



[The Right Credentials Network](#) assesses, repairs, and builds credentialing, medical services, and provider enrollment programs for hospitals, managed care organizations, large group practices, and other healthcare entities overseeing the quality of care provided by its clinical practitioners.

Dilsa S. Bailey, CPMSM has led many projects for organizations, from building credentialing programs from scratch to developing delegation agreements to preparing for and obtaining institutional accreditation all over the country. Her careful assessment and guidance has led to each organization's credentialing success. Dilsa even occasionally partners with a team of contractors to meet every day credentialing and provider enrollment needs. Presented in this case study is how Dilsa helped a Medicaid managed care organization with over 20,000 providers repair its credentialing program before an impending state survey that ensured its compliance.

Challenge

Many credentialing programs are not identified as broken until it's time to prepare for an audit. Suddenly, the realization that key criteria are not efficiently being tracked, or there are no quality improvement procedures in place to make sure no repair is needed. In the case of the Medicaid managed care organization in this case study, it had no idea that he needed to be repaired until it received survey questions from its state. Imagine the panic rising when you are unable to show immediate evidence of compliance. Imagine the risk associated with being non-compliant. The challenge for this organization is that it had less than six months to fix an overall broken structure.

What was broken? Many things. As mentioned before, criteria were a big concern. The organization utilized a CVO that was NCQA certified and only collected criteria that met NCQA standards. However, the state and CMS had additional criteria that must be met. The organization was not obtaining or verifying any of those required elements. Secondly, there was neither a physician responsible for the oversight of the credentialing program nor an unclean file review at the Credentialing Committee. Plus, Credentialing Committee was not composed of participating providers. And the list continued.

Solution

Policies and Procedures are the blueprints of how a credentialing program should function. Before assessing criteria, files, databases, and staff training needs, it was determined that the policies and procedures required a comprehensive revision to meet accreditation as well as state and federal regulations. During the overhaul of the policies and procedures, other deficiencies identified were addressed to ensure compliance with the organization's own policies and procedures. For instance, a revamping of the credentialing committee and its activities, an appointment of a medical director to oversee the program as well as be seated as the Credentialing Committee Chair, and the ability to track documents effectively to provide evidence of when, where, and how criteria met policy.

Results

One of the things organizations should always do: Own the problem and show evidence that the problem has been fixed. The managed care organization could provide proof that all the issues identified were repaired. Also, they could present files with documented compliance, minutes with evidence of discussion of unclean files, and introduce the surveyors to the designated physician with oversight of the credentialing process. Yes, it was only a few months' worth of evidence, but the organization was able to show they were meeting and would continuously meet all regulatory requirements.