), which allows users to drop and drag data into a report they can easily create. The CVO was able to purchase and issue Webi licenses to Allina Hospital medical staff offices to support their need for unique data reports.



Personal Certification Achievement and recognition by NAMSS (National Association Medical Staff Services)

There are two certifications for credentials staff (the NAMSS definitions follow):

Certified Provider Credentialing Specialist (CPCS) includes but is not limited to:

- Maintaining compliance with regulatory and accrediting bodies
- Participating in the development and implementation of credentialing processes and procedures
- Credentialing of physicians, allied health and other practitioners
- Overseeing or participating in the development of and adherence to:
 - Governance bylaws
 - Department rules and regulations

- Policies pertaining to medical staff, practitioner/provider and the organization; and
- Collecting and maintaining an accurate practitioner database and analyzing verification information

Certified Professional Medical Services Management (CPMSM) expertise includes but is not limited:

- Maintaining compliance with regulatory and accrediting bodies
- Developing and implementing credentialing/privileging processes and procedures
- Developing and implementing provider enrollment processes and procedures
- Overseeing development of and adherence to Governance bylaws
- Department rules and regulations
- Policies pertaining to medical staff, practitioner/provider, and the organization

Congratulations to two members of our team for achieving certification:

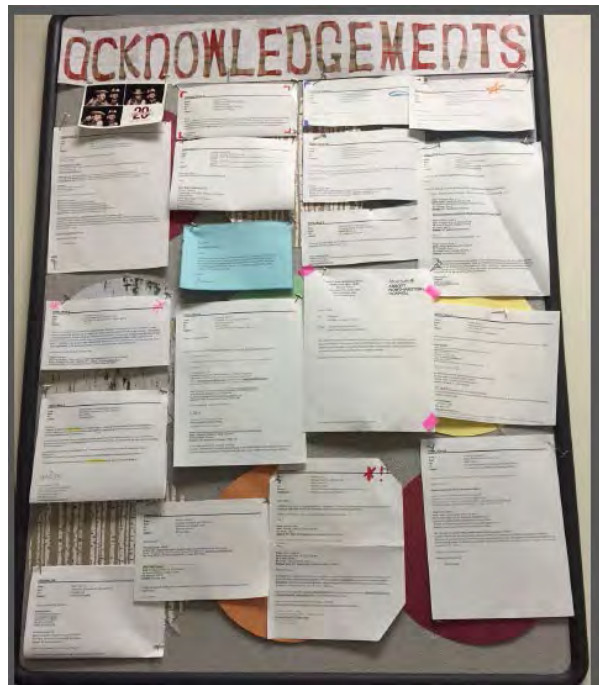
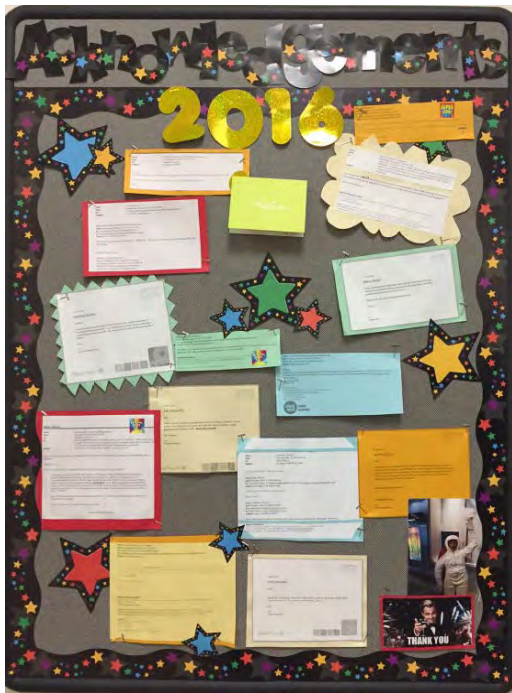
- Deanna Aliota earned CPMSM certification
- Mary Heller, MBA/HCM CPMSM CPCS - Mary added CPCS and is now dual certified

Significant accomplishment! We are proud of you.

CVO Staff Recognition and Achievements

Every year the office starts a new “Thank You” Board to capture many of the messages sent to staff by customers (internal and external). It is always a pleasure to hear the special ‘thank you’ not only for what we do on a daily basis, but also for when we go above and beyond to get the job done.

The messages mean a lot, for that reason they are posted for all to enjoy. The messages read - “You’re the Best!” or “I Appreciate your efforts” or simply “Thank you for your service”. They remind us every day that what we do makes a huge difference, the attention to detail we provide is critically important and our service is appreciated by our customers. Thank you to all who take the time to send a compliment.



Great job by all...keep up the great work.

Customer Support Initiatives Completed in 2015

In 2014 the MSOs were part of the planning process and sat at the table for data standards and decision points with the consultants and trainer from Morrissey Associates. Once the CVO was in place and the database was functional it was time to focus on training initiatives internally and externally.

*The following initiatives were implemented for **external MSO** customers:*

- Phase Two Report Training with additional hand crafted captured documentation Step by step screen shots were created and provided so all downstream users had 'how to' guides for the following:
 - Practitioner Export reports which export MSOW data to Excel as needed
 - Standard Reports menu within MSOW
 - Webi licenses were purchased and provided to the MSOs for ease, Webi allows for drag and drop technology to report on data within the software
- CVO Web Page was created on the AKN
The site provides links to frequently used sites such as the Physician Home Page (PHP), FAQs, training documentation and tips for users
- Physician Home Page allowed for Bylaws and Compliance Training to be centrally posted. This was important to allow providers to read and review documentation before attesting that they have received these items. The site also provides extensive instructions and a telephone help line. Providers are encouraged to get help on site if easier and more convenient.
- Compliance Training Attestation was added to the central application so that all credentialed practitioners meet the Compliance requirement seamlessly.
- Central OPPE (Ongoing Professional Practice Evaluation) forms are added to the electronic credentials file to meet the needs of the physicians and others that review reappointment files. MSOs provide documents to the CVO to add to the electronic file(s).
- Administrative Review Module (ARM) was deployed to complete the suite of electronic products, training was critical along with step by step screenshots which allowed the MSOs to train the file reviewers - now and in the future, when changes occur. Reviewers also have a ONE page instruction sheet to ensure they complete four short steps. Reviewers can find this sheet on the CVO web page also.
- Central phone answered for immediate help by a knowledgeable human. A phone queue is in place that rolls over to ensure that a caller can speak to a Credentials Specialist for assistance in real-time.

***Internal* Customers Benefit From Training and Documentation:**

It is important to **provide staff with tools that help meet standards for accuracy** and due dates. The CVO is standardized, which means there is one process to follow for initial files and one for reappointment files. With a standard process the verifications are the same. Even though standardization is in place, web sites may vary and it is vital that the staff have proper tools. The tools developed save time and are available at all times.

The CVO uses the highest level requirement for all files. This means there is ONE standardized way to process files that meets or exceeds regulations for Centers for Medicare and Medicaid Services, insurance payers (Health Maintenance Organization/Preferred Provider Organization. etc.), The Joint Commission, Department of Health, Det Norske Veritas, Utilization Review Accreditation Commission, Healthcare Facilities Accreditation Program, Accreditation Association for Ambulatory Health Care and more.

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The CVO is preparing to apply for NCQA certification and payer delegation, so the decision was made to meet these regulations well in advance.

Currently files are audited to ensure excellence and hold staff accountable to meet or exceed all possible expectations.

Examples of quality initiatives that help CVO **staff** on a daily basis include but are not limited to:

- Detailed Policy Manual
- Extensive Procedure manual (follow screen shots step by step)
- Real time training and leaders have an open door policy to be responsive
- Audit process that is fast and helpful and offers tips and education (never punitive)
- Staff meetings discuss 'interesting' files that offer education for the entire team
- A highly detailed spreadsheet was created to map all regulations that the CVO must follow.

CVO Clients (ANW, BUF, CMC, COC, DOH, MCY, OWA, PEI, RFH, RMC, STF, UHI, ULM, UTY, WHS) - Initial									
Documents	Affiliate (MD/DO/MBBS/ MBChB/DPM/ DDS/DMD)	Doctors			Nurses				Affiliate AHP
		DDS/DMD	DPM	MD/DO/MBBS/ MBChB	CNM	CNS	CRNA	NP	
Work History (past 5 yrs) (date/initial stamp)	X	X	X	X	X	X	X	X	
AMA / AOA (date/initial stamp)	AMA	AMA		MD-AMA DO-AOA					
Board Certification/AHP Certificate (date/initial stamp)	X	X	X	X	X	X	X	X	
DEA (date/initial stamp)	X	X	X	X	X			X	
ECFMG (date/initial stamp)	X			X					
FSMB (date/initial stamp)	X			X					
Licensure MN & *WI (date/initial stamp)	X	X	X	X	X	X	X	X	X
National Student Clearing House (NSCH) (date/initial stamp)			X		X	X	X	X	
NPI									X
MN Background Study (NetStudy)	X	X	X	X	X	X	X	X	
NPDB Enrollment - CQ	X	X	X	X	X	X	X	X	
Verified Credentials Background Ck & Sanction Ck (date/initial stamp)	X	X	X	X	X	X	X	X	OIG ONLY
WI Background Study*	X*	X*	X*	X*	X*	X*	X*	X*	
<div> <div>Verification # of Days</div> <div>CVO-Initial</div> <div>CVO-Reced</div> <div>CVO-Add of Priv</div> <div>CVO- Add Facility</div> <div>CVO- One Time Temp. Priv</div> <div>CVO-Reinsta</div> </div>									

Figure 3 is a sample of the Verification by Degree Chart

Looking to the Future – Additional 2016 Quality Initiatives

- MSOW 3.0 is a major rewrite of the Morrissey Software utilized by the CVO. The Allina Health CVO leadership was on the review panel and will be one of the sites to get the software upgrade early. The revision offers ease of use for customer applicants and other users since it eliminates .pdf forms. Improvements include, but are not limited to:
 - New Provider Home Page that ensures all elements are included on submission of applications
 - Flexible privilege forms that allow for pull down menus and search capabilities
 - Updated Administrative Review Module will make it easier to track electronic completed files sent to the facilities and easier to approve files and privileges
 - Updated Privilege forms module that includes FPPE (Focused Professional Practice Evaluation) forms for facilities to use and track the FPPE progress centrally. A second initiative is to share FPPE/OPPE information within the System to allow for continuous improvement across all sites

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- Achieve CVO Certification by NCQA in 2016
- Prepare the Allina Health System for NCQA CR Accreditation to allow for payer delegation (2019)
- Define, track and report external file delays before and after the CVO process
- Conduct a formal Customer Satisfaction Survey to implement needed improvements
- Support staff training and applications for NAMSS Certification
- Ensure that all providers are credentialed to work at Mercy Hospital by 1/1/2017 due to the merger with Unity
- Continue periodic site based meetings to learn of needs and answer questions in person

Outside Client List

- West Health Services

The CVO Assurance

Purpose:

Allina Health CVO will provide the highest quality processing for appointment and reappointment files, efficiently, quickly, and with the use of automation.

Vision:

The Allina Health CVO recognizes the importance of a well-trained and highly competent work force. We follow the regulations for National Committee for Quality Assurance (NCQA) and The Joint Commission (TJC) along with State and Federal Code to provide the highest standard of credentialing data.

We are committed to:

- Providing accurate, secure, confidential, ethical handling of all credentialing file information at all times
- Analyzing office structure and work flow to facilitate the most effective work process
- Providing a non-threatening pleasant atmosphere that emphasizes teamwork and open communication
- Assuring timely completion of all files and projects
- Maintaining a paperless office
- Becoming an industry leader in our field
- Hiring the best top quality staff to optimize production and outcomes
- Protecting the security of information within our system

Quality

Provide the highest standards of credentialing available at all times

Experience

Provide the expertise that comes with years of experience in credentialing, accreditation standards, NCQA accreditation, certification (CPCS, CPMSM or both), national and state leaders in medical staff credentialing and privileging as well as management experience -- that includes operations experience needed for implementation and centralization

Reputation

Provide national expertise, to date:

- Karen Crotinger MS CPMCM CPCS is a national consultant
- Mary Heller MBA/HCM CPMSM CPCS is Chair of the NAMSS Education Committee
- Adi McCarthy MPNA CPMSM CPCS is the Membership Coordinator for MAMSS (Minnesota Chapter)
- Rachel Fleming is the Communications Coordinator for MAMSS

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Confidentiality

Provide the highest level of confidentiality, secure files and data in a secured environment

Responsiveness

Provide timely responses and processes that meet or exceed expectations

Innovation

Provide fully electronic methods to meet regulatory requirements

Efficiency

Provide fast and high quality timelines through automation

Service

Provide outstanding customer service. Make our product the best it can be, and seamless to our customers.