Minnesota Hospital Association Vendor Credentialing Report

January 2012

Minnesota Hospital Association

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1. Introduction and Background

a. Purpose and Legislation

The purpose of this report is to fulfill the requirement of the 2010 First Special Session, Chapter 1, Article 20, Section 20: Vendor Accreditation Simplification.

> "The Minnesota Hospital Association must coordinate with the Minnesota Credentialing Collaborative to make recommendations by January 1, 2012, on the development of standard accreditation methods for vendor services provided within hospitals and clinics. The recommendations must be consistent with requirement of hospital credentialing organizations and applicable regulations."

Established in 1917, the Minnesota Hospital Association (MHA) is a trade association representing Minnesota's 145 hospitals and 17 health systems. MHA is governed by a 30-person board of directors, which includes hospital and health system administrators and trustees from across the state. MHA has several core functions including: advocacy, communications, data and information services, education, finance and legal information.

b. Impetus and Scope

This legislation was in response to a legislator's constituent concern that the vendor credentialing process was overly burdensome and that each hospital had its own unique and different set of requirements.

Vendor accreditation refers to the practice of hospitals and clinics implementing requirements that vendors must satisfy before they are allowed to sell products or services on site or enter a patient care area. The most common requirements are:

- proof of vaccinations;
- infection control training;
- Health Insurance Portability and Accontability Act (HIPAA) compliance testing; and
- criminal background checks.

Simply stated, vendor representatives must undergo some basic verification of credentials before they are permitted into the hospital or sensitive patient-care areas such as the operating room or procedural areas.

c. Goals of hospital credentialing process

The subject of this report is not the credentialing of health care providers who work in hospitals or clinics, but about the credentials of vendor representatives who sell products or services to hospitals and clinics on site.

The health care industry is not alone in requiring vendors to complete a vendor credentialing process. Many industries require vendors to be credentialed to be on the premises. Food processing manufacturers, oil refineries and banking all require a very high level of security and scrutiny before a vendor representative may attempt to sell a product or service.

The main focus of the hospitals in Minnesota is the care and safety of patients. It is the hospital administration's responsibility to manage access to the hospital campus so that everyone is safe and care processes are not disrupted. Vendors can be prohibited from entering patient care areas, like the operating room or other areas where patients are being treated, without proper documentation of vaccines, HIPAA compliance training or infection control practices training. Hospitals can also establish policies governing where and when vendor representatives may conduct business on the hospital premises to minimize disruption to patient care activities and assure patient privacy. In addition to conducting sales activities, vendor representatives may be involved in demonstrating products and training hospital staff in their use. All of these activities are governed by policies established by the hospital, including its vendor credentialing process, to assure safe, efficient care on an ongoing basis.

Credentialing is also a step in managing the supply chain and therefore managing costs for the hospital.

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2. MHA Action Steps

MHA took several action steps to complete this report.

First, MHA established a workgroup made up of Minnesota hospitals and health systems to provide guidance and information on this topic. The committee met during the fall of 2011 and reviewed the final report. The list of committee members is attached. See Attachment D.

Second, MHA conducted a survey of the hospitals and health systems in the state. This was an information gathering survey, not a scientific survey. Eighty-four hospitals responded to the survey.

Of those that responded to the survey, 68 percent have a vendor accreditation process in place at their hospital.

For those hospitals that did not have a vendor accreditation process in place, MHA asked why they did not. Of the hospitals that did not have a vendor credentialing process in place, their small size and small volume of purchases was the primary reason. Many small hospitals do not have vendors trying to sell products to them on site. The smaller hospitals primarily buy most of their products through a larger group purchasing organization so a vendor accreditation process is not usually needed. Many of the small hospitals do not have a vendor providing product training or demonstrating how a surgeon places a device in a patient. These procedures are typically limited to larger facilities.

For those facilities that have a vendor accreditation process, 82 percent of those responded that the policy and procedure were in a written format.

Vendor Credentialing Survey Questions

1. Does your hospital have an accreditation process in place?
2. If your hospital does have an accreditation process in place, is it in a written format?
3. Is your hospital's accreditation process available for vendors online?
4. If your hospital is part of a hospital system, is there one standard for every hospital in your system?
5. Does your hospital have the same accreditation process for all vendors?
6. Does your hospital have a tiered system based on where the vendor will be working in the hospital?
7. Does your hospital contract with a national vendor accreditation company or do you have an internal system?

42 percent responded that their process was available on their website for vendors to access.

For hospitals that are part of a multi-hospital health care system, the survey asked if there is one standard for the entire system. Of those that responded, only 6 percent said it was not the same process for the entire system.

The survey also found that many of the hospitals use a tiered system for vendors with a varying degree of scrutiny based on whether the vendor would have access to a patient care area. For example, if a vendor intends to sell business forms to the billing office, there is a very different process in place than if a vendor wishes to be in the operating room consulthing with the surgeon in placing a new stent in a patient. 52 percent of responders stated that their hospital uses a tiered system for vendors. A lower threshold of credentialing is often allowed if the vendor does not request or require access to patient care areas.

The last question MHA asked on the survey was, "Does your hospital have an internally developed process or do you contract with one of the national vendor accreditation companies?" Only 26 percent of responders have an internally developed process. The vast majority of responders use one of two national vendor accreditation companies with a standard process.

Third, MHA reached out to LifeScience Alley, a trade association for companies in the life sciences. The staff at LifeScience Alley connected the committee with one of their members that runs a device company in the Twin Cities area. Ms. Marcia Morris, chief executive officer at Genii Inc., attended one of MHA's committee meetings to provide a vendor's perspective to the committee. Ms. Morris's materials are included in this report. See Attachment B.

Finally, MHA consulted with the Minnesota Credentialing Collaborative (MCC). The MCC provides a secure, centralized, Web-based technology that allows a health care provider to collect, send and store his or her credentialing data required for the Minnesota Uniform Credentialing Application, along with the needs to specific facilities.

It was determined that the MCC and this report were focusing on two entirely different aspects of the health care industry. The MCC is focused on health care provider credentials. They facilitate the electronic storage and easy distribution of physician and other licensed practitioner academic credentials to support the credentialing and clinical privileging process in hospitals and clinics. This is different from the process hospitals use to credential outside vendors that wish to come to the hospital to do business on site.

The materials from MCC are included in this report. See Attachment A.

3. Other Research

MHA completed an external review of federal and state vendor credentialing regulations.

In 2007, the Joint Commission sought to create national standards for health care industry sales representatives (vendors). That work stopped, and by March 2009 this message was posted on the Joint Commission's website, where it remains as "current":

> "The Joint Commission does not have any standards that specifically address health care industry/vendor representatives who are involved in care, treatment, and services provided by professional staff in accredited health care organizations. This is due to the fact that at this time there are no accepted national standards on competence for the tasks performed by these health care industry/vendor representatives. Currently, there is also no specific licensure, certification, or registration for health care industry/vendor representatives who are involved in care, treatment, and services provided by professional staff in accredited health care organizations."

The site goes on to recommend visiting AdvaMed for information on creating general credentialing requirements for health care industry/vendor representatives. (http://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFAQId=92&StandardsFAQChapterId=66)

The Three Areas of Credentialing

1. **Administrative:** Vendors at this level do not serve in clinical support roles, e.g., repairmen. They would only need credentials for administrative functions — employment verification, proof of liability insurance, proof of criminal background check, and the 5-panel drug screen.
2. **Non-clinical:** Vendors at the non-clinical level provide some technical assistance and might enter patient care areas, but have no direct involvement in patient procedures. Non-clinical level vendors would need the administrative credentialing components plus some of the training components — HIPAA and product training/competency verification.
3. **Clinical:** Clinical-level vendors provide support roles, often working in patient care areas. These vendors need to meet all administrative credentials, as well as all training credentials — HIPAA, product training/competency verification, blood-borne pathogen (BBP), and operating room protocol. Finally, clinical-level vendors would also need all required immunizations — Hep B, MMR, TDAP, TB, Varicella, and Influenza.

AdvaMed, the Advanced Medical Technology Association, is the trade association for the medical device industry (www.advamed.com). The organization has been working since 2007 on creating national standards for health care industry representatives (HCIR) or vendors. Vendors sell products across the country and would prefer national standards rather than a complex myriad of state-by-state regulations.

AdvaMed has joined with providers and others in the health care industry in a pilot project to explore the potential for national standards for vendor credentialing. The pilot has three credentialing levels which delineate whether or not a vendor is entering a patient care area and/or participating in delivering patient care: administrative; non-clinical; and clinical. The components of the credentials are further divided into three areas: administrative, training, and immunization.

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4. Current Practices

Minnesota hospitals

As reported in the survey results, most of the hospital systems in Minnesota use one of the national vendor credentialing companies. This trend to use a standardized process and an outside vendor credentialing company has grown over the last couple of years. These national companies assist hospitals to ensure vendors have met the necessary requirements to be on the hospital campus. Vendor representatives are very familiar with the process of these national companies.

There are many similarities in vendor credentialing requirements among hospitals. Hospitals typically have the same or very similar vaccine requirements, HIPAA training, and infection control practice training. These requirements are intended to protect the patients hospitals serve. These requirements may vary depending on the level of access a vendor has requested. The highest level of requirements will always be with the patient care areas.

Hospitals that use an outside vendor credentialing company do not generate any revenue from the fees the individual vendor credentialing company charges the vendor. The hospital is typically contracting with the vendor credentialing company to provide this service for the hospital.

A sample of a hospital vendor checklist can be found at Attachment C.

Vendor credentialing companies

There are several national vendor credentialing companies. These companies assist hospitals and other health care settings manage the vendor representatives that wish to enter the hospital to sell products or services.

These companies typically operate a Web-based system where a vendor representative may request access to a certain hospital. The vendor credentialing company has a listing of the hospital requirements for access. The vendor representative provides proof that he or she has met the requirements, and they are credentialed for that hospital.

The fees for the vendor representatives can range anywhere from $50 - $250, depending on the level of access requested. These fees are collected to defray the cost of operating the vendor representative credentialing process.

The structure of the fee depends on the vendor credentialing company. It was reported to the committee that for some of the national vendor credentialing companies, once the vendor representative pays the fee, the vendor representative may become credentialed with every hospital that participates with that vendor credentialing company at no additional cost. For other national companies, a vendor representative may be required to pay a separate fee for every hospital or health care system where they wish to sell products. One MHA member is currently in the process of changing vendor credentialing companies in part because of the fee structure for vendors.

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5. Recommendations and Conclusion

The MHA Vendor Credentialing Workgroup offers two recommendations.

One key recommendation from this report is that the Minnsota Hospital Association encourage all hospitals and health care systems to post their vendor requirements on their website. This may be a separate hospital vendor website if needed. This would make the process more transparent and seem more consistent to the public.

The second recommendation is that the current work being done at the national level to develop common standards should continue. This work by AdvaMed, providers and others in the health care industry has Minnesota participation and should be encouraged to continue. This national effort could provide a model which would facilitate vendor credentialing standards across state lines.

In conclusion, the research completed for this report shows that there are more similarities than differences in the vendor credentialing world. Hospital systems in Minnesota typically have the same requirements for all hospitals in that system. Over the last few years, hospitals in Minnesota have much more standardization across systems. In addition, the fees seem reasonable and there is competition between the vendor credentialing companies.

The vendor MHA met with and other national vendors seem to prefer a national approach to the issue of standardization. These are national companies working in multiple states. A state-by-state standard would be even more cumbersome for vendors.

Like other businesses, hospitals need to control who enters their facilities. This is even more important when patient safety is concerned.

As this report has previously stated, the main concern for hospitals is the safety of the patients they serve. Hospitals have a duty to control where individuals are allowed to have access within the facility.

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6. Appendices

a. Minnesota Credentialing Collaborative (MCC)

The Minnesota Credentialing Collaborative (MCC) provides a secure, centralized, Web-based technology that allows a provider to collect, send and store his or her credentialing data required for the Minnesota Uniform Credentialing Application, along with the needs to specific facilities. The MCC was formed to address the concerns of providers who indicated the credentialing process was one of their top administrative burdens. Implementation of an electronic credentialing tool is one more step in streamlining administrative work throughout the health care system. Other initiatives are successfully replacing paper processes for billing, health records and prescribing medications.

The MCC was launched in 2008 by a community-wide consortium of representatives from health plans, hospitals, providers, clinics and government. The owners of the MCC are the Minnesota Council of Health Plans (MCHP), the Minnesota Hospital Association (MHA) and the Minnesota Medical Association (MMA), with endorsement from the Minnesota Medical Group Management Association (MMGMA). The MCC board of directors is comprised of members from the owners' organizations.

Users of the MCC are clinical providers who complete the Minnesota Uniform Credentialing Application, such as physicians, chiropractors, psychologists, nurse practitioners, occupational and physical therapists, and licensed social workers. The MCC's credentialing platform is provided by a nationally known vendor that specializes in provider credentialing, verification and privileging tools for hospitals and clinical practices.

The launch of the MCC has been successful and participation continues to increase. Currently, the MCC is used by 100 percent of Minnesota's health plans, approximately 50 percent of its target hospitals, and roughly 30 percent of providers in the state.

In the coming year, MCC will be focusing on streamlining the recredentialing process and expanding its network of participating providers.

b. Marcia Morris letter

Presentation to the Minnesota Hospital Association
Vendor Accreditation Work Group Meeting
October 19, 2011
Marcia L. Morris, CEO, Genii, Inc.
www.genii-gi.com

Genii is an emerging medical device company using ingenuity to address the unmet needs of the gastroenterology electrosurgery market. A core part of this mission is to help hospitals cut costs while still delivering improved patient outcomes. In fact, we received a Federal grant of $250,000 earlier this year, because the US government is convinced that our standardizable, understandable, compact and less expensive, argon capable electrosurgery generator will lower health care costs while helping to reduce colon cancer. I tell you this to let you know that at our very core, our philosophy is supportive of hospitals and understanding of the current financial, regulatory and accountability pressures that they face. We fully intend to be part of the solution, not part of the problem.

Related to this guiding philosophy are our programs to ensure that our representatives are trained and tested before they are certified to represent our products. I was visited recently by a representative of the ASGE (American Society for Gastrointestinal Endoscopy) who asked to be able to share our program design with other companies as an example of the level of excellence they would like to promote. I have attached our requirements for product training credentials for your review.

You will see that at level one, all representatives must have demonstrated completion of at least one Vendor Credentialing process. At Genii, we are committed to using all independent professional sales representative territory managers. Genii is rare (if not unique) in offering credentialing support to an independent sales force—and requiring them to adhere to hospital credentialing protocols.

From our perspective here is what we have learned:

1. Preferred National Credentialing Service: Reptrax; Number two is VCS
2. The one we wish we could ignore: VendorMate
3. We would love to see one (or very few) standardized, well thought out, lists of credentials that hospitals can require. Changes to the list should not occur more than yearly.
4. We would like to have avenues for showcasing and promoting exemplary voluntary efforts made by corporations.

Primary Concerns:

1. Security
    a. Credentialing companies can have access to rep's social security number, bank records, medical records (inoculations and medical contraindications for them), religious information (ie inoculation deferral), and private information from background checks, and more.
    b. Few, if any real safeguards are in place for protection of the rep. They have no control over, or knowledge of, who has what, where. Genii doesn't know either.
    c. Some vendor services also require invasive information from companies; revenue, size, corporate officer information.
2. Cost
    a. VendorMate charges a separate fee for EVERY hospital in their system. This can run to several thousands of dollars per year per rep if they can't get a corporate sponsor.
    b. Genii's budget for supporting vendor credentialing currently exceeds our revenue.

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3. Complexity
    a. Some of the web sites are very difficult to use and understand
    b. Different requirements at different hospitals, and constantly changing requirements, make staying up to date nearly impossible for reps in the field.
    c. Supporting them from 'inside' is also difficult and adds a significant time and cost burden to inside sales support.
4. Alienating
    a. Companies and representatives want to be positive partners with their customers. The tone of most credentialing correspondence is unnecessarily divisive.
    b. Some of the requirements seem unneeded or are obviously not the means to the desired end. This can set up an environment of disrespect-from both parties.
    c. Reps sincerely want to know that hospitals and their customers, and their customer's patients DO benefit from credentialing and how. Their co-operation and 'buy-in' is an often overlooked, but important component of compliance.

My deep thanks for allowing me to give you my perspective today. I applaud your efforts in working to make Vendor Credentialing more and more a win-win for all participants.

GENII SALES TRAINING CREDENTIALING

REQUIREMENTS FOR LEVEL ONE:
(Sales person is credentialed to sell and in-service TouchSoft, Active Cords, and Grounding Pads)

1. Read and sign a Genii Independent Manufacturer's Agreement
2. Attend Sales Training Part One presentation.
3. Read "Electrosurgery in the Gastroenterology Suite" (SGNA Journal: Gastroenterology Nursing; 2006) and take the CE test from the end of that article. Send the completed test to Genii for scoring.
4. Completed Vendor Credentialing

REQUIREMENTS FOR LEVEL TWO:
(Sales person is credentialed to sell and in-service all Genii Products)

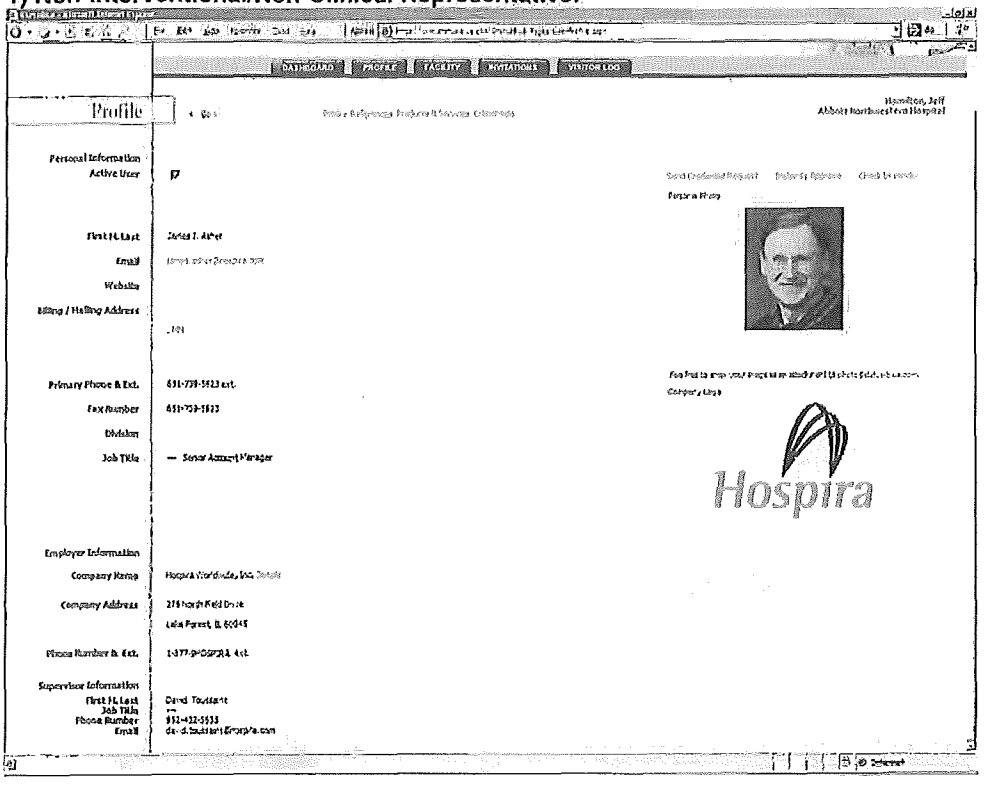
1. Completed all requirements of Level One
2. Attend a presentation on the "Fundamentals of Electrosurgery in Gastroenterology"
3. Participated on hands on practice with the *gi 4000*
4. Complete successfully Level Two Evaluation Questionnaire and credentials testing.

REQUIREMENTS FOR LEVEL THREE:
(Sales person is certified to be qualified for promotion to Senior Sales Representative, to give advanced in-servicing , to present electrosurgery programs to customer education groups, and to serve as trainer and mentor for other sales representatives.)

1. Represent products aimed at the gastroenterology market for a minimum of two years.
2. Represent electrosurgery products in gastroenterology for a minimum of one and one half years.
3. Represent Genii products for a minimum of one year
4. Be a Genii representative in good standing and meeting quotas
5. Complete advanced electrosurgery training and successfully complete level three testing
6. Complete education in the Fundamentals of " Electrosurgery in flexible Bronchoscopy"
7. Represent Genii in a Genii Trade Show Booth a minimum of six total hours
8. Give a sample educational presentation (with power points) on the "Fundamentals of Electrosurgery in Gastroenterology" to Genii management and receive a passing score of 3 or above. (Score system: one=outstanding; two=credible; three=proficient.

c. Example of requirements

1) Non-Interventional/Non-Clinical Representative:



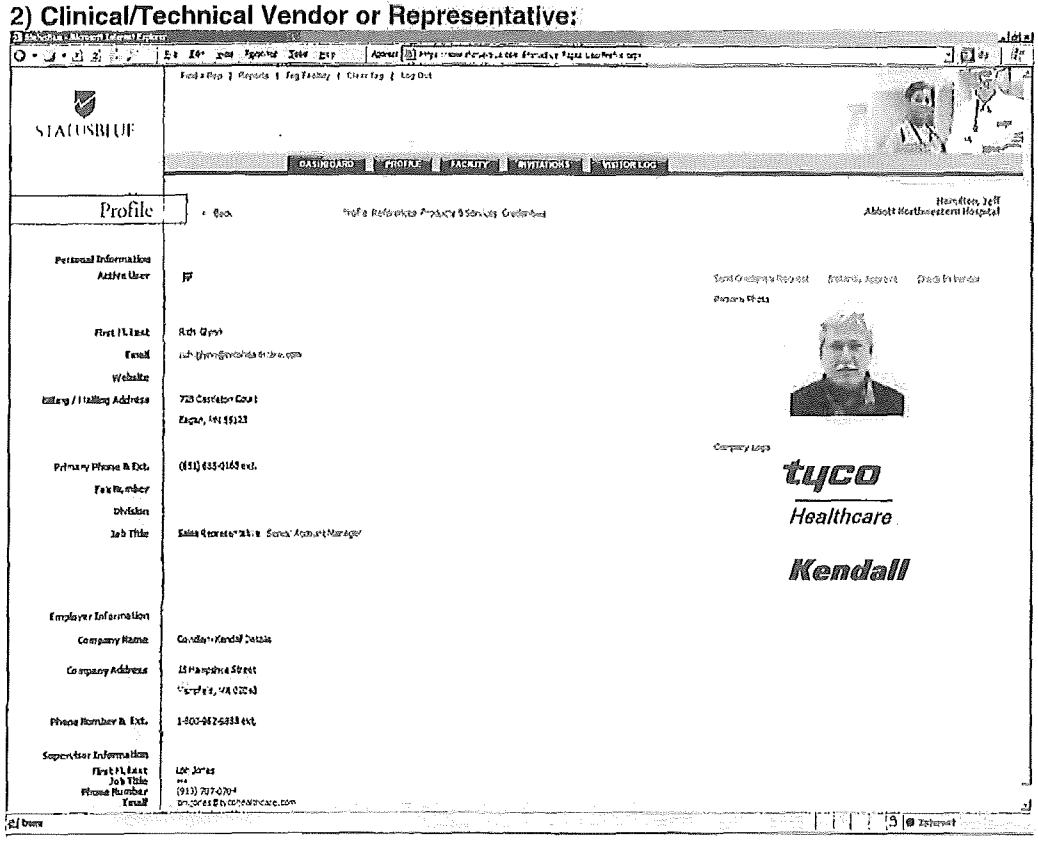
Credential Type	Credential Set	Status	Expiration	Details
Proof of Liability Insurance	All Vendor Reps	Approved	1/1/2009	
Product/Service Training completion documentation	All Vendor Reps	Approved	4/25/2008	
HIPAA training completion	All Vendor Reps	Approved		

Credentials Needed:

Credential	Credential Set	Status	View File...

Allina Supplier Agreement- open, print and sign	All Vendor Reps	Approved	

2) Clinical/Technical Vendor or Representative:



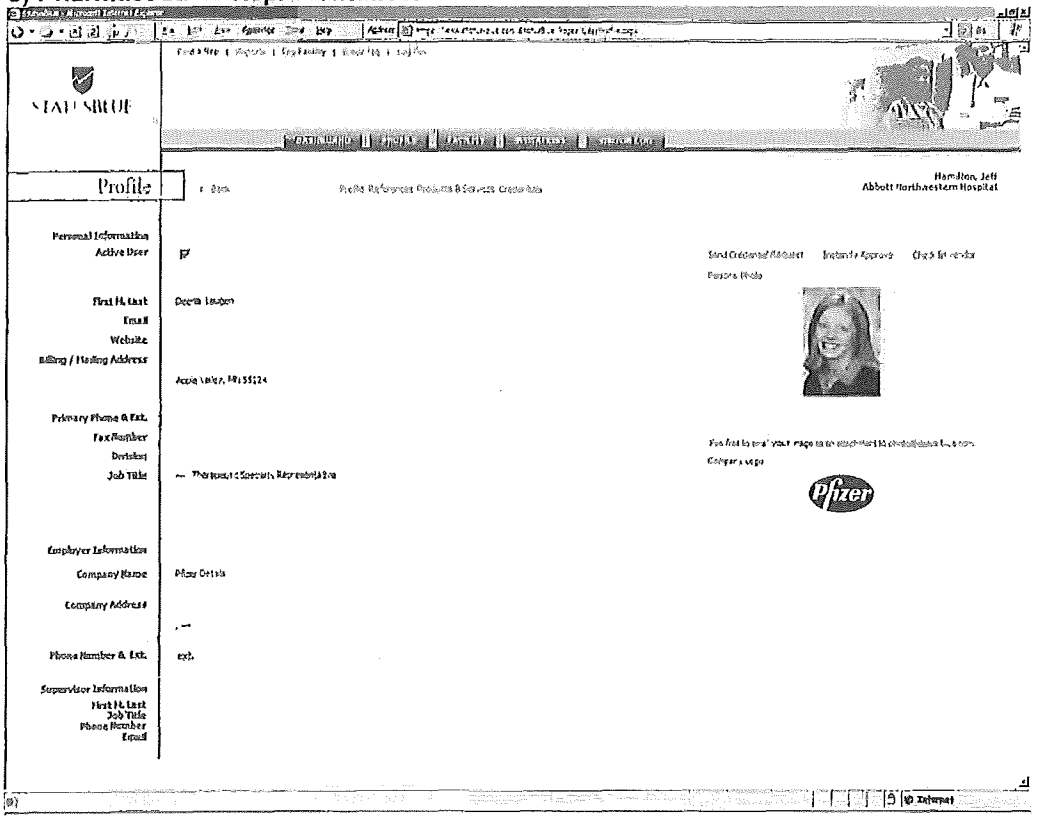
Credential Type	Credential Set	Status	Expiration	Details

Proof of Liability Insurance	All Vendor Reps	Approved	10/1/2008	
TB/PPD Annual Skin Test Results	Clinical/Technical Reps	Approved	7/3/2008	
Bloodborne Pathogen Education	Clinical/Technical Reps	Approved		
HIPAA training completion	All Vendor Reps	Approved		
Evidence of OR Protocol Training	Clinical/Technical Reps	Approved		
Product/Service Training completion documentation	All Vendor Reps	Approved		
Evidence of Hep B Vaccination or Declination of Vaccine	Clinical/Technical Reps	Approved		
Varicella (chicken pox) Vaccine	Clinical/Technical Reps	Approved		
Evidence of Influenza (flu) Vaccine or Declination of Vaccine	Clinical/Technical Reps	Approved		

Credentials Needed:

Credential	Credential Set	Status	View File...
Allina Supplier Agreement- open, print and sign	All Vendor Reps	Approved	

3) Pharmaceutical Representative:



Credential Type	Credential Set	Status	Expiration	Details
Proof of Liability Insurance	All Vendor Reps	Approved	4/1/2008	
HIPAA training completion	All Vendor Reps	Approved		

Product/Service Training completion documentation	All Vendor Reps	Approved	6/19/2008	

Credentials Needed:

Credential	Credential Set	Status	View File...
Allina Supplier Agreement- open, print and sign	All Vendor Reps	Approved	

a. MHA Workgroup Member Roster

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