UCSF
University of California
San Francisco

Medical Staff Affairs • April 2016
Departmental Contacts Quarterly Forum

4/26/2016

A Look Back to 2015…

2033 Credentialing Actions

68 Total # Professionalism Incident Reports Reviewed and Managed

7 Number of Certified Professionals

TOTAL REAPPOINTMENTS **1131**

5 Certifications obtained (CPCS and/or CPMSM)

Twenty-two Team Members

712 Total New Applications

118 Committee Meetings

513 AHPs

1 Ad Hoc Investigation

10 Physician Wellbeing Cases

Providers in PECOS 1156

ONE Corrective Action Plan from Annual Health Plan Audits

8 US News and World Report Ranking of Best Hospital in Country

2584 Members of the Medical/Dental Staff

2016 Overview & Vision

Credentialing/Privileging | **Health Plan Enrollment** | Governance | **IT Systems (UC Me)**

- **Governance**
  - Improved Transparency of Governance Decisions
  - Meeting Management Portal
- **Health Plan Enrollment**
  - Faster Turnaround with MCARE/MCAL Enrollments
  - Transitioning all Faculty into the PECOS system
  - Improving Efficiencies with Commercial Rosters
- **Credentialing/Privileging**
  - CVO's 7-3-1 Workflow, Coordination, Collaboration
  - CPI – Proctoring, Communication Plan, Committee Work
- **IT Systems/UC Me**
  - Application Status Tool Bar

"Uncoupling" Credentialing vs. Hospital Privileging

Hospital Privileging Requires Credentialing; but Credentialing Does Not Require Hospital Privileging

Credentialing		Hospital Privileging	
Purpose	Physician Networks, Medical Groups, etc.	**Purpose**	Organized medical staffs practicing at facilities / locations on the license
Regulatory Agent	NCQA (via the health plans – annually)	**Regulatory Agent**	TJC/CDPH for Title XXII (triennial survey)
Governance	Credentials Committee level body	**Governance**	Credentials Committee/EMB/GAC level bodies
Requirements	• Professional license • DEA Certificate • Liability Coverage • National Practitioner Database • Curriculum Vitae (Work History) • OIG/EPLS/Opt-Out Exclusion • Education/Residency/Fellowship (AMA) or Board Certification • Application Attestation Question • Network Quality Metrics	**Requirements** (In addition to Credentialing Requirements)	• Privilege-based criteria (sedation, robotic surgery, PPM, fluroscopy) • Activity data from last two years • CME hours • Peer references • Hospital Affiliation Verification • FPPE/Proctoring • Board Certification • Medical Malpractice History • Health Clearance – PPD/Flu/Titers • Safety/Infection Control Training • OPPE (Quality)
Application Processing Timeline	1 Day (excluding governance review process)	**Application Processing Timeline**	30-60 days (excluding governance review process)

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Physician Network Expansion:
A Framework, Rationale and Implications

4-25-16 UCSF Health Quarterly Medical Staff Meeting

Margaret C. Martin, JD, Executive Director, Physician Network Development

4/25/2016

Today's Conversation | Objectives

UCSF post-Strategic Plan implementation has centered around **GROWTH**.

1. **Geographically** | Greater Bay Area presence, often with partner organizations such as Washington, Marin General.
2. **Facilities** | UCSF Mission Bay, Benioff Childrens Hospital Oakland
3. ➧ **Physicians**

What you may be wondering:

1. Why are we introducing new models?
2. What are the models and how do I distinguish them?
3. How does this impact Medical Staff processes?

Why diversify from UCSF faculty employment model?

There are many reasons, and they are not a criticism of our existing faculty model.

1. **EVOLVING NATURE OF ACADEMIC PRACTICE | The underlying economics sustaining triple threat academic faculty have shifted on a national level.**
   - UCSF faculty are here for research interests as the primary driver. These research interests drive the tertiary/quarternary level of care we specialize in.
   - Research activity used to cover cost but this is no longer true.
   - This change has led to a focus on clinical revenue to balance the portfolio.
2. **CHANGES IN PRIVATE PRACTICE & COMPETITORS | There has been intense shift in the Bay Area to employment models.**
   - As an academic center, referrals are our lifeblood and are drawn from private practice "independent" physicians.
   - Post-reform dynamics have hastened the conversion of independent physicians as the "business" of running a practice becomes more complex and costly.
     - EMR expense, weak contracting leverage
   - Employer (& EMR) exerts *influence* over referral direction (Stanford, CPMC, etc).

Why diversify from UCSF faculty employment model? (continued)

3. EXPENSIVE COST STRUCTURE

- UCSF cost structure (95th percentile UHC) has been built on providing world-class tertiary/quarternary services.
  - There are many reasons including UC system requirements, clinics linked to the hospital license are more expensive to operate and relative inflexibility of the cost structure in the regulated inpatient setting.
- We provide higher value for higher acuity needs. But this is the minority of patients as we increase primary care base (quadrupled since Brown & Toland disaffiliation through UCSF growth and partnerships such as One Medical).
- The demand for value is real. The challenge is real.
  - Patients are paying more out-of-pocket and have poor background in what services (e.g., labwork, MRI) cost to provide and what quality differences are.
  - Health plans and employers are jumping on board for providers to assume risk to keep their own exposure down.
- **Can we partner at lower levels of acuity (primary care, secondary care) to flatten cost and increase access?**

Different models evolving from different initiatives | Physician Additions

Model	Acquired Practices	Clinical Integrated Network	Benioff Childrens Physicians (BCP)
Genesis/ Purpose	PURCHASE Private practices that UCSF has purchased for competitive reasons.	PARTNERSHIP "Clinical Associates" v1.0 post-BTMG dissolution and need for primary care "Clinical Integrated Partners" (CIP) v.2.0: secondary specialists to expand access.	FOUNDATION Acquired existing foundation housing employed physicians at Benioff Childrens Hospital Oakland. Expanded to other variants – partner and affiliate.
UCSF Area/Lead	Ken Jones, Steve Wilson	Josh Adler, Margaret Martin	David Durand, Steve Wilson
Structure	Operated by UCSF Health	Clinical Integration serves as "glue" – partners work with UCSF faculty on aligned value/quality	Owned and operated by BCP, a separate corporation within UCSF Health
# of Physicians	13	130+	180+ (around 80 are in the new partner/affiliate options)
Type of Relationship	Employment/physicians have faculty appointment but are not engaged in teaching/research.	Independent private practice with close ties to UCSF (inclusion in all UCSF contracting, UCSF EMR for CIP); most have volunteer faculty appointments.	Employed and independents with varying levels of obligation. BCP purchases some services from UCSF (e.g., UCSF EMR for a handful of employed practices).
Geography	Bay Area	For CIP, "Core" Market – Marin, SF, N. San Mateo	East Bay, centered on Pediatrics and some OB
Examples	Golden Gate Cardiology (SF), East Bay Pediatrics Cardiology	One Medical, Golden Gate Pediatrics, Tamalpais Pediatrics, Golden Gate OBGYN, CIP Specialty Practice (NDA)	Hilltop Pediatrics (partner), East Bay Perinatal (employed, since re-branded to UBCP Maternal Fetal Medicine)
UCSF Med Staff?	Yes	Yes, credentialed and privileged as needed.	No

Clinical Integrated Partner | Non-Employment Alignment Solution

Charge:
Develop a cohesive non-employed offering within the following framework

1. Clinical integration basis
2. Prioritize secondary specialty areas based upon current/future access challenges;
3. Focus on core territory (Marin, San Francisco, N. San Mateo)

What makes Clinical Integration different and how is it achieved?

- **Clinical integration** is a recognized basis for joint contracting as distinct from the traditional financial integration model (employment, foundation) being offered by our competitors (Sutter, Stanford).
  - **Clinical Integration** focuses on (a) cost efficiency; (b) quality improvement; and (c) ongoing engagement to achieve these aims. We considered these objectives strongly aligned with our emerging regional accountable care network and future metrics for success.
  - **The CIP advantage can be characterized as partnering that will increase UCSF physician network capability to deliver high value care.**

Solution | Threading the Needle to Create Overall Wins

HEALTH PLANS

Aim: Lower aggregate spend

+ Evens out access across UCSF network

+ UCSF willing to align on cost containment and risk bearing vehicles

? Commitment to lower cost facilities/settings

UCSF Health System

Aim: Create expansive system of care

+ Improve access and coverage

+ Growth through partnership built on shared principles

+ If Apex adopted, promotes seamlessness of patient care and increases population health data collection

High quality & value proposition

Private Practice Specialists

Aim: Continue to thrive in time of waning independents

+Inclusion in wide variety of products

+ Volumes from UCSF aligned PCPs/faculty

+ Increase leverage, access to desirable services

UCSF Clinical Departments

Aim: Grow volumes/acuity

+ Collaboration may yield greater concentration of desirable tertiary/quartenary cases

+ Protect higher acuity referral sources

+ Partners may yield opportunities for trainees/embedding/innovation

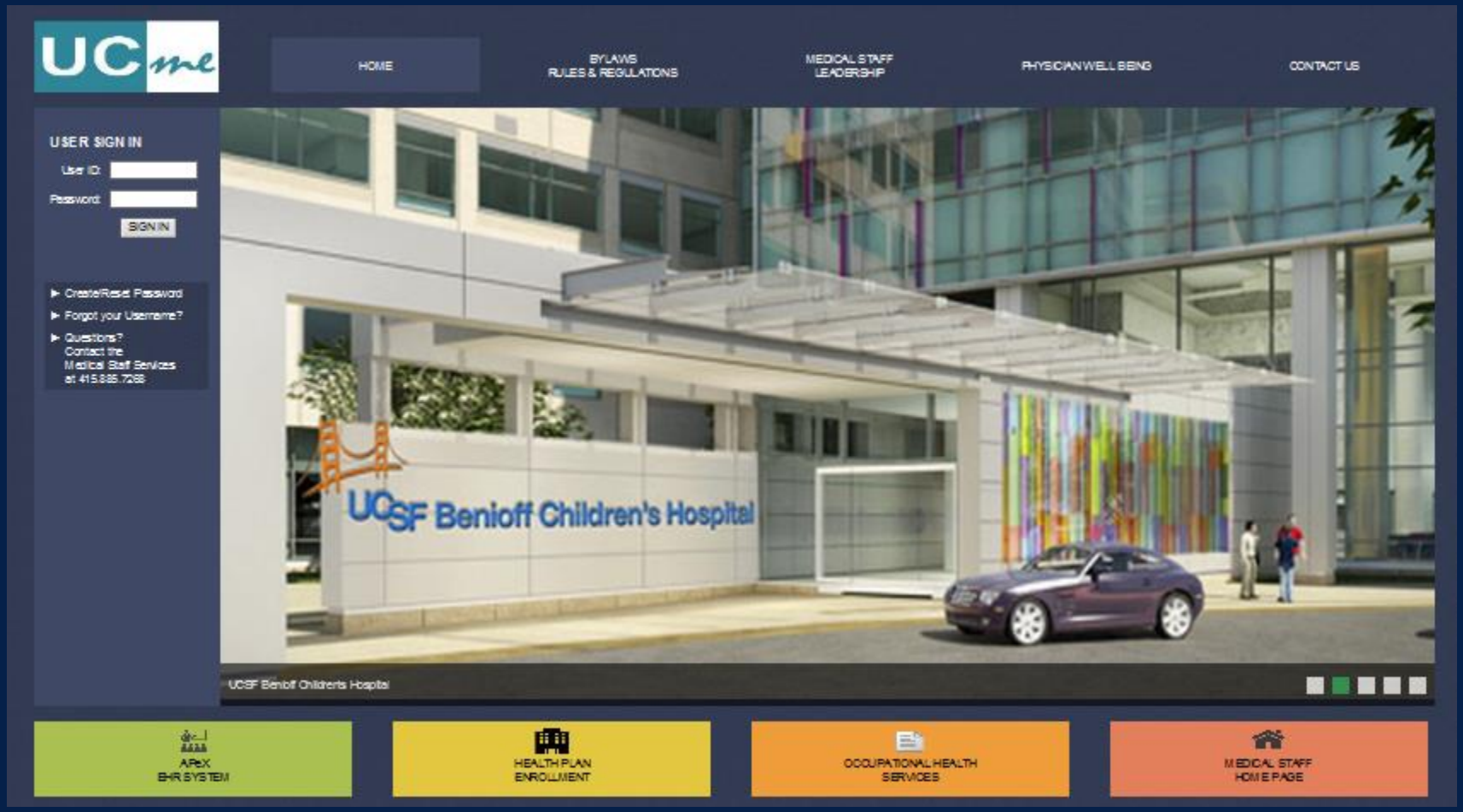
Clinical Integrated Partner | UCSF Provided Core Services

Driving Considerations in Design

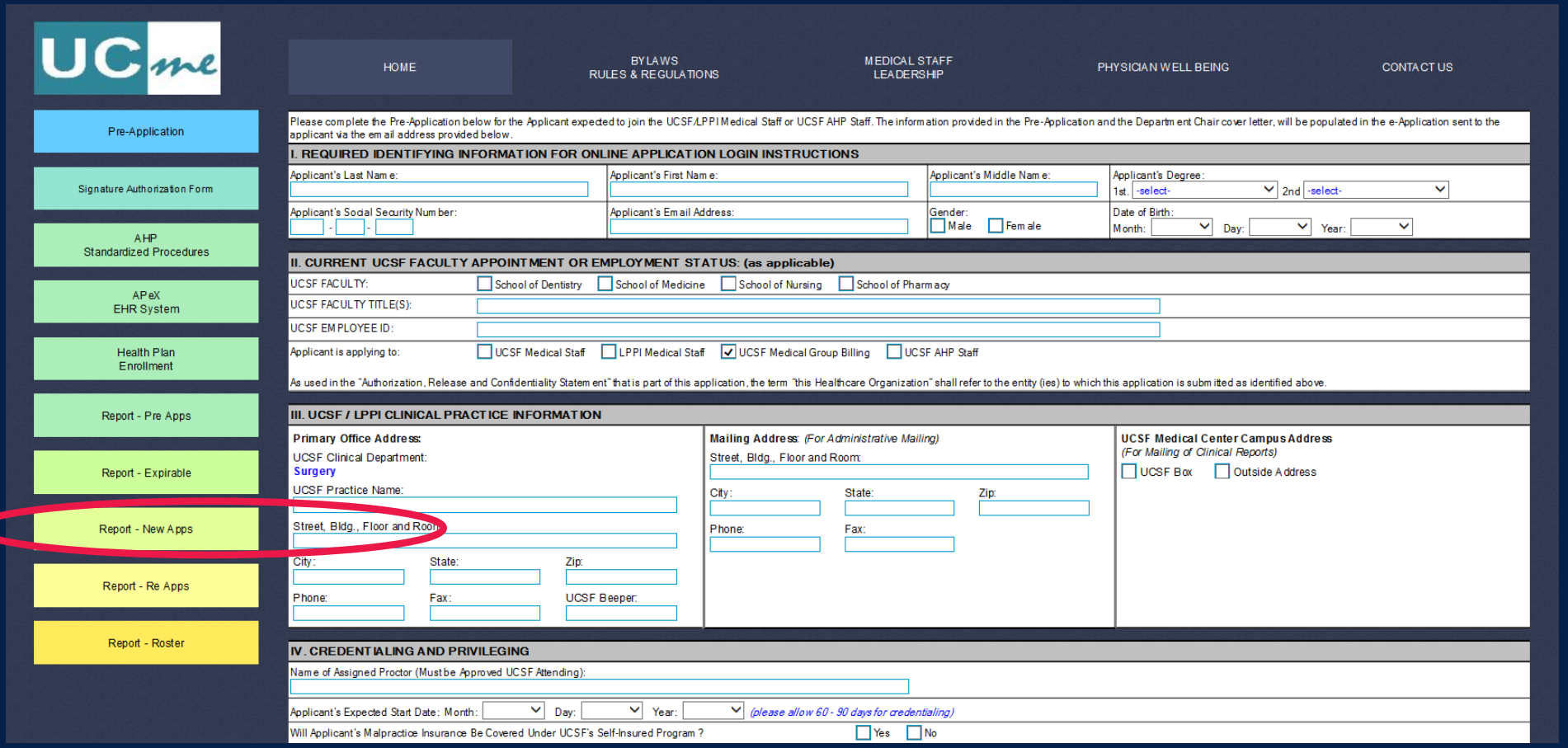
- ✓ Simplicity: Coherence, consistency and foundational structure
- ✓ Facilitates alignment around effective and efficient care
- ✓ Promotes combined exploration of best practices but embraces different environments – room for dialogue, discovery and innovative close collaboration.

- Chair backing/engagement (or designated appropriate Vice Chair/Chief physician leader);
- Medical Staff membership;
- Volunteer faculty appointment;
- Practice assessment to determine ability to meet program requirements;
- Contracting at improved "CIP Rate Tier" and inclusion in all applicable products;
- Quality and compliance oversight;
- IT support, greatly augmented if Apex is adopted;
- Access to Population Health expertise and analytics

UC Me *Enchantments*



UC Me *Enchantments*

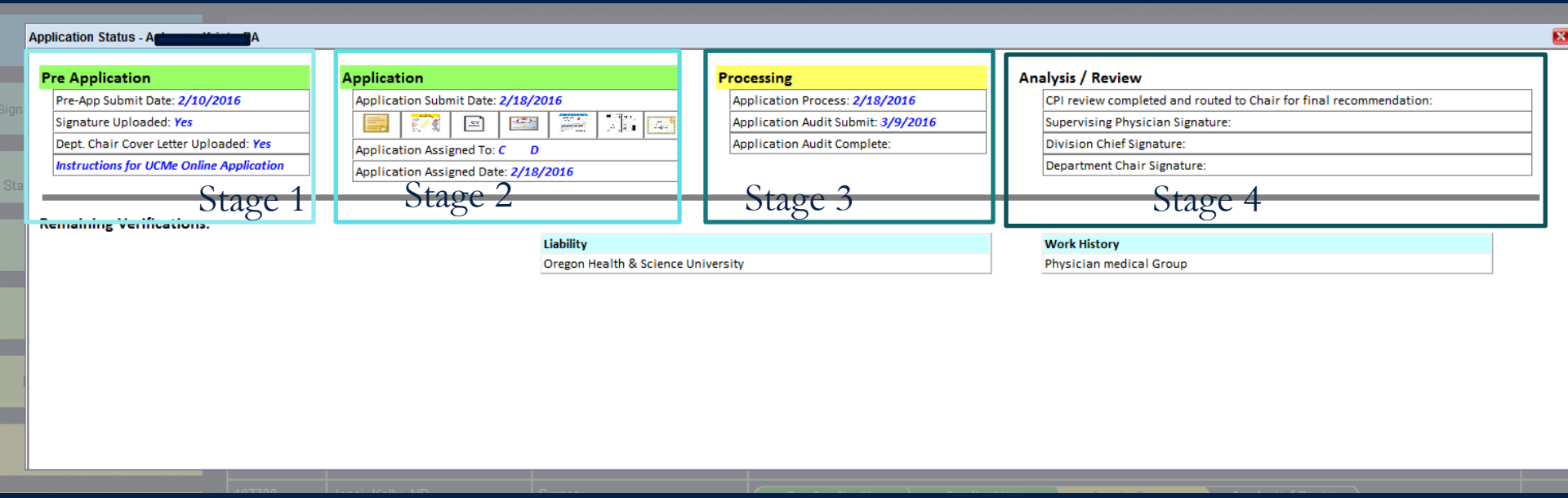


UC Me *Enchantments*

Clicking on the individual provider's **top status tracking bar** will render additional information about **the credentialing application & process**.

Clicking on the individual provider's **bottom status tracking bar** will render additional information about the **Health Plan Enrollment process.**

UC Me *Enchantments*



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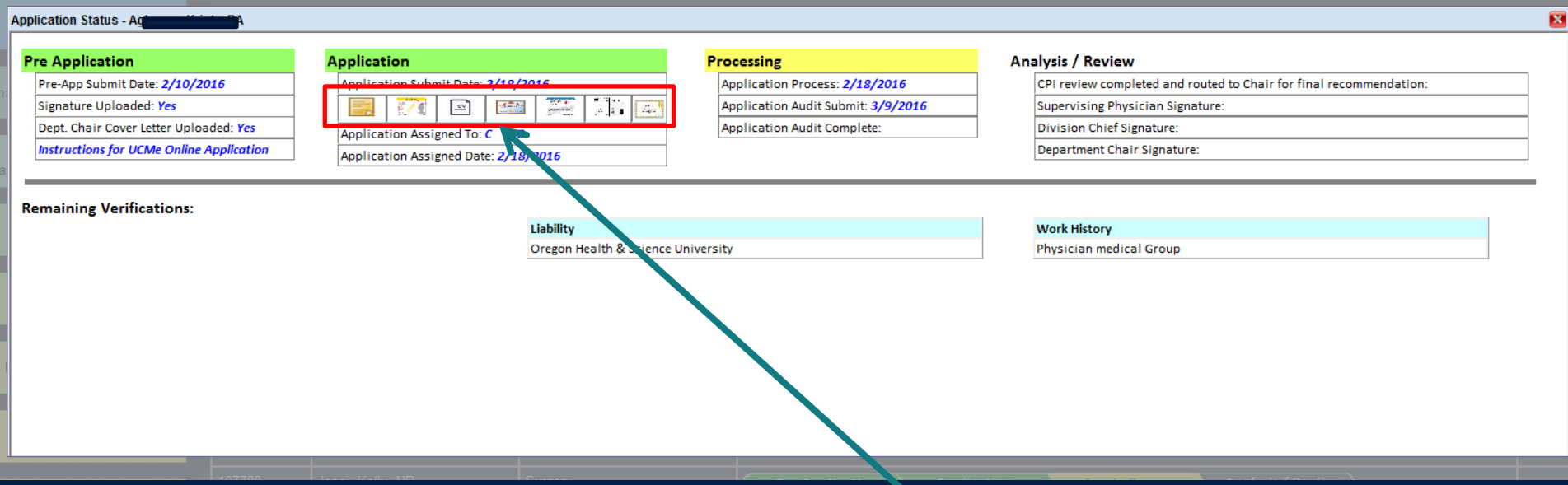

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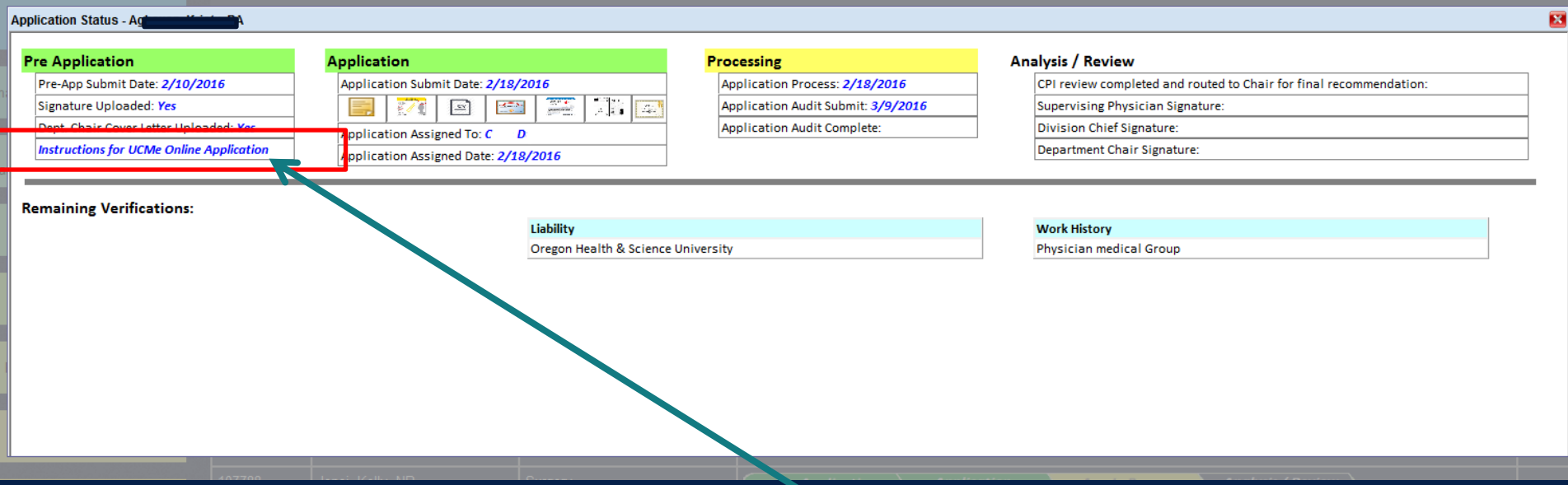

UC Me *Enchantments*

UCSF Medical Center

UCSF Benioff Children's Hospitals

Medical Staff Services
3333 California Street, S1-10
Box 1639
San Francisco, CA 94143
(415) 885-7268 phone | (415) 885-7445 fax

4/20/2016

Dear [redacted], PA:

The UCSF Department of Medicine/Cardiology has informed us that you will need access to the medical staff online application in order to apply for membership and clinical privileges. The UCSF Medical Staff Services Department has "virtualized" the credentialing & privileging process so it's easier for you and everyone involved. We are excited about this program and hope that you will use the "UC Me" web page for all things connected with the credentialing and privileging process as well as other important information that will ensure your success and compliance as a Medical Staff/AHP Staff member.

In order to get started with access to the "UC-Me" page, you will need to use the information below.

UCMe Web Link:	https://medstaff.ucsfmedicalcenter.org/ucme/new_web
User ID:	[redacted]
Password:	Create Your Own Password on UC Me webpage

Once logged into UC Me, click on the "eApplication" button on the left side menu. Your assistance and cooperation in providing accurate information will mitigate delays in the process. As part of the credentialing process, please make sure to:

- Complete all pages accurately (as applicable) and upload appropriate documents into the website. The following documents/information may be helpful:
  1. Resume/CV – include mm/yyyy format, address and phone numbers of all previous and current jobs
  2. Explanation of all gaps in clinical work history
  3. References (2) - Contact information, address, phone, email
  4. DEA Certificate
  5. CA license
  6. BLS/ACLS/PALS/NRP
  7. List of 50 continuing medical education units taken over the past 2 years
  8. Copy of a government issued picture ID (driver's license or passport)
  9. NPI number
- Review and familiarize yourself with the UCSF Medical Staff Bylaws, and Rules & Regulations. Bylaws are available via the UC-Me web page under the "Policies" tab.
- Obtain Health Clearance with the UCSF Occupational Health Department – You must have clearance from the Occupational Health Department before privileges are granted. If you have historical immunization records, including a PPD/TB test within the last year…it will help expedite the health screening process.

Please allow at least 60 days from the time you submit the application for the completion of the credentialing process. **For your convenience, please know that the UCSF Medical Staff Services Department will use a copy of your signature as part of the online application process. The signature will only be used to complete credentialing and privileging paperwork. All signatures are securely stored and encrypted within the UCSF's IT network and safely protected.**

I am sure you will have several questions during the credentialing process. Please feel free to contact the Medical Staff Services Department at 415.885.7268.

Sincerely,

Wade Smith, MD, PhD
President, UCSF Medical Staff

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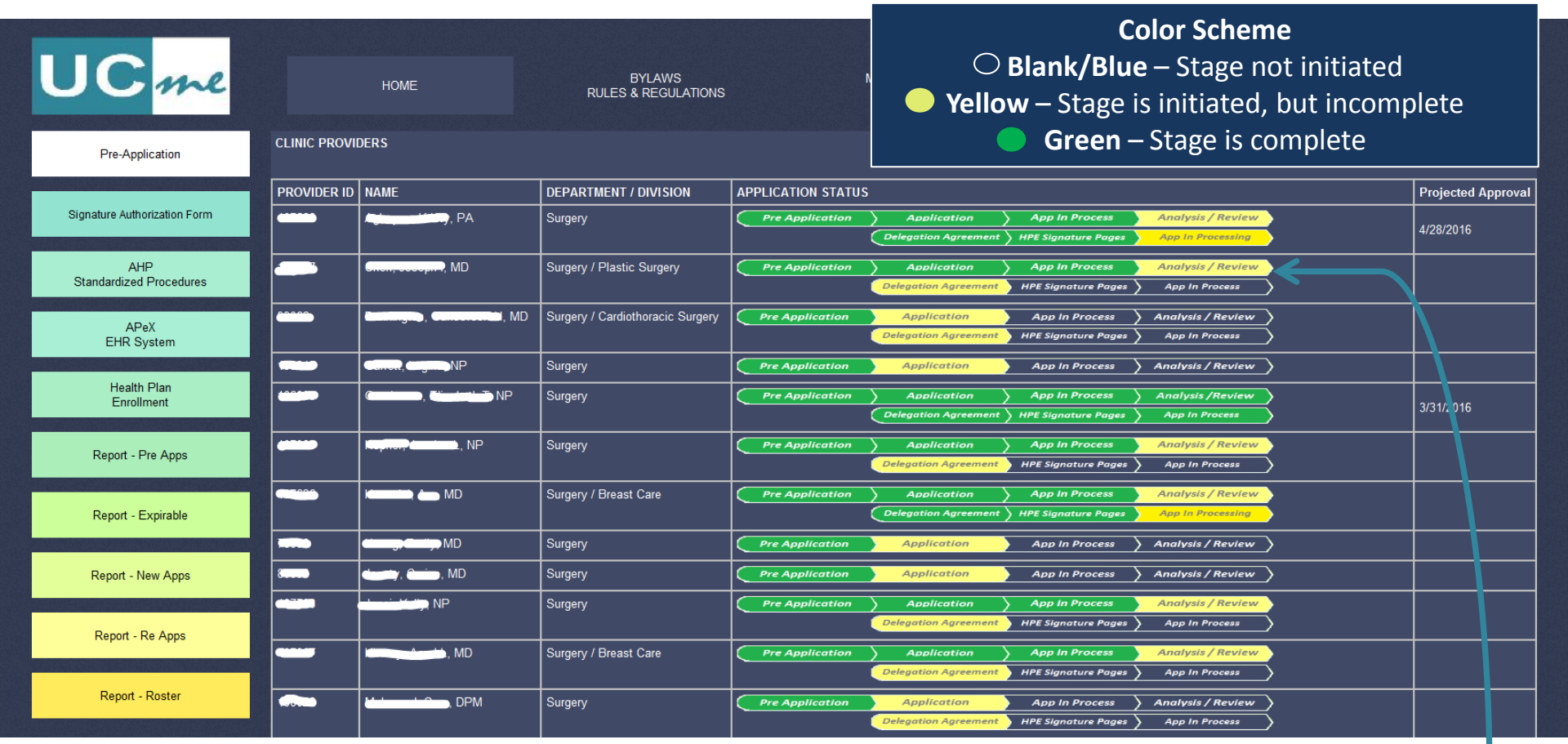
UC Me Improvements

James Frieberg

4/26/2016

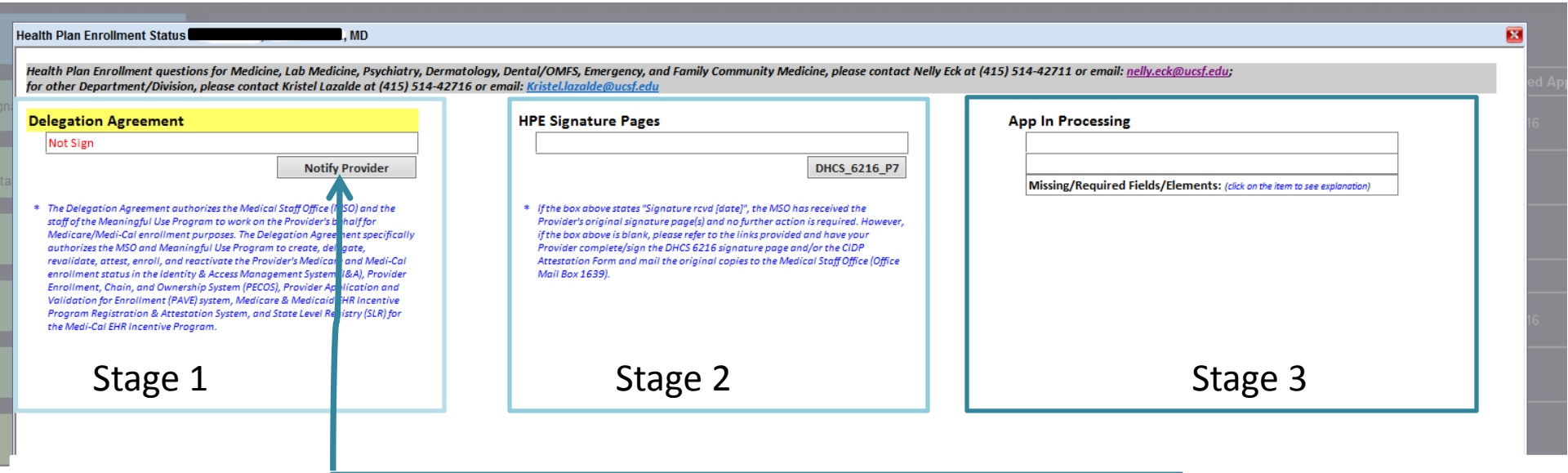
UC Me Viewing Portal Improvements



Step 5 – Choosing HPE 'drill down' screen

Selecting the bottom of the two tracking bars will allow you to also view more information regarding the completion of Health Plan Enrollment processes.

UC Me Viewing Portal Improvements



Each click of this button will prompt an automatic email to the provider reminding them of the necessity to complete this critical element.

Example of email sent to provider with Delegation Agreement

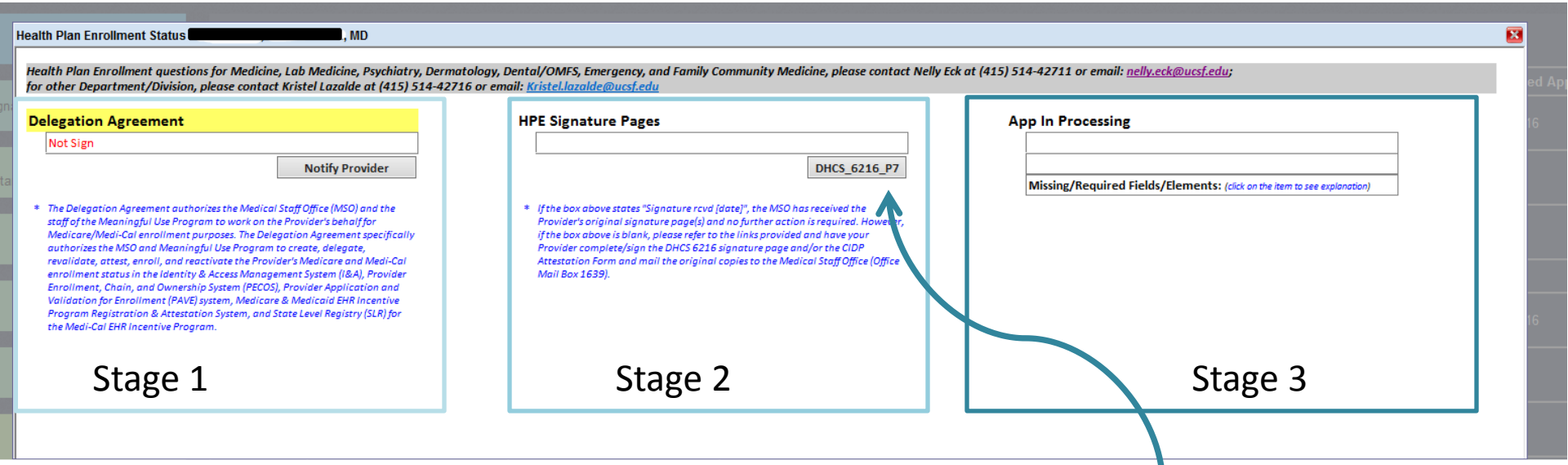
- **From:** Medical.Staff@ucsfmedctr.org [mailto:Medical.Staff@ucsfmedctr.org]
  Sent: Monday, March 07, 2016 2:27 PM
  To: xxxxx, MD
  Subject: REQUIRED - Delegation Agreement
  Importance: High
-
- Dear xxxxxx, MD

  Please be informed that your Delegation Agreement has not been completed. To avoid any delays in your practice, please sign and complete the Delegation Agreement by following the link below. By signing the Delegation Agreement, you will authorize the Medical Staff Office and the Meaningful Use Program staffs to create, access, attest, and update the state and federal provider identification systems for the purpose of Medicare and Medi-Cal enrollment, CMS revalidation, and Electronic Health Records (EHR) attestation. If you have any questions, please feel free to contact the Medical Staff Office at (415) 885-7268 or HPEOffice@ucsf.edu. Thank you for your cooperation and understanding.

  Link:
  https://medstaff.ucsfmedicalcenter.org/ucme/new_web/Medicare_Delegation.asp?LINK=11285078

  Sincerely,
  Medical Staff Office - Health Plan Enrollment Team

UC Me Viewing Portal Improvements

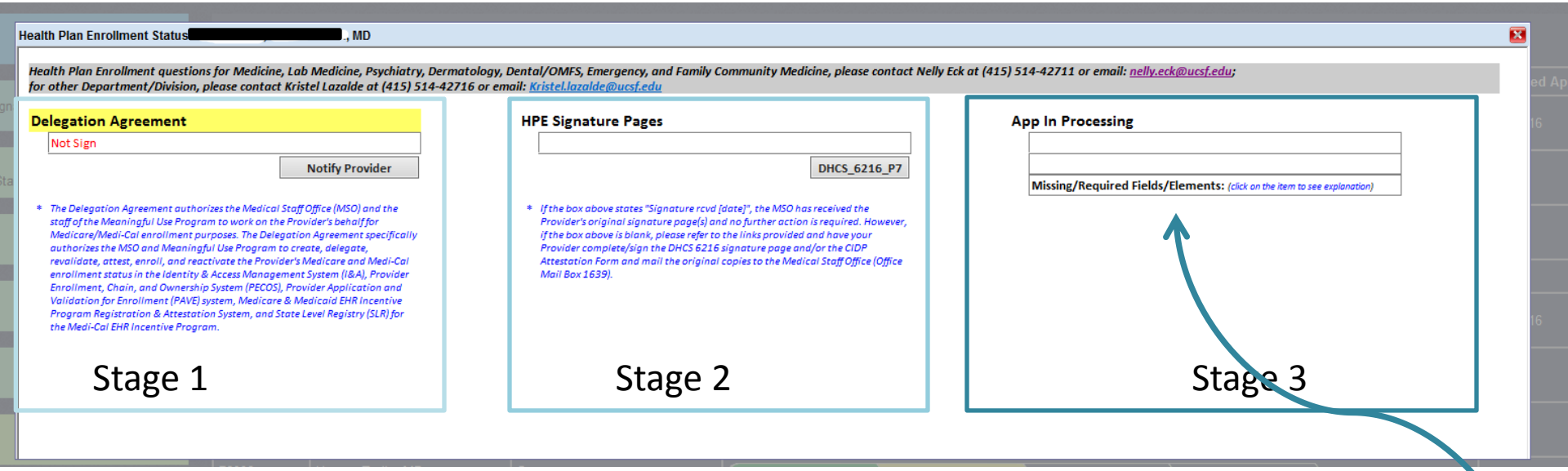


Required forms for the provider to sign and complete will be listed HERE.
***Once signed, the HPE team needs the original copies (with wet ink signature from provider) mailed to our office**

Step 5c – Credentialing Application Tracking Screen *(drilling down)*

Drilling down into the individual provider's **HPE status tracking bar** displays additional information with respect to where the provider's file presently falls within this current process.

UC Me Viewing Portal Improvements



Step 5d – Credentialing Application Tracking Screen *(drilling down)*

Drilling down into the individual provider's **HPE status tracking bar** displays additional information with respect to where the provider's file presently falls within this current process.

***Items noted in the 3rd stage are examples of additional information that may be required for the provider's enrollment application.*

These required elements may include:

- Drivers license
- *NPPES account verification (lockout)*
- *PECOS e-signature*
- Diploma copy
- *National Board Certification copy*
- *Returned for (more) Information*
- Signature page updates

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Health Plan Enrollment

Announcement

4/26/2016

Medicare Revalidation Cycle 2

....It's here!

Medicare Revalidation Cycle 2

Why do providers and suppliers need to revalidate again?

- Section 6401 (a) of the Affordable Care Act established a requirement for all enrolled providers/suppliers to **revalidate** their **Medicare** enrollment information under new enrollment screening criteria.
  - Reinforces the revalidation requirements at 42 CFR §424.515.
- In order to maintain Medicare billing privileges, a provider must resubmit and recertify the accuracy of their enrollment information generally every **5 years**.
- Revalidation ensures accurate and complete Provider enrollment information with Medicare.

Due Date – When Must I Revalidate

- Providers are expected to submit their Revalidation Application by their due date. Due Dates are posted on Data.CMS.gov/revalidation - lists all currently enrolled providers/suppliers and their revalidation due date.
- CMS has identified **314 UCSF providers with due dates from June 2016 – September 2016.**
- CMS has identified an additional **1812** UCSF providers with TBD "to be determined" due dates after Oct 2016.
  - Future deadlines will be updated every 60 days to include new due dates.
  - Posted up to 6 months before revalidation due date.
  - NOTE: Cannot submit a revalidation application if TBD is listed. Unsolicited revalidations will be returned.
- All revalidations will be submitted via PECOS
- All active practice locations shall be included on revalidation applications

Medicare Revalidation Cycle 2

- **Where are the Revalidation Notices sent?**

- **Revalidation Notices sent via Email or Mail**
  - Notices will be sent to email address reported on Provider's prior application, or
  - Sent Via postal mail to at least two reported addresses
    - Correspondence address,
    - Special Payments address, and/or
    - Primary Practice address.

Medicare Revalidation Cycle 2

- **What Happens if a provider fails to submit a revalidation application by due date.**
  - Providers Enrollment record will be deactivated
  - Deactivation of Provider's Medicare billing privileges.
  - Possible hold on Providers payments.
- **Medicare Reactivation**
  - If a Provider's Medicare enrollment record was deactivated for failing to respond to a request to revalidate, the Provider must submit a reactivation application to reactivate his/her Medicare enrollment record.
  - The Provider will maintain their original PTAN, but will not be paid for services rendered during the period of deactivation (resulting in a gap in reimbursement).
  - The reactivation date is based on the receipt date of the new application.
  - Provider cannot retroactively bill for services rendered while Provider was deactivated from the Medicare program.

Medicare Revalidations by Division

Division	# of Cycle 2 Revalidations
Medicine	604
Pediatrics	232
Radiology	181
Anesthesia	144
Neurology	136
Surgery	90
Dermatology	89
Ophthalmology	80
Family & Community Medicine	79
Psychiatry	74
Ob/Gyn & Reproductive Sci	73
Orthopedic Surgery	67
Pathology	55
Emergency Medicine	44
Neurological Surgery	44
Otolaryngology	29
Urology	27
Laboratory Medicine	22
Dent/Oral & Maxillofacial	19
Radiation Oncology	17
Total # of Medicare Cycle 2 Revalidations	**2106**

What can the departments do to help us revalidate your providers?

- Identify department contacts to help MSO obtain e-signatures.
- Help MSO manage unlocking “mega locked” accounts – providers must call to have I&A account “unlocked”

Division	# of Cycle 2 Revalidations TBD - deadlines after September 2016
Medicine	409
Pediatrics	183
Radiology	173
Anesthesia	144
Neurology	126
Surgery	84
Dermatology	83
Ophthalmology	75
Family & Community Medicine	74
Ob/Gyn & Reproductive Sci	69
Orthopedic Surgery	65
Psychiatry	63
Pathology	54
Emergency Medicine	42
Neurological Surgery	41
Otolaryngology	28
Urology	26
Laboratory Medicine	21
Dent/Oral & Maxillofacial	18
Radiation Oncology	17
Ophthalmology	8
Medicine	5
Neurology	2
Anesthesia	1
Surgery	1
Total # of Cycle 2 Due - TBD	**1812**

Division	# of Cycle 2 Revals due June/Sept
Medicine	195
Pediatrics	49
Psychiatry	11
Neurology	10
Radiology	8
Surgery	6
Dermatology	6
Ophthalmology	5
Family & Community Medicine	5
Ob/Gyn & Reproductive Sci	4
Neurological Surgery	3
Emergency Medicine	2
Orthopedic Surgery	2
Medicine	1
Laboratory Medicine	1
Orthopedic Surgery	1
Dent/Oral & Maxillofacial	1
Dent/Oral & Maxillofacial	1
Urology	1
Otolaryngology	1
Pathology	1
Total # of Cycle 2 Due - June/Sept 2016	**314**

Medi-Cal PAVE Implementation Roll Out

Provider Application and Validation Enrollment (PAVE)

- The Provider Application and Validation for Enrollment (PAVE) will transform provider enrollment from a manual paper-based process to a web-based portal that providers can use to complete and submit their application, verifications, and to report changes.
- PAVE will eventually replace paper application process, although currently paper applications will be accepted.
- PAVE will be implemented in Releases. Release 1.0 was internal to DHCS and involved the monitoring of providers. This Release was launched in February 2015. **Release 2.0 and Release 3.0** consist of provider types that enroll directly with PED.
  - Target date for PAVE Release 2.0 is the first half of 2016.
- Processing time is presently unknown, it is expected to be significantly shorter than today's paper application process. Current paper applications' processing time can be up to 6 months
- Future releases will include California Children's Services (CCS)

UCSF and PAVE

- UCSF, along with UCOP and our sister facilities (UCLA, UCD, UCI, UCSD), are participating members in stakeholder meetings.
- The MSO are registered beta testers for PAVE. We have experienced live demos, play with PAVE sessions, and system improvement discussions.

California Children's Services (CCS) Enrollment

- **What is CCS?**
  - ✓ State program for children up to 21 years old with CCS-eligible medical conditions.
  - ✓ Examples of CCS-eligible conditions include cancer, heart disease, cerebral palsy, cystic fibrosis, and hemophilia.
  - ✓ Administered as partnership between county health departments and DHCS.
  - ✓ The legislative intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part.
- **Should all UCSF providers be enrolled in this program?**
  - ✓ **Yes** – Even our providers treating adults may treat CCS patients who have aged into Genetically Handicapped Persons Program (GHPP) – over 21 years old.
  - ✓ **Yes –** Ancillary service providers (Rad/Lab/Path) provide services to CCS patients.
  - ✓ **Yes –** Especially Pediatric subspecialties and hospitalists.
  - ✓ **Yes –** You must be an active Medi-Cal provider to become a CCS provider.
- **How can our Health Plan Enrollment team help with CCS enrollment/paneling?**
  - ✓ Our Health Plan Enrollment (HPE) Analysts will submit CCS enrollment applications when they enroll new providers with Medi-Cal
  - ✓ HPE will also identify existing providers who are denied as "non par" by CCS and enroll for future services **but** prior services will not be retro actively paid/authorized. Effective date will be the online submission date.

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Credentialing & Privileging

Open Forum

4/26/2016

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