

**MEMORANDUM OF UNDERSTANDING BETWEEN  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
AND  
DEPARTMENT OF DEFENSE (DoD)  
FOR  
SHARING OF PROVIDER CREDENTIALING DATA**

1. **PURPOSE:** This Memorandum of Understanding (MOU) authorizes and facilitates the sharing of certain healthcare provider credentialing data between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). This MOU between the VA and the DoD (hereinafter referred to as the “Departments”) establishes the authority for, and the Departments’ requirements regarding, sharing credentialing data collected and verified by one Department with the other, to expedite the appointment process of those providers who are shared across Departments. This MOU delineates the agreed upon data elements and procedures for sharing credentialing information between the Departments.
2. **BACKGROUND:** By memorandum dated August 28, 2008, the VA/DoD Health Executive Committee (HEC) directed the establishment of a Credentialing Policy Ad Hoc Work Group to explore Department policies for the sharing of credentialing data between the VA and DoD. Subsequently, by Memorandum of Understanding dated December 6, 2010 (“2010 MOU”), the Under Secretary for Health, Veterans Health Administration, and the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) (performing duties of the Assistant Secretary of Defense (Health Affairs)) established guidelines for sharing healthcare provider credentialing data between the Departments. In 2019, the HEC requested that the 2010 MOU be reviewed and updated to reflect any changes in VA or DoD credential sharing processes or procedures. This MOU reflects the updates identified during that process and supersedes the 2010 MOU. The 2010 MOU is hereby terminated.

The guiding principles and requirements set forth in this MOU are in accordance with Joint Commission standards and guidance. The intent of this MOU is to reduce the time and costs associated with duplication of credentialing when staff/providers are assigned to both VA and DoD facilities.

3. **AUTHORITY:** This MOU is entered into under the authority of 38 U.S.C. § 8111. Sharing credentialing data between the Departments as set forth in this MOU is authorized under section 8111 and the guidelines and policy directives jointly issued by the Departments pursuant to that authority because such efforts will reduce time and costs involved in credentialing a provider when already credentialed by the other Department, are therefore expected to improve access to and cost effectiveness of health care provided by the Departments to their respective beneficiaries, and, hence, are mutually beneficial to the Departments, the fulfillment of their health care missions, and the Departments’ respective beneficiaries. Additionally, the Departments have determined that such data sharing

efforts: are consistent with the statutory health care responsibilities of the Departments; will not adversely affect the range of services, the quality of care, or the established priorities for care, or result in delay or denial of services, provided by either Department to its primary beneficiaries; and will not reduce capacities in the specialized programs VA is required to maintain pursuant to 38 U.S.C. § 1706(b).

Consistent with the authority conferred by 38 U.S.C. § 8111 for the Secretaries of the Departments to jointly determine reimbursement rates and, when in the best interests of both Departments, jointly waive elements of those reimbursement requirements on a case-by-case basis, and pursuant to the delegation of such waiver authority to the signatories of this MOU, the Departments hereby agree that it is in the best interests of both Departments to waive reimbursement for the costs of the resources implicated by the data sharing efforts authorized under this MOU. Specifically, the Departments have determined: that the costs of the resources implicated by the data sharing efforts authorized under this MOU are de minimis in nature; that engaging in reimbursement would entail additional effort and expense that would likely render the activity uneconomical and would prove an administrative impediment that disincentivizes the mutually-beneficial data sharing authorized under this MOU; and, consequently, that it is in the best interests of both Departments to waive reimbursement for the data sharing efforts authorized under this MOU.

Medical quality assurance records created by, or for, the DoD as part of a medical quality assurance program are confidential and privileged. As such, the release of records contemplated by this agreement are subject to the limitations and penalties enumerated in 10 U.S.C. § 1102.

The VA is authorized to disclose and share the provider credentialing information set forth in this agreement in accordance with the Privacy Act System of Record Notice 77VA10E2E, "Health Care Provider Credentialing and Privileging Records – VA" as published in the Federal Register.

4. SCOPE: This MOU encompasses and applies to all circumstances where: (1) VA or DoD is currently engaged in credentialing a healthcare provider, for the purpose of and prior to appointment to a medical facility of that Department; (2) that provider is currently credentialed by the other department for the purpose of appointment to a medical facility of that department; and (3) the department currently engaged in credentialing the provider requests access to the other department's existing credentialing files on that provider. When one department makes such a request, the other department will, subject to the availability of appropriations, and to the extent permitted by law and consistent with the terms of this MOU and the authorities and limitations identified in Section 3, above, make all reasonable efforts to provide the requested data. The resources involved in sharing credentialing data pursuant to this MOU are: the data, and the ancillary administrative resources necessary to compile and transfer the data (e.g., time of credentialing staff, granting access to systems, and/or furnishing hard copies of records).

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 Joint Commission standards. The implementation of these requirements through Department policy will reduce the time to complete the credentialing process in preparation for appointment through the sharing of primary source verifications of non-time limited credentials.

An analysis of Joint Commission Guidelines for an Agency and Credentials Verification Organization (CVO) serves as the basis for this sharing process. Joint Commission refers accredited entities to those guidelines when any organization bases its credentialing decision in part on information obtained from an external entity, as would be done if using a CVO. The table in Attachment 1 identifies the principles the Departments must implement, to ensure compliance with the 10 data sharing principles set forth in the Joint Commission's guidelines, 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 the data elements and procedures related to sharing of health care provider credentials between the Departments.

5. RESPONSIBILITIES: Both VA and DoD will:

- a. Share credentialing data upon request as provided in Section 4, subject to all conditions and limitations noted in that section and elsewhere in this MOU.
- b. Implement policy changes based on the principles and details set forth in this MOU as appropriate.
- c. Coordinate communication of information and issues related to sharing provider credentials from participating sites through the VA/DoD Credentialing Working Group.
- d. Apply appropriate security requirements to the sensitive personal information shared/exchanged under this MOU to protect it from unauthorized access and disclosure.
- e. Ensure that appropriate Privacy Act/System of Record Notices or other authority exists to make the disclosures covered by this MOU.
- f. Implement the principles set forth in the table in Attachment 1, which defines the data to be exchanged between the two agencies as required to comply with Joint Commission guidelines.

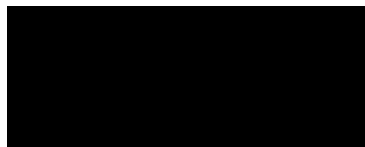
6. EFFECTIVE DATE AND DURATION:

- a. This MOU will be effective as of the date on which both parties have signed the MOU ("Effective Date").

- b. This MOU will remain in effect for five years from the Effective Date or until terminated in accordance with the provisions of this MOU, whichever occurs first.
  - c. This MOU supersedes the 2010 MOU. In accordance with the termination provisions in paragraphs VI.c-d of the 2010 MOU, that MOU is hereby terminated.
7. MODIFICATIONS: This MOU may be modified only by mutual written agreement of the Departments and will be reviewed annually to determine whether the terms and provisions are appropriate and current. Modifications may be proposed in writing at any time by either Department. No modification to this MOU shall be binding until reduced to writing and signed by duly authorized officials of both Departments.
8. TERMINATION: This MOU may be terminated by either party with 30 days written notice to the other party or may be terminated at any time upon the mutual written agreement of both Departments.
9. POINTS OF CONTACT:

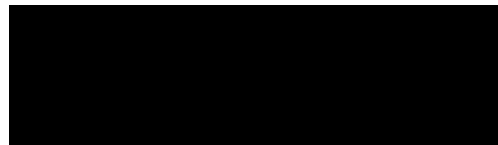
Program Director, Clinical Quality  
Management Policy  
Office of the Assistant Secretary of  
Defense (Health Affairs)  
Department of Defense

Director, Medical Staff Affairs  
VHA Office of Organizational  
Excellence  
Veterans Health Administration  
Department of Veterans Affairs



1-14-2021

Richard A. Stone, M.D. / Date  
Executive in Charge  
Veterans Health Administration  
Department of Veterans Affairs



12/30/20

Hon Tom McCaffery / Date  
Assistant Secretary of Defense  
(Health Affairs)  
Department of Defense

Attachments:

Attachment 1: Provider Credentials Data Sharing Guidelines - DoD and VA



## Attachment 1

### Provider Credentials Data Sharing Guidelines - DoD and VA

The following table includes the Joint Commission 10 principles and corresponding VA and DoD data elements that are used as the basis for sharing provider credentialing information between VA and DoD.

PRINCIPLE 1
<i>The agency makes known to the user the data and information it can provide.</i>
DoD and VA
<p>The DoD Interfacility Credentials Transfer Brief (ICTB) and the VA VetPro Coordinator's Summary were compared, data elements were agreed to include:</p> <ul style="list-style-type: none"><li>• Name of Provider</li><li>• SSN</li><li>• Date of Birth</li><li>• Gender</li><li>• Type of Education and Training<ul style="list-style-type: none"><li>○ Name of Institution</li><li>○ Field of Study</li><li>○ Degree, including Completion Date (if appropriate)</li><li>○ Date of Primary Source Verification (PSV)</li><li>○ Copy of PSV Documentation</li></ul></li><li>• Licensure for all current and previously held licenses<ul style="list-style-type: none"><li>○ State of Licensure</li><li>○ Licensure number</li><li>○ Date of Issue</li><li>○ Date of Expiration</li><li>○ Date of Primary Source Verification (PSV)</li><li>○ Copy of PSV Documentation</li></ul></li><li>• Certifications/Registrations (as applicable to the provider)<ul style="list-style-type: none"><li>○ Area of certification/registration</li><li>○ Certificate/Registration number</li><li>○ Issue date</li><li>○ Expiration date</li><li>○ Date of Primary Source Verification (PSV)</li><li>○ Copy of PSV Documentation</li></ul></li><li>• Medical Specialty Board Certification (as applicable to the provider)<ul style="list-style-type: none"><li>○ Specialty/subspecialty</li><li>○ Issue Date</li><li>○ Expiration Date</li></ul></li></ul>

- MOC Participation
- Date of Primary Source Verification (PSV)
- Copy of PSV Documentation
- DEA/CDS registration
  - Number
  - Issue Date
  - Expiration Date
  - Date of Primary Source Verification (PSV)
  - Copy of PSV Documentation
- Current Position
- Current Medical Staff Appointment Expiration Date

## PRINCIPLE 2

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

DoD	VA
<p>References:</p> <p>DHA-PM 6025.13 (2019)            DoDI 6025.13 CH1 (2013)            DoD CCQAS User Manual            DHA Credentialing SORN</p> <ul style="list-style-type: none"> <li>• Process initiated with provider record in CCQAS</li> <li>• PSV obtained in accordance with DoD policies (based on compliance with Joint Commission standards) including all professional education, training, licensure, certification, registration, DEA, etc.</li> <li>• Data checks built into system:               <ul style="list-style-type: none"> <li>○ Completeness of application based on required minimum data set for information</li> <li>○ No gaps - must explain gaps greater than 30 days from professional graduation date</li> <li>○ Verified data manually matched back to provider data entry</li> </ul> </li> </ul>	<p>References:</p> <p>VHA Handbook 1100.19 (2012)            VHA Directive 2012-030 (2012)            VetPro User Manuals            VA Credentialing SORN            Privacy Act</p> <ul style="list-style-type: none"> <li>• Process initiated with provider application stored in current system</li> <li>• PSV obtained in accordance with VHA policies (based on compliance with Joint Commission standards) including all professional education, training, licensure, certification, registration, DEA, etc.</li> <li>• Data checks built into system:               <ul style="list-style-type: none"> <li>○ Completeness of application based on required minimum data set for information</li> <li>○ No gaps greater than 30 days from professional graduation date</li> <li>○ Completeness of Verification</li> <li>○ Verified data electronically matched back to provider data entry</li> </ul> </li> </ul>

***The user is given sufficient, clear information on database functions, including:***

- *Any limitations of information available from the agency (e.g., practitioners not included in the database)*

	VA
All health care professions required by qualification standards to have license, registration, and certification are available in the database.	None at this time. All health care professions required by VA qualification standards to have license, registration, and/or certification are available in the database.

- *The time frame for agency responses to requests for information*

	VA
Within 5 business days	Within 5 business days

- *A summary overview of quality control processes related to:*

- *Data integrity*

	VA
<p>DoD manually compares data throughout the application and credentialing process including:</p> <ul style="list-style-type: none"> <li>• Provider with Common Access Card (CAC) or Medical Staff Service Professional enters all required information</li> <li>• Manual comparison of data in application</li> <li>• No provider under 18 y/o</li> <li>• Credentials must be verified prior to appointment process</li> <li>• No Appointment can exceed 2 yrs.</li> <li>• Expedited and Temporary Appointments done in accordance with facility medical staff bylaws and policy</li> </ul>	<p>VetPro electronically and manually compares data throughout the application and credentials verification process including:</p> <ul style="list-style-type: none"> <li>• All required information entered by provider</li> <li>• Bar codes on scanned document to confirm correct document and correct screen</li> <li>• Discrepancy alert for incorrect provider or incorrect document identification</li> <li>• Comparison of data accepted by credentialer with data provided by provider</li> <li>• Credentials must be verified prior to appointment process</li> <li>• Appointments can't be entered beyond policy requirements (e.g. temporary appt and expedited appt NTE 60 calendar days, and no LIP appt can exceed 2 yrs.)</li> <li>• If a DoD provider is shared with VA in excess of 180 days, then a full credentialing verification and appointment must be completed by the VA facility.</li> </ul>

<ul style="list-style-type: none"> <li>○ <i>Security</i></li> <li>○ <i>Transmission accuracy</i></li> <li>○ <i>Technical Specifications</i></li> </ul>		However, non-time limited PSV documents from DoD may be used to complete the process.
	<ul style="list-style-type: none"> <li>• Secure Socket Layer data transmission</li> <li>• User log-on and password protected</li> <li>• Web hosting in a secure DoD facility</li> <li>• Fully certified and accredited</li> <li>• All users are required to log in using CAC cards</li> </ul>	<ul style="list-style-type: none"> <li>• Secure Socket Layer data transmission</li> <li>• User log-on and password protected</li> <li>• Web hosting by secure federal facility</li> <li>• Meets requirements for Authority to Operate (ATO)</li> </ul>
	DoD and VA approved secure electronic or facsimile file transfer.	DoD and VA approved secure electronic or facsimile file transfer.
	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

PRINCIPLE 4	
<b><i>The user and agency agree on the format for transmitting credentials information about an individual from the agency.</i></b>	
DoD	VA
<p>DoD and VA approved secure electronic or facsimile file transfer.</p> <p>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.</p>	<p>DoD and VA approved secure electronic or facsimile file transfer.</p> <p>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.</p>

PRINCIPLE 5
<b><i>The user can easily discern what information transmitted by the agency is from a primary source and what is not.</i></b>
DoD and VA
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.



#### PRINCIPLE 6

***For information transmitted by the agency that can go out of date (for example, licensure, board certification), the agency provides the date the information was last updated from the primary source.***

#### DoD and VA

Time-limited information (i.e., any credentials with an expiration date) must be PSV by the facilities where the provider is appointed.

#### PRINCIPLE 7

***The agency certifies that the information transmitted to the user accurately represents the information obtained by it.***

#### DoD and VA

Each agency will include a statement either:

- 1) within the electronic form; or
- 2) in the cover letter; or
- 3) in similar document that certifies that the information being shared accurately represents the current information in the provider's file.

#### PRINCIPLE 8

***The user can discern whether the information transmitted by the agency from a primary source is all the primary source information in the agency's possession pertinent to a given item or, if not, where additional information can be obtained.***

#### DoD and VA

Primary source verification information is available in the electronic provider file that is shared; access to the shared provider's file shall be granted to designated users.

#### PRINCIPLE 9

***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.***

#### DoD and VA

Shared agency providers must communicate identified issues to the provider's primary/parent agency for resolution.

<b>PRINCIPLE 10</b>
<b><i>The user has a formal arrangement with the agency for communicating changes in credentialing information.</i></b>
<b>DoD and VA</b>
Once the provider data/information is shared, then each Department is responsible for monitoring and maintaining the provider's credentialing information to ensure it is current, complete, and accurate. Each Department that receives credentialing data from the other is responsible to notify the other Department within one business day if a provider about which data was received is summarily suspended or otherwise has had their privileges restricted (e.g., proctoring for greater than 30 days), has had an adverse action taken against them (to include adverse state licensure or federal program actions, adverse professional society actions, or clinical adverse actions), is involved in a criminal conviction or civil judgment or other adjudicated action or decision related to healthcare (to include Uniformed Code of Military Justice actions in the DoD), for whom a medical malpractice claim or payment has been made, or in instances where medical care caused or contributed to an active duty death or disability payment.