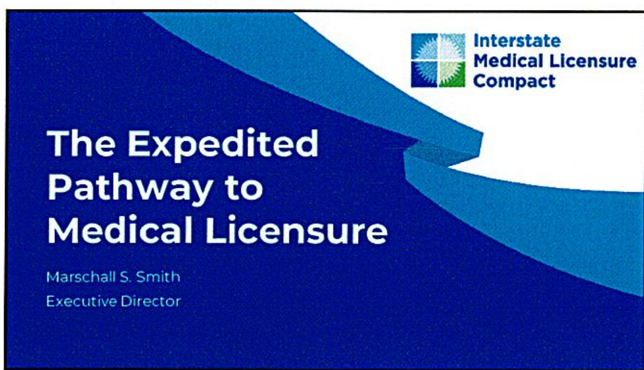

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What is a Compact?

- There are different compacts for different reasons – Compacts became popular for healthcare professions in the last 15 years. The most common example of a compact is the Driver License Compact.
- Compacts are part of the federalist aspect of our government, which allow states to enter into agreements to address national issues without the Federal Government's intervention. [Article 1, Section 10, Clause 3]
- For physicians - the IMLC process provides the answer to the simple question posed by medical boards in 2013:
  - "What are the common standards of licensure that can be primary source verified by one board and accepted by many?"

2

IMLCC Overview

- The IMLCC process is available to physicians:
  - Doctors of Osteopathy (DO)
  - Doctors of Medicine (MD)
- The IMLCC provides an expedited process for physicians to obtain a full, unrestricted license from a member state. Other healthcare compacts use a "privilege to practice" model.
- The license is issued by the member state's board and is subject to that state's practice of medicine requirements.
- The IMLCC is a governmental instrumentality controlled and governed by the member states. There is no outside control or governance.
- The IMLCC became a legal organization in April 2015 when Alabama became the 7th authorizing state.
- The first application was processed April 7, 2017 and the first license using the compact process was issued 13 days later.

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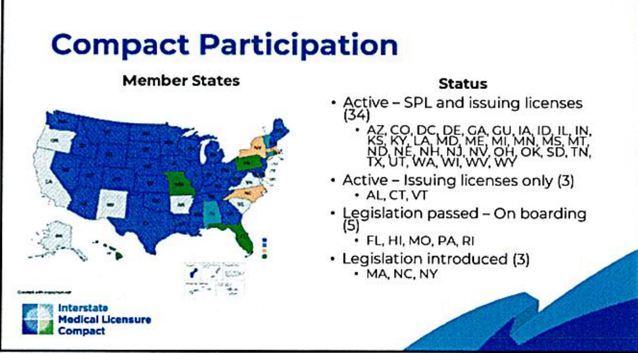

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Compact Eligibility Steps

Step #1 – State of Principal License selection requirements

- HOLD a full, unrestricted medical license in a Compact Member jurisdiction (AZ, CO, DC, DE, GA, GU, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MS, MT, ND, NE, NH, NJ, NV, OH, OK, SD, TN, TX, UT, WA, WI, WV, WY)
- MEET at least one of the four following requirements:
  - Your principal residence is in the SPL
  - At least 25% of your practice of medicine occurs in the SPL
  - Your employer is located in the SPL
  - You use the SPL as your state of residence for U.S. federal income tax purposes

5

Compact Eligibility Steps – Continued

Step #2 – The 9 Common Standards

1. Medical School Accreditation: LCME, COCA, IMED
2. No more than 3 attempts at USMLE or COMLEX-USA steps
3. Graduate Medical Education accreditation by ACGME or AOA
4. ABMS or AOA-BOS including time-unlimited certificates
5. No prior convictions or criminal activity
6. No history of licensure actions
7. Clean DEA history
8. No active investigations
9. **Must pass FBI Criminal Background Check**

6

Scope of Practice

- The IMLCC process has authority over the licensing process.

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

Interstate Medical Licensure Compact

7

Compact Processing Data

Data #1 - Cumulative Numbers

- April 1, 2017 to March 31, 2024
  - Applications Processed = 61,979
  - Licenses Requested = 97,665

Data #2 - By Calendar Year

2017
- Applications Processed = 553
- Licenses Requested = 745

2018
- Applications Processed = 2,216
- Licenses Requested = 3,767

2019
- Applications Processed = 3,402
- Licenses Requested = 3,768

2020
- Applications Processed = 5,166
- Licenses Requested = 7,385

2021
- Applications Processed = 6,995
- Licenses Requested = 12,195

2022
- Applications Processed = 15,579
- Licenses Requested = 24,491

2023
- Applications Processed = 21,490
- Licenses Requested = 34,821

2024 – Through March 31, 2024
- Applications Processed = 6,578
- Licenses Requested = 10,493

Interstate Medical Licensure Compact

8

Benefits

1. An increase in physicians available to provide services – with demonstrated increases in underserved and rural areas.
   - An independent study, to be released in October, has found that states who join the IMLCC can significantly address their state's physician shortage crisis. The IMLCC process, according to the study, is twice as effective in bringing more physicians to a state than any other action.
   - This same study found that the IMLCC process had a significant impact in reducing the costs associated with multi-state licensure for a physician and practice.
   - Several member states have reduced licensure fee. It is expected that the increased fee revenue gained by member states will make this trend spread.
   - The IMLCC reviews the fees assessed for the process on an annual basis to ensure that they are reasonable.
   - The average cost of obtaining a license via the traditional process is approximately $385.00 per application. Using the IMLCC process for 2 or more applications is a cost savings.
   - The IMLCC data shows that physician populations will continue increase at a regular pace year over year.
   - CMS guidance recognizes licenses obtained through the IMLCC process as "...valid and full licenses for purpose of meeting federal license purposes."

1. New Physician License Data Study – Released September 15, 2023 – Shows that in 2022:
   - 17% of all new physician licenses issued in the US were through the IMLCC process
   - 31% of all new physician licenses issued by member states were through the IMLCC process, with many states showing those percentages in the 40 to 50% range.

9

Questions?

Marschall Smith, Executive Director – imlccexecutivedirector@imlcc.net

Webpage – IMLCC.org

Interstate Medical Licensure Compact

10

Red Flags & Negligent Credentialing

Rebecca Hoyes April 25, 2024 IAMSS

What a law firm *should* be.

POLSINELLI

1

Where are we going

- Identify duty to credential and privilege
- Recognize red flags
- Determine strategies for addressing red flags
- Mitigation of credentialing & privilegeing related litigation

2

Legal Requirements

- Conditions of Participation
  - The governing body must ensure the criteria for selection are individual character, competence, training, experience, and judgment. 42 CFR 482.12
  - The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws rules, and regulations. 42 CFR 482.12

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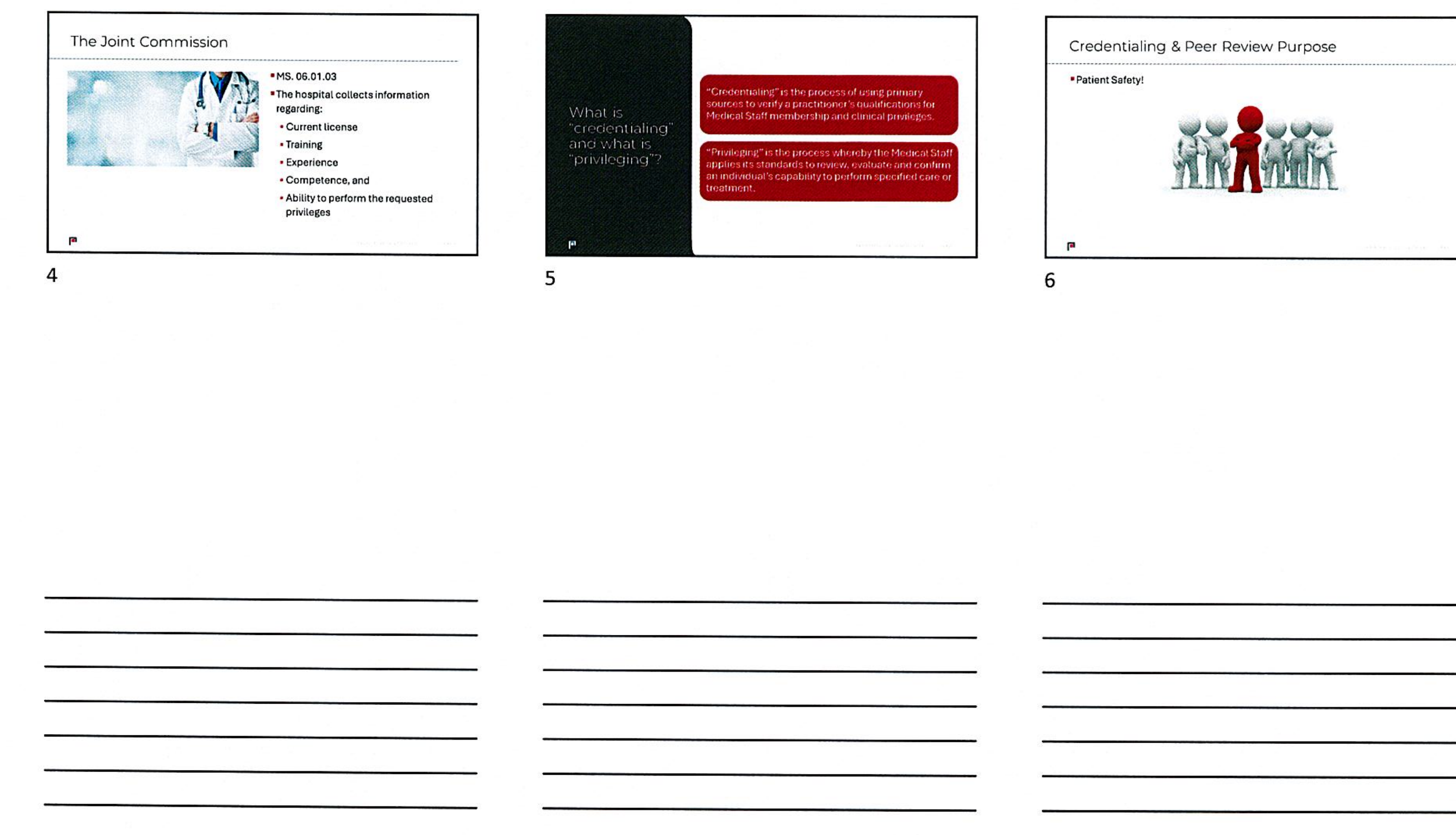
The Joint Commission
MS. 06.01.03
The hospital collects information regarding:
Current license
Training
Experience
Competence, and
Ability to perform the requested privileges
4
What is "credentialing" and what is "privileging"?
"Credentialing" is the process of using primary sources to verify a practitioner's qualifications for Medical Staff membership and clinical privileges.
"Privileging" is the process whereby the Medical Staff applies its standards to review, evaluate and confirm an individual's capability to perform specified care or treatment.
5
Credentialing & Peer Review Purpose
Patient Safety!
6

Credentialing

- Verify
- Assess
- Procedures

7

- Application:
  - Is incomplete
  - Has inconsistent information
  - Misrepresentations, omissions
  - Is filled out by office staff
  - Unsigned

8

- History of changing practice venues frequently
- Licensure actions, discipline, probation
- Criminal actions or substance abuse issues
- Current or past history of problems with Medicare, Medicaid, or health plans
- Multiple or large malpractice claims
- Changes or gaps in professional liability coverage

9

- Peer references without recent observation of clinical experience – not current or former practice partners
- Hiring before credentialing and privileging
- Influential practice groups pushing for a quick decision.
- Requesting clinical privileges without training, experience, or recent case logs
- No willing back-up physician

10

Risk to the Organization

- Reputation
- Undesired Media Attention
- Third Party Lawsuits
- Negligent Credentialing
- Reimbursement – Challenging Contract Negotiations
- Loss of Medical Staff
- Loss of Employees
- Unwillingness to engage in peer and quality review
- DOJ Investigation
- Loss of Accreditation

11

It Only Takes One

12

Negligent Credentialing

- *Darling v. Charleston Community Memorial Hospital (1965)*
- *Frigo v. Silver Cross Hosp. and Medical Center*
- *Longnecker v. Loyola Univ. Med. Ctr.*
- *Blutcher v. Roseland Cmty. Hosp.*
- *Essig v. Advocate BroMenn Med. Ctr.*

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FCA Liability for Negligent Credentialing

- **USA v. Azmat**
  - "From the very first endovascular procedures he performed in Satilla's cath lab, it was obvious to the cath lab nursing staff that Azmat was not qualified or competent to perform endovascular procedures."
  - Satilla finally took action but agreed with Azmat not to report if he agreed not to perform the procedures until competent.
  - Satilla settled for $840,000.

14

Mitigating the risk of negligent credentialing

15

Mitigating Risks

- Follow procedures
- Use caution when expediting
- Conduct professional-to-professional contacts with other facilities.
- Document reasonable investigation
- Ask questions
- Interviews
- Be thorough
- Background checks, including criminal and civil litigation.

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What a law firm should be.™

17

Payor Enrollment: Delegated vs. Provider Enrollment

April 2024

Yesenia Servin CPMSM, PESC

1

YESENIA SERVIN CPMSM, PESC

Yesenia Servin is an expert in credentialing and provider/payer enrollment with over 24 years of experience in the healthcare industry. Yesenia has a deep understanding of Medicare & Medicaid enrollment and is a nationally certified credentialing manager and provider enrollment specialist. Through, YS Credentialing PLLC, Yesenia helps organizations develop and implement best practices guidelines and processes. Guides the credentialing and payer enrollment structure. Thrives on training and growing administrative, credentialing and enrollment healthcare professionals. Yesenia manages payer enrollment, keeps team members and colleagues up to date on industry trends, and is a liaison to all departments that impact payer-enrollment processes.

Yesenia works with durable medical equipment, hospital and health systems, and community mental health organizations, global managed care organizations as well as providing revenue cycle consulting services to various healthcare providers and organizations. Yesenia is a current Charter Oak University Faculty, NAMSS member, and is a current & past NAMSS Educational Conference Speaker, current trainer for The Chicago School of Professional Psychology trainer and a TMG Collaborator. Yesenia studied microeconomics and communications at NEIU and healthcare administration at Concordia University Chicago. Yesenia enjoys spending time with her family and pugs. She finds great joy in visiting and trekking the great US states and regions.

2

My Current Favorite Things

IAMSS

YS Credentialing

3

Objectives:

- Examine payer requirements for delegated agreements between a payer network and clinical practice organizations
- Discuss standards for delegated agreements
- Analyze delegated payer agreements from the payer enrollment point of view

4

POLL

In your current role; does your organization have payer delegated agreements AND are the credentialing staff & provider enrollment staff on the same team (dept)?

A. Yes & yes!
B. Yes we have delegated agreements with payers but no our cred & pe teams are in different departments
C. I'm not sure if we have delegated agreements but yes we are on the same team (cred & PE)
D. Huh? Do I get a CEU for this session even if I'm tuned out already 😀😀😀

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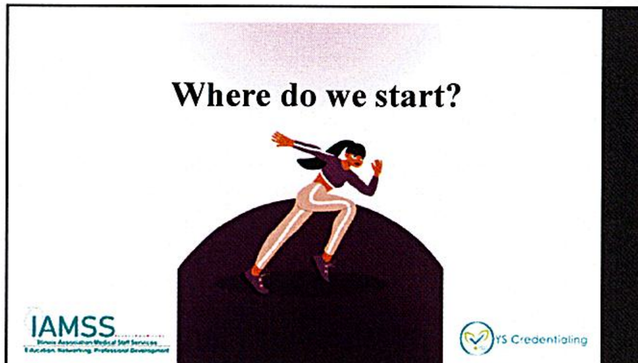

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Definition

Per the NPDB, delegated credentialing occurs when a healthcare entity gives another healthcare entity to credential its healthcare practitioners.

The credentialing process is a regulated process of assessing the qualifications and credentials of a healthcare provider via PSV.

From the PE point of view (POV) both the health plan and the delegated provider entity (your org) have a delegated agreement and the enrollment process should run smoother if the agreement is followed.

7

Provider Entity POV

- Clinic
- Group
- Facility
- Etc
-

Current payer agreement must be in place with the payer and the provider entity

- Rosters vs Individual applications
- CAQH profiles not required
- Both NCQA and URAC provide standards on delegation agreements
- For a health plan (payer network)
- How do we obtain one?

8

PE POV

Handout

IAMSS

YS Credentialing

9

PE POV continued

Handout

3.2. Providing reports and/or other queries as needed. Administrative employees assigned by Organization will have access to the following reports, in addition to the full credentialing profile. The reports can be downloaded, sorted, and filtered to gain access to the information needed.

- Provider Status
- License Report
- DEA Report
- Board Certification Report
- Malpractice Coverage Report
- CEU Report
- Health Records Report
- Other Certifications Report
- All Verifications
- Flagged Verifications

Delegate shall provide to Organization access to the primary source documents obtained by

IAMSS — YS Credentialing

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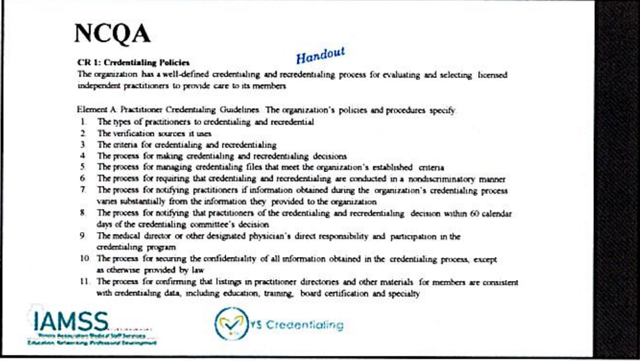

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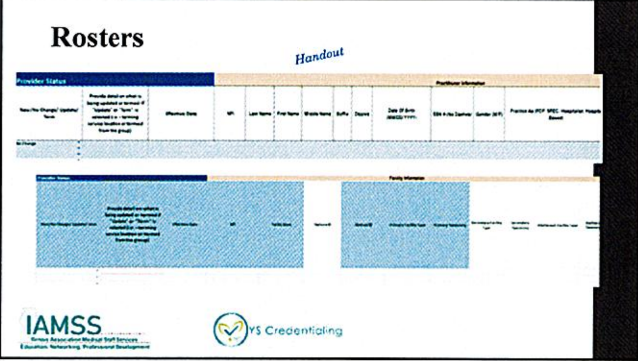

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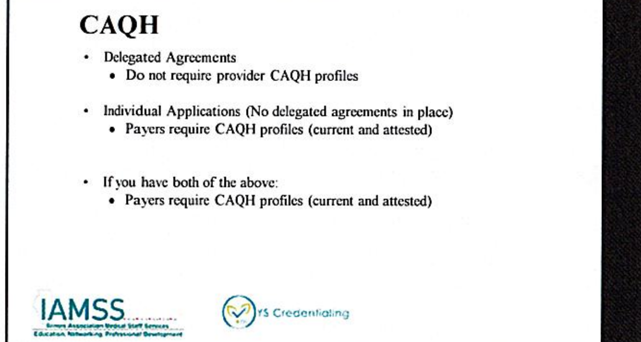

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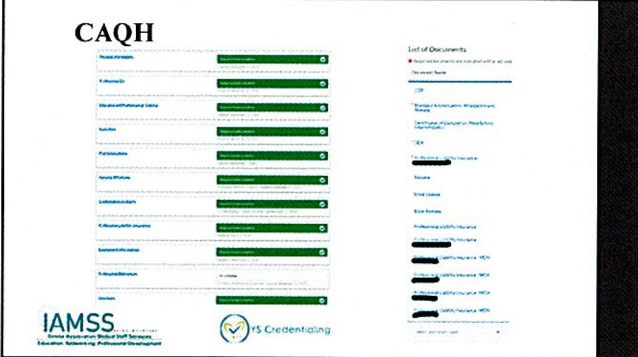

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Understand the partnership between the credentialing team and the enrollment team.
A harmonious relationship must be established.

16

Delegated Entity (your organization)

Complete ***compliant (NCQA, CMS, accrediting body, state regs)*** credentialing process for every provider that will be included in the delegated agreement process

Employed
Contracted
Outsourced via another private organization (IPA, PHO, specialists)
Temps / Locums
Others

Network / Payer

Review & Accept the signed delegated agreement and provide an "expedited" payer enrollment process for every provider included under the entity.

17

Review: delegation agreement language:

- Reminder, we are looking at it from a PE POV.
  EIN
- Entity NPI(s)
- Plan Products
- TAT
- Submission
- Enrollment Effective
- Backdates
- Reporting requests (collaborate with cred team)
- Roster template
- Provider Assignment
- Exclusions; Other IPA delegations, specialties, products
- Who signed it, when? effective date.
- Addendums as they happen, product updates, roster updates, etc
- Directory info
- Provider Profiles
- PE specialist still have to manage CAQH profiles, directories, Availity, providerexpress and many other portals

18

Review the NCQA language from the PE POV:

For the credentialing side, you can review all the handouts.

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See included handout

Example: Audit tool: Delegation Agreement responsibility by standard

Example: Delegation Agreement (2 different versions)

Roster

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20

Resources:

Credentialing Accreditation Requirements

https://www.ncqa.org/programs/health-plans/credentialing/benefits-support/standards/

What to include in a delegation agreement

https://credentialingresourcecenter.com/articles/what-include-delegation-agreement

Verify & Comply: Credentialing, Medical Staff, and Ambulatory Care Standards

https://hcmarketplace.com/verify-and-comply

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Example:

YS Network- Delegation of Credentialing

Delegation of Credentialing is a formal agreement between YSN and an external organization, which has or is working with Network Management on contracting with YSN, to provide services for enrollees. The formal delegation agreement, an NCQA and YSN requirement, allows the external organization to complete credentialing, recredentialing and ongoing monitoring functions of their clinicians, on behalf of YSN.

Minimum Requirements for Consideration of Delegation:

1. Credentials 150 or more clinicians (entities with a minimum of 30 may be considered)

2. NCQA compliant credentialing policies and procedures

3. A Credentials Committee that adheres to NCQA requirements and YSN expectations

4. Uses the same credentialing process for all YSN eligible independently licensed clinicians

5. Maintains YSNrequired levels of professional liability insurance

6. Will comply with delegation reporting requirements:

    - Annual audit
    - Semi-annual reporting
    - Monthly notifications of updates (new adds, changes, terms)
    - Ability to send credentialing files to YSN for external audits and potential virtual annual audits.

7. Delegate has only 1 remit address per Tax ID

8. All primary source verifications are completed within 180 days of the credentialing committee decision date, using NCQA approved sources

Delegation Process

1. All of the criteria noted above is met

2. YSN Delegation Team conducts a pre-assessment evaluation of potential delegate's credentialing and recredentialing process including:

    a. full review of the delegate's credentialing policies and procedures
    b. 2 redacted files
    c. Current professional liability insurance face sheet
    d. Current NCQA accreditation / certification documentation, if applicable

e. Copy of Credentials Committee minutes

3. If delegate's process passes the pre-assessment, the YSN Delegation Agreement is reviewed and signed

4. YSN requires from delegate an initial clinician roster that meets YSN data requirements for loading

5. The initial delegate roster loading is completed using the effective date of the signed delegation agreement

Ongoing Delegation Reporting and Audit Requirements

- Delegate is required to submit to YSN, using it's Delegation Notification Mailbox, at least monthly, a report of any newly credentialed clinicians, recredentialing updates, terminations and changes to clinician demographic and/ or credentialing information.

- Delegate submits two Semi-annual reports to YSN, including a current roster with only the following information: License and DEA (where applicable) updated expiration dates, the current and most previous Delegate Organization's credential committee approval dates, an NPI and the clinician's full name and type of clinician.

- YSN conducts an annual delegation oversight audit of delegate

- Delegate is required to submit credentialing files as needed for YSN internal and external audits