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Vendor Credentialing Requires Consistency; Hospitals Limit Access Because of COVID-19

By Nina Youngstrom

When there was an inkling at UNC Health in Chapel Hill, North Carolina, that its hospitals and clinics might be managing vendor representatives differently, the compliance team decided to take a look. Vendors should pretty much get the same treatment across health systems, with some variations based on the goods and services they provide, in terms of screening for Medicare exclusions and turning down gifts, for example.

“We did a system evaluation to better understand the process for credentialing vendor representatives who want to come into the hospitals,” said Patrick Kennedy, executive director of hospital compliance. What exactly does it take for a vendor to earn the right to be on the premises? UNC wanted to standardize expectations and pre-boarding for vendor reps coming into the hospitals. Among other things, vendors should have a flu shot and background check, and agree to UNC’s code of conduct and vendor relations policy.

“We found there’s quite a bit of inconsistency across hospitals,” Kennedy said. “We also found some issues with reps taking liberties with freedom and a lack of controls and had to address those.” For example, UNC had a situation with a vendor rep who brought free iPads to several clinics. The vendor said the goal was to enable more timely transmission of patient urology information. When the clinic managers realized the iPads were a problem, they contacted compliance. “It was one of those rogue vendors,” Kennedy said. “We had a conversation with the rep and said, ‘This can’t happen, but here is what you can do.’ They tried to circumvent it, but it happened again,” he said. “We banned them.”

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