



Attachment I

IPRO ANNUAL PHYSICIAN MONITORING PROCESS

In accordance with Centers for Medicare and Medicaid Services (CMS) requirements, at least annually, IPRO must monitor hospitals to ensure that they are appropriately obtaining statements from physicians with new admitting privileges, as required at 42 CFR 412.46. To perform this activity, IPRO must do the following:

- Inform providers in our review area that we are required to ensure that each hospital is in compliance with the acknowledgment requirement;
- Coordinate with the Fiscal Intermediary (FI) as needed;
- Request a list of all physicians with new admitting privileges for the year/period under review. Request the physician name, Unique Physician Identification Number (UPIN) or National Provider Identification (NPI) and date acknowledgment was signed;
- Select a random sample of at least 10 percent of all physician acknowledgment statements, to verify against the submitted list. If there are 5 or fewer new physicians annually in a hospital, all acknowledgments will be verified.
- Identify any deficiencies found such as:
 - There are statements missing;
 - The statement is not signed and/or dated;
 - The *Notice to Physician* language is technically inaccurate;
 - The signed date is later than the first claim submitted date.
- If there is any deficiency or a concern that the statement may have been dated late (for example, the provider submits an acknowledgment statement that is dated after the date of IPRO's request) validate the information received from the hospital against CMS claims data. This identifies any instances where the date of the first claim submitted to the FI precedes the date the physician signed the statement.
- If a deficiency is found on the validated claim(s), select and validate all or an additional random sample for that hospital to ensure that a pattern does not exist. IPRO will determine what constitutes a pattern based on the number of physicians' first claims submitted by the hospital before the physician signed the acknowledgment statements.
- Notify the provider of the results of the review if there are deficiencies.
- As needed, request an improvement plan to correct any deficiencies that are found and/or to ensure the same deficiencies do not occur in the subsequent review periods.

Reporting Requirements

If IPRO determines that corrective action is necessary (i.e., a deficiency affects payment under the PPS Program) we must:

- Notify the intermediary of the deficiency for claim adjustment;
- Notify the hospital that it must correct the deficiency immediately.
- Concurrently, inform the appropriate CMS Associate Regional Administrator; and
If the problem continues, or a pattern of noncompliance is established, refer the case to the appropriate CMS Associate Regional Administrator for further action(s).