

High-Caliber Credentialing: Protecting the Integrity of Medical Review

Review entities raise the bar to eliminate fraudulent practices in the review process

from the National Association of Independent Review Organizations (NAIRO)

ABSTRACT

Leading independent review organizations (IROs) and utilization review organizations (UROs) continuously adopt and refine best-in-class credentialing practices in support of sound medical review

Table of Contents

NAIRO Mission Statement.....	3
Introduction: Setting the High Standards of Clinician Credentialing.....	3
Overview of Current Credentialing Standards.....	4
Additional Measures Review Entities Take to Ensure Reviewers Are Qualified	6
The Future of Credentialing	6
Conclusion	7

NAIRO Mission Statement

The **National Association of Independent Review Organizations (NAIRO)** is dedicated to protecting the integrity of the independent medical peer review processes of independent review organizations (IROs) and utilization management (UM)/utilization review (UR) entities. An integral part of this protection revolves around the successful identification, recruitment and rigorous credentialing of qualified physicians and healthcare professionals (collectively, clinicians).

Introduction

The day-to-day work in the world of independent medical review and utilization review hews largely to forces of process and standards of procedure. When an enrollee or employee challenges an adverse determination, the review organization spins into action, turning to its stable of experienced clinical reviewers to weigh in on the matter and render a decision opinion.

One of the vital elements of the independent medical review process is the indispensable action of clinician credentialing. At its core, credentialing is a process that seeks to guarantee a reviewing clinician's expertise and acumen. Leading IROs and UM/UR organizations adhere to a baseline of credentialing standards to ensure the selection of appropriate, licensed clinicians. Many of these leading organizations achieve a comprehensive accreditation through URAC, one of the nation's largest healthcare accreditors. But in addition to accreditation, most of these leading review organizations do more – they go beyond the already rigorous standards to maximize the validity of potential contracted clinicians and to ensure no gaps exist in the vetting and review process. Their goal is to use the most qualified, verified and validated clinicians to perform reviews.

As the organization representing the highest-quality IROs and UR/UM groups in the U.S., NAIRO views credentialing as one of the key pillars of the independent medical peer review and UM/UR process. The tireless work of IROs and UM/UR organizations in satisfying elevated credentialing standards serves as a clear value add to the healthcare industry at large.

Comprehensive, rigorous credentialing standards are critical in the pursuit of avoiding fraudulent activity. While exceedingly rare, fraud can occasionally occur within the sphere of independent medical review and UM/UR despite strong efforts to prevent it from happening. In 2018, a case of fraud and stolen identity came to light within the industry with the arrest of Spyros Panos, a convicted felon and former orthopedic surgeon. As the details of his arrest came out, investigators learned that Panos had falsified his identity and defrauded independent review organizations by assuming the identity of a practicing and licensed orthopedic surgeon and illegally collecting nearly \$900,000 in payments.

NAIRO and its members remain committed to securing the integrity of the independent review and utilization review process, which patients, treating providers and health plans depend on for unbiased, transparent decision-making. As this report shows, NAIRO and its members remain vigilant in protecting the clinician credentialing process and are pushing the envelope by

continually developing and incorporating credentialing best practices when engaged in hiring and onboarding top clinicians in a successful, streamlined way.

Overview of Current Credentialing Standards

Supported by the exacting URAC accreditation standards for credentialing, NAIRO-affiliated review organizations possess a considerable baseline level of excellence when it comes to ensuring the expertise and breadth of experience of reviewing clinicians.

Providing an inside look at the measures that accredited IROs and UR/UM organizations must meet portrays the high threshold that kick-starts the clinician-contracting process that ultimately ensues in a fair, evidence-based coverage determination.

Contained in the extensive accreditation standards are multiple sections devoted to reviewer qualifications. For example, the standards require that a clinical reviewer possess thorough expertise on the topic under review and that IROs maintain a step-by-step vetting process to verify by primary source the reviewer's stated qualifications. The goal is to guarantee that the reviewer's credentials and experience are verified and up to date, allowing for a determination that rests on the latest clinical guidelines, practice standards and therapeutic modalities.

At a minimum, the accreditation standards require that independent reviewers meet the following levels of expertise and practice experience and, critically, that IROs and UR/UM groups verify the details. Review organizations must validate that contracted clinicians:

- Hold a current, non-restricted licensure or certification for clinical practice in a state of the United States.
- Have at least five years of experience providing direct clinical care to patients.
- For appeals, are clinical peers, which means the reviewer is in the same licensure category and same or similar specialty as the treating provider. Lower levels of review do not require this same level of review, although some accredited review entities may do so as a best practice. The reviewer also must have professional experience in the area of practice associated with the medical condition, procedure, treatment or issue under review.

Importantly, the accreditation standards also require that clinical reviewers are knowledgeable about current practice trends. As such, reviewers of external review cases must have experience providing direct clinical care to patients within the past three years.

The standards hold review organizations accountable for verifying the experience and aptness of clinician reviewers. IROs and UR/UM groups must gain primary source verification of the reviewer's licensure or certification and board certification, if applicable. Review organizations also are required to collect information regarding direct clinical care experience, including when and for what duration the experience occurred. Finally, review organizations must verify any disciplinary action or sanctions against the medical professional. The NAIC Uniform Health Carrier

External Review Model Act, another guiding framework that leading review groups adhere to, stipulates that contracted providers who have a history of sanctions or other disciplinary action may not render decisions.

Securing Integrity with Ongoing Improvements

While these standards and guidelines are robust and provide a high threshold for maintaining integrity, they are not immune to fraud, including identity theft. As in other industries, criminals or bad actors intent on disrupting the process for their own benefit may devise a way to game the system, despite the overriding safeguards that are in place.

Legal experts concur that in the face of criminal intent, even highly experienced and accredited review organizations can be defrauded. Yet leading review entities also understand that the best way to prevent fraud is to create as much of an iron-clad credentialing process as possible – and to remain committed to an ongoing cycle of refinement.

Leading entities take proactive steps to protect the integrity of their review process through high-touch steps, which include the following:

- **Verification and committee participation.** Many companies have a dedicated credentialing committee and some are required to maintain the committee as a contract requirement. Utilizing a committee can prove useful, because multiple personnel will necessarily track and follow credentialing files using a proprietary or commercial credentialing tool. As a result, an informed consensus approves the credentialing file and the candidate for the panel. The responsibility for credentialing and re-credentialing falls on the committee and does not rest solely on a single individual. The committee can ask questions, look into specific concerns and delay an approval, if needed, to ensure that a candidate is the best fit. It is not unusual for a candidate to be rejected, particularly if there is a history of disciplinary actions and/or sanctions. As a result of the Panos case, guiding standards and the vetting process have become more rigorous.
- **Quality improvement and client collaboration.** Maintaining cyclical collaboration with clients and their credentialing practices and requirements can help inform IRO processes. Also, having a robust quality improvement program can help detect inconsistencies. For instance, leading review entities are performing Inter-Rater Reliability studies to check the consistency of IRO decisions among similar panel specialists. This can help identify instances where reviews do not meet a reviewing entity's standards, leading to additional training or, in some cases, removal from the panel.

Additional Measures Review Entities Take to Ensure Reviewers Are Qualified

If a comprehensive, proactive approach to credentialing is the best way to lay the groundwork for protecting integrity, then implementing additional layers of reviewer verification may well be the gold standard. Each IRO and UR/UM entity may take a different approach to safeguarding their

credentialing process and vetting their contracted reviewers. But the standard bearers who lead the way deliver robust integrity-maintaining strategies that fall within the following categories:

Confirming the reviewer’s identity. While out-and-out fraud remains an extremely rare occurrence in the field of independent review, organizations are taking steps to add additional safeguards, particularly when it comes to securing a potential reviewer’s identity. All accredited IROs are required to provide a thorough review of a potential reviewer’s history and work files before offering a contract, and some are upping the ante by requiring that the clinical reviewer provide a notarized government-issued identification. Many accredited IROs conduct interviews as a best practice.

Conducting deeper background checks. The steps a review entity takes to add a clinical reviewer to its staff often take a procedural format – the reviewer shares credentials, work experience and other necessary documents, and the credentialing committee or point person reviews the files, conducts an interview and, should all parts check out, ultimately hires the reviewer. Only in cases of outright fraud might the review entity be prone to the guise of a criminal, and those cases, as history shows, are highly rare. However, adding an extra layer of security, such as conducting background checks through a state’s Department of Motor Vehicles, can supplement the prevailing efforts to confirm the reviewer’s past. Review entities also routinely check with state boards and medical associations to ensure the reviewer does not hold licensing that has lapsed or have any other type of sanctions against them. Also, running an Internet search of the clinical reviewer in question should be standard practice.

The Future of Credentialing

Review entities continue to gain sophistication in their credentialing and re-credentialing process. The case of fraud that came to light within the industry in 2018 has served as a clarion call for review organizations to keep up the continuous safeguards in securing their credentialing process and promoting additional layers of security, wherever and whenever possible.

Looking ahead, several trends are popping up in the wider healthcare arena that may have an impact on the credentialing process within the medical review industry. The emerging technology known as blockchain, which can act as a secure system of record-keeping and verification, may offer review organizations enhanced confirmation potential when outsourcing new clinical reviewers.

“The promise of blockchain has widespread implications for stakeholders in the healthcare ecosystem,” states a 2018 report from [Deloitte](#). “Capitalizing on this technology has the potential to connect fragmented systems to generate insights and to better assess the value of care.” To date, health systems and payers have begun exploring the potential of blockchain to confirm and maintain provider directories. The same type of application may eventually come to fruition in the world of independent medical peer review.

Experts in the medical review field also foresee greater verification standards arriving, as review entities seek to avoid the threat of reviewer fraud that, while small (estimated to be one case per 1 million reviews), still poses a risk to their business operations. Requiring that a clinical reviewer submit a notarized government-issued identification or requesting similar proof-of-identity standards are steps that are likely to become more commonplace across the industry. Ultimately, leaders fully understand that the credentialing and onboarding process is as critical as the actual performance of the reviews.

It is incumbent upon all stakeholders involved in independent medical review to collaborate to prevent fraudulent reviewers from participating in the review process. NAIRO members support open dialogue with credentialing agencies and influential groups like the American Medical Association to ensure that best practices are implemented and that bad actors are flagged and avoided.

Already, accredited IROs and UR/UM organizations are at the forefront of a secure credentialing process, but even leading groups recognize the continued importance of hyper-secure vetting measures.

Conclusion

Protecting the integrity of independent peer medical review is a laudable cause, as health plans, consumers and others rely on the fair and balanced coverage determinations that IROs and UR/UM groups provide day in and day out. Secure, rigorous credentialing stands at the heart of the review process. As an organization, NAIRO and its affiliated, accredited members are committed to tirelessly pursuing a secure credentialing process so that the most experienced clinical reviewers can be placed in a position to render important decisions about medical coverage.

NAIRO organizations, working at the top of the industry, recognize that they must go above and beyond the reigning industry standards and adhere to a higher-level credo that offers rigorous accountability and best-class outcomes. The credentialing standards that NAIRO organizations are committed to serve as a strong line of defense against potential fraud and abuse, and the extra resources that NAIRO members pour into comprehensive credentialing programs help to elevate this important facet of the independent medical review process. With a concerted and rigorous approach, NAIRO members aim to raise the bar in the pursuit of high-caliber credentialing, for the benefit of today and the unfolding landscape of the future.

About NAIRO

The National Association of Independent Review Organizations (NAIRO) is dedicated to protecting the integrity of the independent medical peer and utilization review processes. Drawing on the expertise of thousands of board-certified clinicians throughout the country, NAIRO and its members foster an evidence-based approach to reviews.

About Independent Medical Review

Peer review, independent medical review, utilization review, hospital peer review, and medical peer review, have all become interchangeable terms in the healthcare industry. As is often the case, different organizations and individuals use their own vocabulary when talking about the same thing. In general, the term “Peer Review” has become a simplified substitute for all these phrases.

Whatever term is applied, the core function is to obtain the objective determinations of clinicians who are not a party to a particular treatment. They can approve or deny medical claims based on medical evidence, and accepted standards of care. These clinicians must be board-certified and in active practice.

Independent review typically (but not always) occurs after all appeals mechanisms available within a health benefits plan have been exhausted. Independent review can be voluntary or mandated by law.



Dedicated to protecting the integrity of
the independent medical review process