



Measuring the Quality of America's Health Care

Final Assessment Report
2003 Standards

Captiva CVO, Inc.
Atlanta, Georgia

Survey Date
August 7 - 8, 2003

Survey Team
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Date of Report
September 4, 2003

CVO PROFILE

Name of CVO: Captiva CVO, Inc.

Date of Survey: August 7 - 8, 2003

Location: Atlanta, GA

This survey includes a review of the following practitioner types:

- MCO
- MBHO
- PPO

Types of Practitioners Credentialed:

The CVO verifies the credentials of the following types of practitioners for MCO's, MBHOs, PPOs and/or health delivery organizations:

- Physicians (MDs, DOs)
- Dentists (DDS)
- Podiatrists (DPM)
- Chiropractors (DC)
- Psychiatrists or physicians certified in addiction medicine (MD, DO)
- Licensed or certified clinical social workers (MSW)
- Licensed psychiatric nurse specialists (MSN)
- Licensed psychiatric nurse practitioners (NP)
- Other licensed, certified or registered behavioral healthcare specialists

NCQA Standards

- 2003 Standards for the Certification of Credentials Verification Organizations
- 2003 Credentialing Standards for Managed Care Organizations
- 2003 Credentialing Standards for Managed Behavioral Healthcare Organizations
- 2003 Credentialing Standards for Preferred Provider Organizations

Date CVO Operational: May 1, 2002

Profit Status: For-profit

Number of Employees: 13

Number of Managed Care Organization (MCO/MBHO/PPO) Contracts: 0

Services Offered:

- Credentials Verifications
- Office Site Visits
- Medical Record Review
- Policy Development/Consulting
- Other (list):
Staffing services offered by parent company

Organizational Charts: Attachment 4

EXECUTIVE SUMMARY

Based on the findings of the onsite survey that took place on August 7 - 8, 2003, and the review of documentation presented by the Captiva CVO, Atlanta, GA, the National Committee for Quality Assurance has assessed the CVO's compliance against the 2003 Standards for Certification.

History and Organizational Overview

Captiva CVO, Inc., became fully operational as a credentials verification organization on May 1, 2002. A fully-owned subsidiary of JCNationwide, Inc., the CVO was created to perform credentialing services for the parent company's practitioner staffing business.

JCNationwide is one of the nation's oldest medical staffing firms, specializing in providing credentialed temporary medical staff in an expeditious manner. Due to the nature of JCNationwide's business, it has always housed a credentials verification unit. The organization strived to create an official CVO that could be recognized by national certification, thereby enhancing client services.

Captiva is in the process of redefining and formalizing its procedures to attract additional clients. As a result, the CVO created two new positions within the last year: an additional credentialing coordinator and a credentialing manager.

The CVO's operations are highly integrated within the parent company's processes. Captiva employees sit on JCNationwide committees, including the Credentialing Committee and Board of Directors. The two organizations share both staff and office space. To date, the parent company is the CVO's only client.

Two of the seven credentialing staff are currently certified by the National Association of Medical Staff Services (NAMSS) as certified provider credentialing specialists (CPCS) and other staff members are pursuing this credential. This was the CVO's first NCQA survey.

Major Strengths in Captiva's Programs

- Well-organized credentialing files
- Excellent use of flowcharts to describe credentialing and recredentialing processes
- Strong integrated relationship with parent company

Opportunities for Improvement

- None identified

The following section details specific findings related to the NCQA 2003 Standards for Certification.

CVO CERTIFICATION STANDARDS

Note: The following standards for the certification of credentials verification organizations (CVO) should be used in conjunction with credentialing standards from NCQA’s Standards and Guidelines for the Accreditation of MCOs, Standards and Guidelines for the Accreditation of MBHOs and Standards and Guidelines for the Accreditation of PPO Plans.

NCQA evaluates CVO compliance with the standards in this publication and with standards from the publications listed above.

CVO 1: WRITTEN POLICIES AND PROCEDURES

The organization has written policies and procedures for the verification, frequency of reporting and management of data on credentials.

Intent

That the organization clearly documents the methods, sources and processes it uses to gather, verify and report credentials data.

Attachments

Credentialing Program Description and Flowcharts (Attachment 5)

Element A: Policies and Procedures

The organization’s credentialing policies and procedures address the following factors:

	<u>Yes</u>	<u>No</u>
1. The scope of verification activities, including practitioner types and credentials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The methods used to access and verify credentials information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The sources used to obtain and verify credentials elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The processes for ensuring that time-sensitive information is no more than 120 calendar-days old when reported to clients/parent organization, as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The responsibilities of staff in completing verification activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
6. Process for compiling and reporting information to clients/parent organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Provisions for periodic review, update and approval	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring	100%	80%	50%	20%	0%
100%	The policies and procedures adequately address all 7 factors	The policies and procedures adequately address 5-6 factors	The policies and procedures address 4 factors	No scoring option	The policies and procedures address <4 factors

Element B: Time in Place

The organization's policies and procedures have been in place for at least six months.

Scoring	100%	80%	50%	20%	0%
100%	The organization's policies and procedures have been in place for at least 6 months	No scoring option	The organization's policies and procedures have been in place for <6 months	No scoring option	No scoring option

Element C: Evidence of Review and Approval by a Governing Body

Element C: Evidence of Review and Approval by a Governing Body

The organization’s policies and procedures have been reviewed and approved by a governing body or designee including implementation.

Scoring



100%	80%	50%	20%	0%
The organization shows evidence of review and approval, including implementation date	The organization shows evidence of either review and approval or implementation date	The organization has no evidence of either review and approval or implementation	No scoring option	No scoring option

COMPLIANCE DESIGNATION FOR CVO 1: 100%

RELATED RECOMMENDATIONS FOR CVO 1

CVO 2: PROCESS FOR INTERNAL CONTINUOUS QUALITY IMPROVEMENT

The organization has a process for internal continuous quality improvement that ensures that credentials reports or files are accurate and complete and meet managed care clients' needs.

Intent

That the organization has a written quality improvement program that includes a defined scope of activities, goals and objectives, and has a process for ongoing quality monitoring.

Attachments

Quality Improvement Program (Attachment 6)

Element A: QI Policies and Procedures

The organization has a written QI plan or written comprehensive policies and procedures that includes:

	<u>Yes</u>	<u>No</u>
1. A defined scope of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Defined goals and objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. A defined process for assessing performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring

100%

100%	80%	50%	20%	0%
The written QI plan or policies and procedures address all 3 factors	The written QI plan or policies and procedures address 2 factors	No scoring option	The written QI plan or policies and procedures address 1 factor	The organization does not have a written QI plan or policies and procedures

Element B: Time in Place

The organization’s written quality improvement plan has been in place for at least six months.

Scoring

100%

100%	80%	50%	20%	0%
The organization’s written QI plan or policies and procedures have been in place for at least 6 months	No scoring option	The organization’s written QI plan or policies and procedures have been in place for <6 months	No scoring option	No scoring option

The organization’s client complaint process includes the following factors:

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 1. Written procedures for resolving client complaints in a timely manner | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Documentation of the substance of complaints and actions taken | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Scoring

100%

100%	80%	50%	20%	0%
The complaint process includes both factors	No scoring option	The complaint process includes 1 factor	No scoring option	There is no documented client complaint process

Element D: Analysis of Quality Activities and Customer Complaints

The organization conducts, at least annually, an analysis of quality activities and customer complaints that includes:

- | | <u>Yes</u> | <u>No</u> |
|----------------------------------|-------------------------------------|--------------------------|
| 1. Aggregate data/trends | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Opportunities for improvement | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers to improvement | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Yes No

4. Assessment of performance

Scoring

100%

100%	80%	50%	20%	0%
Analysis of QI data and customer complaints includes all 4 factors	Analysis of QI data and customer complaints includes 3 factors	Analysis of QI data and customer complaints includes <3 factors	Analysis of quality activities and customer complaints does not go beyond data display and reporting	The organization has no documentation of an analysis of quality-related information

Element E: Evidence of Action and Follow-Up of Identified Opportunities

The organization shows evidence of follow-up of identified opportunities.

Scoring

100%

100%	80%	50%	20%	0%
The organization followed up on identified opportunities for improvement	No scoring option	The organization did not follow-up on identified opportunities for improvement	No scoring option	No scoring option

COMPLIANCE DESIGNATION FOR CVO 2: 100%

RELATED RECOMMENDATIONS FOR CVO 2

CVO 3: VERIFICATION AND REPORTING OF CREDENTIALING INFORMATION

The organization collects and reports credentials from primary or NCQA-approved sources.

Intent

That the organization verifies credentials and information from monitoring organizations through NCQA-approved and primary sources so that managed care clients can make decisions on selection and evaluation based on comprehensive, accurate and current information.

The survey team reviewed 75 files of practitioners with the following results:				
Verification Elements and Sources	# Compliant	# Non Compliant	Denominator	Percentage
Licensure: Licensing boards Internet sites	75	0	75	100
DEA or CDS: NTIS Internet site	64	1	65	98
Education, training, and board certification: ABMS Internet site, AOA/AMA profile, PrimeSource Web	72	1	73	99
Malpractice insurance: Copy of certificate held by parent company	71	1	72	99
Malpractice history: NPDB Internet site	63	2	65	97
Application and Attestation: Copy of Application	75	0	75	100
Medical Board Sanctions: FSMB Internet site, state licensing boards Internet sites, NPDB Internet site	75	0	75	100
Medicare/Medicaid Sanctions: FSMB Internet site, OIG Internet site	74	0	74	100

Describe the process used by the CVO to perform credentials verification:

Files are received by CVO credentialing staff in one of two ways: either directly from the parent company or directly from the practitioner. They are checked for completeness at the time of receipt. Files are assigned to credentialing staff by specialty; the coordinator completes the file and forwards it to the CVO credentialing manager. The credentialing manager verifies that the file is complete and signs off on files with no apparent deviations from standard practice. Files that require additional follow-up are forwarded to the senior vice-president of operations for review. Once management determines that the practitioner meets acceptable patterns of practice, the file is forwarded to the JCNationwide Credentialing Committee for recommendation. The Board of Directors of JCNationwide considers the recommendations of the Credentialing Committee and makes the final credentialing determination.

Use the text field below to describe the deficiencies noted in the reviewed files:

In one file, the DEA certificate was not current at the time the file was approved. In one file, the education was verified after the file was approved. In one file, the malpractice insurance was not current at the time the file was approved. In two files, the malpractice claims history was verified after the file was approved.

Attachments

None required

Note: A compliance designation is not assigned for this standard

RELATED RECOMMENDATIONS FOR CVO 3

CVO 4: PROTECTION OF CREDENTIALING INFORMATION

The organization protects the confidentiality and integrity of credentials files.

Intent

That the organization treats all credentials and information from monitoring organizations that are not publicly available as confidential.

Attachments

None required

Element A: Confidentiality Policies and Procedures

The organization has written policies and procedures regarding confidentiality that include the following factors:

	<u>Yes</u>	<u>No</u>
1. Specific statements regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Release of credentials information to third parties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provisions for paper and electronic information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Employee orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Employee confidentiality agreements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Disposal of confidential credentials information	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring

100%

100%	80%	50%	20%	0%
The organization's confidentiality policies and procedures cover all 6 factors	The organization's confidentiality policies and procedures cover 5 factors	The organization's confidentiality policies and procedures cover 4 factors	The organization's confidentiality policies and procedures cover <4 factors	No scoring option

Element B: Physical Access

The organization has a system of security that limits physical access to credentials information through:

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 1. Secured files/computer rooms (locks, etc.) during working hours | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Limited access to file/computer rooms outside working hours (without supervision) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Adequate building security | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Scoring

100%

100%	80%	50%	20%	0%
The organization has security procedures that address all 3 factors	The organization has security procedures that address all 3 factors, but procedures have gaps that pose no significant risk the security of the data	No scoring option	The organization has security procedures that address all 3 factors, but with evidence of significant risks to physical access	The organization does not have any safeguards against physical access

Element C: Personnel Management

The organization’s personnel management procedures stipulate that new employees:

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 1. Are given details about credentials security rules during orientation | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sign confidentiality agreements | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Scoring

100%

100%	80%	50%	20%	0%
The organization’s personnel management procedures cover both factors	The organization’s personnel management procedures cover factor 2	No scoring option	The organization’s personnel management procedures do not cover factor 2	No scoring option

Element D: Electronic Access Password Protection and Monitoring System

The organization has security mechanisms in place for electronic data management that include:

	<u>Yes</u>	<u>No</u>
1. Password protections	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Intermittent changing of passwords	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Changing or withdrawal of passwords when an employee leaves the organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Assignment of appropriate authorization levels for each user (e.g., read, update, delete, print)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Tracking systems for historical changes made to credentials information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Generation and review of activity logs and or reports of system access on a regular basis	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring

100%

100%	80%	50%	20%	0%
The organization's electronic data management procedures cover all 6 factors	The organization's electronic data management procedures cover 4-5 factors	The organization's electronic data management procedures cover 3 factors	No scoring option	The organization's electronic data management procedures cover <3 factors

Element E: Data Recovery and Backup

The organization has security mechanisms in place for the protection and recovery of data by requiring that:

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 1. Backups occur at predetermined intervals | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Archived data be held in a secured location | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Controls are in place which ensure successful completion of backups | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Scoring

100%

100%	80%	50%	20%	0%
The organization's back-up and recovery procedures cover all 3 factors	No scoring option	The organization's back-up and recovery procedures cover 2 factors	The organization's back-up and recovery procedures cover 0-1 factors	No scoring option

COMPLIANCE DESIGNATION FOR CVO 4: 100%

RELATED RECOMMENDATIONS FOR CVO 4

CVO 5: APPLICATION AND ATTESTATION

The practitioner application includes a current and signed attestation regarding the practitioner’s health status and any history of loss or limitation of license or privileges.

Intent

That the organization requires practitioners to disclose information that may adversely impact practitioner’s ability to provide care.

Attachments

None required

Element A: Contents of the Application

The practitioner application developed by the organization for use by its clients includes the following factors:

	<u>Yes</u>	<u>No</u>
1. Reasons for any inability to perform the essential functions of the position, with or without accommodation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Lack of present illegal drug use*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. History of loss of license and/or felony convictions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. History of loss or limitation of privileges or disciplinary activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Current malpractice insurance coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring

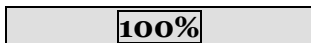
	100%	80%	50%	20%	0%
100%	The application includes all 5 factors	The application includes factors	The application includes 3 factors	No scoring option	The application includes <3 factors

*The exact statement or inquiry may vary, depending on applicable legal requirements such as the Americans with Disabilities Act.

Element B: Correctness and Completeness of the Application

The organization’s application includes an affirmative attestation to the correctness and completeness of the application.

Scoring



100%	80%	50%	20%	0%
The attestation includes an affirmative statement regarding correctness and completeness	No scoring option	The attestation does not include an affirmative statement regarding correctness and completeness	No scoring option	No scoring option

COMPLIANCE DESIGNATION FOR CVO 5: 100%

RELATED RECOMMENDATIONS FOR CVO 5

CVO 6: ONGOING MONITORING OF SANCTIONS

The organization develops and implements policies and procedures for the ongoing monitoring of practitioner sanctions between recredentialing cycles.

Intent

That the organization ensures quality and safety of care between recredentialing cycles by monitoring for sanctions against practitioners so that client organizations can identify important quality safety issues in a timely manner.

Attachments

None required

Element A: Policies and Procedures

The organization has policies and procedures that include the following:

	<u>Yes</u>	<u>No</u>
1. Types of disciplinary information reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Contractual obligations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Process for discovering and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring

100%

100%	80%	50%	20%	0%
The organization's policies and procedures include all 3 factors	The organization's policies and procedures include 2 factors	No scoring option	No scoring option	The organization's policies and procedures include <2 factors

Element B: Policies and Procedures for Ongoing Monitoring

The organization’s policies and procedures for ongoing monitoring address the following:

- | | | |
|--|-------------------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| 1. Medicare and Medicaid sanctions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. State sanctions or limitations on licensure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Scoring	100%	80%	50%	20%	0%
<div style="border: 1px solid black; padding: 2px; display: inline-block;">100%</div>	The organization’s policies and procedures address both factors	No scoring option	The organization’s policies and procedures address 1 factor	No scoring option	The organization’s policies and procedures do not address either factor

Element C: Evidence of Collecting Medicaid and Medicare Sanctions Information

The organization collects and reports information from the following sources:

- | | | |
|--|-------------------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| 1. Medicaid and Medicare sanctions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. State sanctions or limitations on licensure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Scoring	100%	80%	50%	20%	0%
<div style="border: 1px solid black; padding: 2px; display: inline-block;">100%</div>	The organization collects and reports information from the 2 sources	No scoring option	The organization collects and reports information from 1 source	The organization does not collect or report information from either of the sources	No scoring option

COMPLIANCE DESIGNATION FOR CVO 6: 100%

RELATED RECOMMENDATIONS FOR CVO 6