

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF VETERANS AFFAIRS
AND
THE DEPARTMENT OF DEFENSE**

SUBJECT: Sharing of Credentialing Data

- I. **PURPOSE:** This Memorandum of Understanding (MOU) is intended to facilitate the credentialing of health care providers between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). This MOU establishes the guidelines for sharing the credentialing data, collected and verified by one Department with the other, which will expedite the appointment process of those providers who are shared across Departments. This MOU delineates Departmental responsibilities for policy, maintenance, and operationalization of this process.
- II. **BACKGROUND:** By the memorandum dated August 28, 2008, VA/DoD Health Executive Council (HEC) directed the establishment of a Credentialing Policy Ad Hoc Work Group to explore Department policies for the sharing of credentialing data between VA and DoD. The guiding principles in these activities were The Joint Commission (TJC) standards and guidance. This Work Group's activities will be incorporated into changes to Department credentialing policy to reduce the time and costs associated with dual credentialing when staff/providers are assigned to both VA and DoD facilities.
- III. **AUTHORITY:** This MOU is entered under the Authority of Titles 10 and 38, United States Code.
- IV. **APPLICABILITY:** Credentialing is the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, and current competence and health status. VA and DoD similarly credential many health care professions in accordance with TJC standards. When those professionals are shared across Departments, this activity becomes duplicative not only in information, but also in costs. The implementation of these guidelines through Department policy will reduce not only the duplicity, but also the time to complete the credentialing process in preparation for appointment.

An analysis of TJC Guidelines for a credentials verification organization (CVO) serves as the basis for this process. TJC refers accredited entities to this guidance when any organization bases its decision in part on information obtained from another entity as would be done if using a CVO. The attached table identifies the compliance with TJC data sharing principles of each Department, individually, as well as jointly in some instances, for the completeness, accuracy, and timeliness of

information provided in their performance of credentials verification. The principles listed in the table will be the basis for policy changes within the Departments.

V. RESPONSIBILITIES: Both VA and DoD will:

- a. Implement policy changes based on guidance provided by the Work Group as appropriate.
- b. Establish the Credentialing Process Coordinating Committee that will:
 - i. Be comprised of one subject matter expert in medical staff process to be identified by VA, DoD and each Service;
 - ii. Coordinate communication of information and issues related to this process from participating sites;
 - iii. Collect and analyze information related to this MOU to include but not limited to the number and type of providers who are shared between VA and DoD and issues related to the sharing of credentials data;
 - iv. Rotate coordinator on an annual, fiscal year, basis among members;
 - v. Meet no less than every six (6) months by conference call, and face-to-face when determined appropriate; and
 - vi. Report back to the HEC upon request.
- c. Apply appropriate security requirements to the sensitive personal information exchanged under this MOU to protect it from unauthorized access and disclosure throughout the life cycle.
- d. Implement the principles in the attached table, incorporated here by reference, which defines the data to be exchanged between the two agencies as required to comply with TJC guidelines.

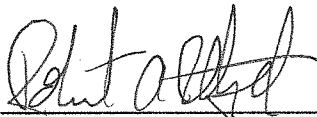
VI. EFFECTIVE DATE AND DURATION:

- a. This MOU will be effective as of the date on which both parties have signed the MOU. Policy changes will be initiated within 60 days of signature and implemented within 180 days.
- b. A review of the MOU will be conducted annually to determine continued applicability or the need for modification.
- c. This MOU may be terminated by either party with 30 days written notice to the other party or may be terminated upon the mutual written consent of both parties.
- d. This MOU will remain in effect until terminated in accordance with the provisions in paragraph VI. c.


VII. POINTS OF CONTACT:

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Attachment

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Credentialing Data Memorandum of Understanding (MOU)

Purpose: To seek senior HA leadership approval for a MOU regarding Sharing of Credentialing Data between the Department of Veterans Affairs and the Department of Defense.

Bottom Line

- MOU on sharing of Credentialing Data prepared by the Credentialing Ad Hoc Workgroup requires signature by both the Under Secretary for Health, and the Assistant Secretary for Defense for Health Affairs.
- MOU:
 - Establishes guidelines for sharing credentialing data collected and verified by one Department with the other Department.
 - Intended to facilitate the credentialing of health care providers between the two Departments.
 - Intended to expedite the appointment process for providers shared across Departments.
 - Delineates Departmental responsibility for policy, maintenance and operationalization of this process.

Background

- In July 2008, VA/DoD Health Executive Council (HEC) directed the establishment of a Credentialing Policy Ad Hoc Work Group to explore Department policy for the allowance of the acceptance of credentialing data between VA and DoD.
- Credentialing Ad Hoc Workgroup membership included Service SME's, TMA/HA, and Veteran Affairs SME's.

Key Points

- The guiding principles used by the Credentialing Ad Hoc Workgroup in development of the MOU were based on The Joint Commission (TJC) standards and guidance.
- The MOU will be used to incorporate changes to DoD, Service, and VA current credentialing policies, to reduce the time and cost associated with dual credentialing when staff/providers are assigned to both VA and DoD facilities.
- VA completed drafted MOU and has received the Under Secretary of Health signature.
- The perceived barrier of dual Credentialing is that the providers have to provide the information for credentialing and privileging at two locations when they would prefer to do it at just once.

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As of : 8 June 2010

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- Because both DoD and VA hospitals are accredited as individual facilities providers from both departments will always have to have privileges at each of the facilities they practice to comply with TJC requirement.
- The MOU describes printing out the information from the credentials file and providing it to the other facility where you can use that data to fill out the forms at the new facility.
- Both CCQAS and VetPro are electronic systems and having a printout of provider data from these systems to share between facilities will speed up the process of the providers filling out the needed forms.

Issues

- There are items in a credentials file that must be sole-source verified by the hospital/s the provider will be working at.
- Completion of MOU exceeded original timeline expectation of the HEC.
- VA and Services will need to amend relevant policies to allow for interdepartmental credentialing of providers immediately following signature of MOU.

Way Ahead

- Staff MOU through the Services and TMA for concurrence
- Receive ASD/HA and Under Secretary of Health Veterans Administration signatures on MOU.

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Credentials Data Sharing Guidelines – DoD and VA

When The Joint Commission (TJC) is contacted about sharing credentials of health care practitioners, entities are referred to the guidance found in the Glossary of the *Comprehensive Accreditation Manual for Hospitals* (CAMH) for credentials verification organizations (CVO). The reason for this is that any hospital that bases its decision in part on information obtained from another entity must have confidence in the completeness, accuracy, and timeliness of that information. To achieve this level of confidence, the hospital should evaluate the other entities providing the information (initially and then periodically, as appropriate) for completeness, accuracy, and timeliness of the information being exchanged. The principles, as defined by TJC, were evaluated and findings documented as follows:

Principle	Department of Defense/Department of Veterans Affairs
<i>The agency makes known to the user the data and information it can provide</i>	The DOD Interfacility Credentials Transfer Brief (ICTB) and the VA VetPro Coordinator's Summary were compared, data elements were agreed to include: Name SSN Date of Birth Gender NPI and Taxonomy Code Type of Education and Training Name of Institution Field of Study Degree, if appropriate Completion Date Date of Primary Source Verification (PSV) Copy of PSV Documentation Licensure for all current and previously held licenses State of Licensure Licensure number Date of Issue Date of Expiration

Principle	Department of Defense/Department of Veterans Affairs	
	<p>Certification/Registrations (non-physician/dentist)</p> <ul style="list-style-type: none"> Area of certification/registration Certificate/Registration number Issue date Expiration date <p>Medical Specialty Board Certification</p> <ul style="list-style-type: none"> Specialty/subspecialty Issue Date Expiration Date <p>Life Support Certification</p> <ul style="list-style-type: none"> BLS certification expiration date ACLS certification expiration date PALS certification expiration date ATLS certification expiration date <p>DEA/CDS registration</p> <ul style="list-style-type: none"> Number Issue Date Expiration Date Date of PSV <p>Current Position</p> <p>Current Medical Staff Appointment Expiration Date</p> <p>Statement signed by <whomever the Medical Treatment Facility (MTF)/VA Facility designates > that provider is clinically competent to practice the full scope of privileges granted and to satisfactorily discharge himself/herself ethically as attested to by signature</p> <p>Statement signed by MTF Commander/VA Medical Center COS or delegate that the credentials file and documents contained therein have been reviewed and verified as indicated and reflects the status of provider as of <insert date>.</p>	
Principle	Department of Defense	Department of Veterans Affairs

The agency provides documentation to the users describing how its data collection, information development, and verification process(es) are performed

References:
DoD 6025.13R
CCQAS User Manual

- Data elements for exchange based on Merits of Integration Study
- Process initiated with provider record in CCQAS
- PSV obtained in accordance with DoD (based on compliance with TJC standards) and service policies including all professional education, training, licensure, certification, registration
- Data checks built into system
 - Completeness of application based on required minimum data set for information
 - No gaps – must explain gaps greater than 30 days from professional graduation date
 - Verified data manually matched back to provider data entry

References:
VHA Handbook 1100.19
VHA Directive 2006-067
VetPro User Manuals

- Data elements for exchange based on Merits of Integration Study
- Process initiated with provider application stored in system
- PSV obtained in accordance with VHA policies including all professional education, training, licensure, certification, registration, DEA, etc.
- Data checks built into system
 - Completeness of application based on required minimum data set for information
 - No gaps greater than 30 days
 - Completeness of Verification
 - Verified data electronically matched back to provider data entry

Principle	Department of Defense	Department of Veterans Affairs
	<ul style="list-style-type: none"> • National Practitioner Data Bank-Health Integrity and protection Data Bank (NPDB-HIPDB) query at time of initial appointment, reappointment and change in privileges 	<ul style="list-style-type: none"> ○ Enrolled in NPDB-HIPDB PDS at time of initial appointment with annual renewal for on-going monitoring ○ Federation of State Medical Boards (FSMB) FSMB Clearance Report listing all physician licenses ○ FSMB Disciplinary Alerts monitoring physician licensure
<p><i>The user is given sufficient, clear information on database functions, including:</i></p>		
<ul style="list-style-type: none"> • any limitations of information available from the agency (e.g., practitioners not included in the database) 	<p>All health care professions required by qualification standards to have license, registration, and certification are available in the database with the exception of Air Force RNs/LVNs/LPNs</p>	<p>None at this time. All health care professions required by qualification standards to have license, registration, and certification are available in the database</p>
<ul style="list-style-type: none"> • the time frame for agency responses to requests for information 	<p>Within 5 business days</p>	<p>Within 5 business days</p>

Principle	Department of Defense	Department of Veterans Affairs
<ul style="list-style-type: none"> • and a summary overview of quality control processes related 		
<ul style="list-style-type: none"> ○ to data integrity 	<p>DoD manually compares data throughout the application and credentialing process including:</p> <ul style="list-style-type: none"> • Provider with Common Access Card (CAC) or Medical Staff Services Professional enters all required information • manual comparison of data in application <ul style="list-style-type: none"> • no provider under 18 y/o • credentials must be verified prior to appointment process 	<p>VetPro electronically and manually compares data throughout the application and credentials verification process including:</p> <ul style="list-style-type: none"> • all required information entered by provider • bar codes on scanned documents to confirm correct document and correct screen • comparison of data accepted by credentialer with data provided by provider • no provider under 18 y/o • credentials must be verified prior to appointment process • answers to supplemental questions displayed on service chief screen to assure consideration at time of recommendation • Discrepancy alert for incorrect provider or incorrect document identification

Principle	Department of Defense	Department of Veterans Affairs
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<ul style="list-style-type: none"> ○ data integrity (cont) 	<ul style="list-style-type: none"> ● No Appointment can exceed 2 yrs ● Expedited and Temporary Appointments done in accordance with facility medical staff bylaws and policy 	<ul style="list-style-type: none"> ● Appointments can't be entered beyond policy requirements (temporary appt and expedited appt NTE 60 calendar days, and no appt can exceed 2 yrs)
<ul style="list-style-type: none"> ○ security 	<ul style="list-style-type: none"> ● Secure Socket Layer data transmission ● User log-on and password protected ● Web hosting in a secure DoD facility ● Fully certified and accredited ● All users are required to log in using CAC cards 	<ul style="list-style-type: none"> ● Secure Socket Layer data transmission ● Log-on and password protected ● Web hosting in Tier 3 Public Trust facility ● Fully certified and accredited
<ul style="list-style-type: none"> ○ transmission accuracy, and 	<p>Electronic or facsimile. With hard copy follow-up</p>	<p>Electronic or facsimile with hard copy follow-up. Question being submitted to OGC for elimination of hard copy</p>
<ul style="list-style-type: none"> ○ technical specifications 	<ul style="list-style-type: none"> ● Detailed testing of all system modifications ● Audit table for all sensitive data that include update date and time as well as updated by 	<ul style="list-style-type: none"> ● Detailed testing of all system modifications in accordance with change management processes ● History and audit tables for all sensitive data include update date, time and updated by

Principle	Department of Defense	Department of Veterans Affairs
<i>The user and agency agree on the format for transmitting credentials information about an individual</i>	DoD ICTB supplemented by copies of PSV will be used for transmitting information to VA medical facilities Information not available on ICTB will be annotated on ICTB or in a cover memorandum	Appropriate portions of VetPro Coordinator's Summary supplemented by copies of PSV will be used for transmitting information to DoD medical treatment facilities. Information not available on the Coordinator's summary will be annotated on the summary or in a standardized cover memorandum
Principle	Department of Defense/Department of Veterans Affairs	
<i>The user can easily discern what information transmitted is from a primary source and what is not</i>	Information that is PSV will be noted with the date of PSV supplemented with a copy of PSV where indicated in the agreement. Information that is not PSV will be so noted.	
<i>For information transmitted by the agency that can go out of date (licensure, board certification), the agency provides the date the information was last updated from the primary source</i>	The time limited information will be PSV by the facilities where the provider is appointed so expiration or data age is not an issue.	
<i>The agency certifies that the information transmitted to the user accurately represents the information obtained by it</i>	DoD ICTB and VA cover memorandum will contain a statement signed by credentialer that the credentials file and documents contained therein have been reviewed and verified as indicated as of the date signed.	

Principle	Department of Defense/Department of Veterans Affairs
<p><i>The user can discern whether the information transmitted by the agency from a primary source is all the PSV information in their possession pertinent to a given item or, if not, where additional information can be obtained</i></p>	<p>Attaching copies of PSV with contact information.</p> <p>DoD will note on the ICTB which items are PSV and attach PSV.</p> <p>VA will notate on Coordinator Summary which items are PSV. In addition, hard copy PSV documents will be sent by both VA and DoD of all non-time limited PSV.</p>
<p><i>The user can engage the agency's quality control processes when necessary to resolve concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time</i></p>	<p>Must communicate issues identified to transmitting agency who will resolve the issues.</p> <p>VA/DoD will track system wide to identify quality control issues. Corporate Representatives will meet, at a minimum semi-annually, to identify/discuss issues related to number completed, quality data issues, timeliness issues, etc.</p>
<p><i>The user has a formal arrangement with the agency for communicating changes in credentialing information</i></p>	<p>MOU will include VA and DoD responsibility to recall to respective Agency, or not assign to partner Agency, if provider involved in significant adverse action to include, but not limited to suspension of clinical privileges, reduction/revocation of clinical privileges, Court-Martial, UCMJ actions, within 1 business day. This includes DoD practitioners' privileges placed in abeyance while under investigation.</p>