

**“You have helped CAQH prove that a collaborative approach to streamlining a burdensome administrative task can yield dramatic results. Today’s presentations will illustrate how UCD data can provide significant value to a wide range of your organization’s critical business processes beyond credentialing.”**

— Robin J. Thomashauer, *Executive Director, CAQH*

Credentialing departments have long been aware of the advantages—and savings—the CAQH Universal Credentialing Datasource® (UCD) makes possible. And today more than 350 participating organizations rely on UCD to streamline their credentialing and re-credentialing processes. After only five years, the service has become the industry standard for provider data collection. But for a host of reasons, few healthcare professionals beyond those involved with credentialing know about UCD. They are unaware that it offers the largest source of data directly from providers in the United States. And, as a result, they are missing out on a prime opportunity to streamline provider relations, network development and provider data management operations—and reduce administrative burden.

The 3rd Annual CAQH Universal Credentialing Datasource Best Practices Conference brought more voices and experiences to the table than in any previous year to discuss strategies for expanding the value of UCD data. Attendees heard success stories about health plan–designed interfaces and third-party solutions that are building bridges between UCD and legacy systems, cutting data entry and increasing efficiency in the process.

- ▶ By **creating an interface for automated flow of provider information** into systems throughout the organization, WellPoint expanded access to quality data for provider directories, reports and pharmacy applications—and addressed common organizational concerns such as discrepancies in names and addresses of hospitals and medical schools.
- ▶ Aetna’s **multi-departmental workgroup helped develop an automated process** that integrates UCD data into new provider credentialing applications. By using pre-determined business rules that mirror the previous manual data entry process, the new solution has more than doubled staff productivity.
- ▶ Medical Mutual of Ohio **eliminated redundant printing and imaging of UCD applications** by employing a Vistar Technologies interface that automatically loads and updates based on pre-set rules and mapping.
- ▶ Using a Cactus Software product enabled an Independence Blue Cross **re-credentialing process that is now entirely paperless** for providers that use UCD.
- ▶ CareFirst BlueCross BlueShield worked with Portico Systems to build **a solution that ensures provider roster integrity and distributes accurate data to critical systems**, including claims processing.

# I. EXECUTIVE SUMMARY

For the first time the conference gave voice to perspectives from healthcare professionals outside of credentialing. Their insights offered many specific ideas about where provider credentialing is headed and how UCD can be part of that future.

- ▶ **Delays emerged as the top provider credentialing challenge.** Lost applications, understaffed credentialing offices and infrequent provider credentialing review committee meetings are a few of the reasons providers cite.
- ▶ URAC views **UCD as a platform for future growth** into international data sharing, expansion to other provider types and delivery systems, real-time data capture and reporting, more sophisticated links to state boards and enhanced verification of practitioner data.
- ▶ Credentialing can be especially tricky in **the areas of telemedicine and in granting privileging to practitioners for either first-time procedures or disaster service**, according to the Joint Commission.
- ▶ **Continuous rather than periodic credentialing**; alignment of accreditation, state and federal credentialing standards; and creation of a national credentialing entity are three innovative ideas for the future offered by NCQA.

Finally, attendees heard that proving the real-world value of using UCD to senior-level executives is not as complicated as it might seem. But success in delivering that important message requires presenting hard metrics. Attendees were told that the “sales” process should start with measuring and documenting the benefits within credentialing departments. The next step would require innovative approaches to presenting those benefits in ways that clearly demonstrate the value outside of the credentialing silo. It was suggested that this effort would pay dividends—savings overall for the organization and better quality of provider relationships and patient care.

- ▶ The UCD Metrics Task Group presented **a tool that calculates and compares the costs of using UCD and legacy systems.** Available on the UCD Data Access System, the tool provides a flexible model for assessing the cost impact of using UCD in any organization.

CAQH wishes to acknowledge all of the conference speakers for their fine presentations, expertise, ideas and innovations. The organization also thanks conference attendees—both first-time participants and the many familiar faces from previous years—for their active participation and ongoing support.