Leveraging CAQH to Develop Effective Public Sector Credentialing Operations

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September 22, 2010
National Guard Strategy

• Centralize ARNG clinical credentialing operations within a single entity providing services to all states/territories, commands, and privileging facilities
• Address the complex and unique needs of a military reserve component medical force
• Provide command-level visibility of ARNG resources and capabilities to support decision making
• Leverage CAQH as a standard electronic credentials application
• Outsource the prime source verification and administration of credentials data to a leading CVO
• Leverage existing DoD systems and technologies to capture and distribute credentials information
• Incrementally develop capability using phase-based implementation model
Targeted Outcomes

- Ensure that soldiers are receiving care from competent, qualified professionals
- Improve provider mobilization and deployment across all ARNG missions
- Return officers performing credentialing tasks to their assigned duties
- Improve the reliability and accuracy of credentialing information supporting numerous decision processes and operations functions
- 40-50% reduction in credentialing costs
- 99+% Board approval rating for completed episodes
- Expedited timeframes available when required
- Integrated recruiting, privileging, and mobilization support
- Potential tool in support of domestic emergencies
Progress

• Strategy formation & initial operational design completed Dec 2007
• Capitalized & developed Military Credentialing Solutions, Inc. (MCS) April - October 2008
• National transition May 2008 – May 2010
• Privileging & recruiting integration began April 2010
• On budget and plan every phase
• Met or exceeded all production and quality objectives
• Surgeon General’s Excalibur Award – January 2010
• Readily scalable for adding new force components and/or federal healthcare organizations to program
Success Factors / Best Practices

- Leverage a strong service oriented operations model
- Practice “continuous credentialing” and move away from biennial or triennial cyclical modes of operations
- Eliminate paper—automate all aspects of the operation using existing, off-the-shelf technologies
- Drive provider re-attestation using effective marketing and provider outreach
- Refocus institutional credentialing and privileging as a strategic “clinical inventory management” function
Desired Market Efficiencies

- Continued momentum toward credentials/PSV automation and consolidation
- Reuse of verified and/or aggregated credentials information across continuum
- Common privileges taxonomy
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