

“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.



Challenge

Make UCD data available for use by all appropriate internal departments without having to re-enter the information by hand into different systems.

Best Practice Solution

Build a two-phase, interface-plus-repository, bridge system that offers access flexibility and control over UCD credentialing data.

Making Data Accessible and Accurate: WellPoint's Automated Data Integration

“We want credentialing to be as seamless and happen as much behind the scenes as possible.”

— Amy Niehaus,
Director of Credentialing Technologies and
Internal/External Relations, WellPoint

Summary

More than 200,000 WellPoint providers submit data through the UCD service. The health plan needed a way to automatically integrate the UCD data into systems throughout the organization. By doing so, it could reduce the errors and duplication caused by manual entry. WellPoint's solution was to build an electronic “bridge” between UCD and VisualCACTUS, a specialized software package it uses for credentialing and provider management. The organization developed a two-phase approach called C2C—CAQH to CACTUS—consisting of a data repository and an interface with its credentialing database. C2C made the provider data used for credentialing easily available for provider directories, reports and pharmacy programs.

From idea to implementation, several internal challenges had to be solved, including validation and timing. Externally, WellPoint had to fix discrepancies in state and CAQH application mapping, the problem of multiple addresses for schools and hospitals and the dates on custom extracts. By eliminating these issues one by one, C2C has enhanced the value of the UCD data and is helping WellPoint explore further efficiencies.

Results

Expected reduction in application and data entry costs of approximately 20%.

Key Takeaways

- ▶ Include image scanning in your automation plan—it's the future.
- ▶ Do validation and primary source verification as UCD data is taken in.
- ▶ Make the interface mirror existing systems
 - Mirror manual data entry process as much as possible in automation.
 - Base solution on software used by entire organization.
- ▶ Set up controls over UCD data
 - Automatic notifications about discrepancies and problems sent by e-mail.
 - Create automated reports to alert users to changed data, urgent updating needs and initial applicants.
- ▶ Watch for these trouble spots in automation: Provider use of upper case, “none,” discrepancies in hospital and school addresses.



Challenge

Reduce time, costs and errors encountered within data entry process during initial provider credentialing.

Best Practice Solution

Develop an automated process that automatically integrates UCD data into new provider credentialing applications. UCD data is extracted and formatted into a master file for data entry processing on a weekly basis.

- ▶ Automated processing handles about 600 records in two hours.
- ▶ System automatically reprocesses applications to correct Provider Identification Numbers; staff no longer has to handle these.
- ▶ Other incorrect or incomplete data is noted on reports, for staff to handle as needed.

Improving Initial Provider Credentialing Processing: Aetna's CAQH Data Integration

“One of the greatest benefits aside from the cost savings is the improvement to overall data integrity by using an automated approach.”

— Scott D'Amato
Senior Project Manager, Provider Data Services/Credentialing, Aetna

Summary

Aetna credentialing staff went into the CAQH UCD Data Access System daily to find data, and then manually entered that information into Aetna's system for each initial credentialing task.

Staff keyed in an average of nine screens with 67 data fields per application. Duplicate provider requests and incorrectly assigned Provider Identification Numbers were commonly discovered during the data entry process. Aetna formed a multi-departmental workgroup to identify automation opportunities for the CAQH data stream and began a project to develop a solution. The result: the Credentialing Automated Data Entry Tool (CADET).

CADET processes UCD data once a week, automatically entering that information into the appropriate fields, using pre-determined business rules which mirror the previous manual data entry process as much as possible. Aetna is now looking at ways to apply the system to re-credentialing.

Results

- ▶ Data automation has reduced average manual entry to an average of two screens and 21 data fields.
- ▶ One staff person handles 57.5 data entry transactions daily; formerly one would handle only 25 transactions.
- ▶ Realized 48 percent cost reduction for initial data entry process – reallocated resources to handle other priorities.
- ▶ 15 percent of initial credentialing applications require no manual intervention.
- ▶ 65 percent require only partial data entry.
- ▶ Improved overall data integrity by reducing manual intervention.

Key Takeaways

- ▶ Creating a multi-departmental workgroup was a key to success.
- ▶ Next steps should include expanding the process to automate re-credentialing.



Bringing UCD Data Into an Image-Based Credentialing System: Medical Mutual of Ohio and Vistar Technologies

“There was a potential efficiency we recognized and wanted to take advantage of.”

— Kenneth Payne,
Manager of Administrative Credentialing,
Medical Mutual of Ohio

Challenge

Maximize opportunities to streamline processing of initial and renewal applications and reduce data entry. Eliminate redundant printing and imaging of UCD applications in order to incorporate UCD data.

Best Practice Solution

Employ the Vistar DUI to down-load and index CAQH data to the existing VIPsystem—MMO’s image-based credentialing system.

- ▶ The system manages the entire UCD process from the MMO’s roster process, bringing the data in, auto loading the images in and indexing the data and images to the appropriate images to provider records.
- ▶ Rules for field mapping are based on MMO individual business needs and the core credentialing system—those using the system have control of what data will be matched and integrated.
- ▶ It supports PDFs, TIFFs and JPGs, so UCD and other data can be loaded in easily with manual entry or manipulation. Data and images are auto-loaded and viewable.
- ▶ A query function pulls records from the VIPsystem image-based system as needed to be included in the UCD Roster. The process is completely automated and sets no limitations on which records or how many can be pulled.
- ▶ Exception reporting and audit logs are built into the utility to monitor this fully automated circular interface.

Summary

Medical Mutual of Ohio (MMO) wanted to use UCD data to improve accuracy and efficiency, but had to spend hours transferring that information into its image-based credentialing system. Credentialing personnel were forced to print out, re-image and re-enter CAQH provider applications to allow the organization’s system to incorporate the UCD data. Medical Mutual saw that the Vistar Dynamic Import Utility (DIU) interface was capable of taking in data from multiple and changing sources. Using the DIU, Medical Mutual can now import UCD images and data into its system and update existing providers as needed. The data auto loads and updates based on pre-set rules and mapping. DIU can also be used for processing data from other outside sources.

Results

MMO expects to gain:

- ▶ 10% reduction in cycle time.
- ▶ Improved data integrity.
- ▶ Automated delegated roster management.

Key Takeaways

- ▶ A fully automated interface for UCD will immediately eliminate redundancy and reduce manual processing.
- ▶ Interfaces for UCD should include auto-loading of images and data.
- ▶ Import utilities must be Dynamic—allowing for automatic handling of data that may change. When data elements or business processes change, the interface must provide a simple, user-friendly tool to adapt to the changing need or data.
- ▶ UCD was designed to streamline the credentialing process for providers. A collaborative effort with the vendor allows MMO to maximize today’s technologies and data resources, which is vital to remaining competitive.



Independence
Blue Cross

Challenge

Implement a paperless practitioner re-credentialing process using the data and documents available on the UCD, as applicable.

Best Practice Solution

If attaching the entire replica application to a provider's record in a credentialing system is desired, select or enhance the system to allow PDF documents to be attached to each provider's credentialing record.

- ▶ Allow for daily downloads of UCD extract files.
- ▶ Extract and match files by choice of ID numbers.
- ▶ Attach attestation, updated audits and replica application.
- ▶ Keep all documentation, including explanations, in one place.

Streamlining Re-credentialing: Independence Blue Cross and Cactus

“Any additional documents, such as checklists or explanations, are scanned and attached next to the replica application, so we can see all the documents in the file, without paper.”

— Lisa Crowe,
Independence Blue Cross Project Leader,
Quality Management Production Support

Summary

Independence Blue Cross (IBX) decided to use UCD for its provider re-credentialing. With the large volume of practitioners IBX re-credentials monthly, the organization determined electronic receipt of UCD data and documents would best meet their needs. In order to facilitate that process, IBX employed a feature available in its existing credentialing system, Visual CACTUS, a CACTUS Software product. IBX also worked with Cactus Software to develop a custom program to attach the UCD data and documents. The custom program retrieves the Standard Extract files available on CAQH's FTP site daily, matches each provider in the extract to a provider in the credentialing system, attaches the replica application from the Standard Extract to that provider information and inserts the attestation date and application-received date into the credentialing system.

Results

- ▶ IBX's re-credentialing process is now entirely paperless for providers that use UCD.
- ▶ IBX saved \$8,000 in postage and 9,200 pieces of paper in the first six weeks after going live.
- ▶ IBX was able to process 2,000 providers due for re-credentialing in those six weeks.
- ▶ Estimated efficiencies include:
 - \$16 reduction per CAQH UCD provider.
 - 25 percent reduction in termination for noncompliance annually.
 - Approximately \$96,000 in postage and printing costs annually.

Key Takeaways

- ▶ Each file should be assigned an “owner”—a staff member responsible for working the file.
- ▶ Computer screens that allow side-by-side viewing of Cactus and replica applications are helpful.
- ▶ Next steps should include development of a CAQH Data Warehouse and further integration of CAQH data.



Roster Accuracy, Paperless Efficiency: CareFirst BlueCross BlueShield and Portico Systems

“If you don’t keep your roster up to date, you’re throwing money down the drain.”

— Chris Brehm,
CareFirst BlueCross BlueShield

Challenge

Ensuring provider roster integrity while eliminating manual data entry errors and distributing accurate data to critical systems including claims processing.

Best Practice Solution

Use a software solution that automates the roster maintenance and processing of UCD extracts, to eliminate the need for manual downloads onto paper and manual additions and deletions to CareFirst’s UCD roster. The solution requirements included being able to easily accept initial applications as well as the ability to intelligently assimilate ongoing updates as part of re-attestations.

Portico Systems’ CAQH Integrator product includes the UCD Roster Maintenance Service and UCD Extract File processing.

- ▶ Automates roster submissions and processes return roster and exception report.
- ▶ Use of FTP for rosters may change as data needs change.
- ▶ Includes an extract service designed to allow information to come into the system automatically with or without reviews.
- ▶ Allows for field level review and approval to control the receipt of relevant data.

Summary

CareFirst BlueCross BlueShield uses UCD data in systems throughout the organization, so maintaining an accurate roster is critical to ensuring data integrity. The organization had long used UCD for provider credentialing but wanted to automate the integration of UCD to improve provider service, reduce data errors, improve productivity, and to improve the timeliness of updates. Partnering with Portico Systems, Portico created software to integrate and reconcile data pulled from UCD.

CareFirst also tasked Portico with eliminating inefficiencies related to manual entry and paper use. Some data, for example, was being entered manually even though it already existed in the database. The first phase of the solution, implemented in 2006, helped realize significant savings in credentialing. Since approximately half of CareFirst providers use UCD, the health plan anticipates that savings will continue to increase as more of its providers use CAQH tools.

Results

- ▶ Reduced average cycle time for all new application and re-credentialing activities by one day.
- ▶ Reduced average cycle time for providers with current CAQH data by two days.
- ▶ Reduced staffing levels by two FTEs (approximately \$100k annually).
- ▶ Reduced overtime and temporary expenses during peak periods.

Key Takeaways

- ▶ Design a solution which can be used for initial applications, re-credentialing and updates.
- ▶ Determine which UCD data elements are required and how the data maps to existing data elements.
- ▶ Allow for flexibility in mapping UCD data elements and common values to internal systems.
- ▶ Create business rules to identify the impact of accepting data into existing systems.
- ▶ Allow for users to review UCD data side-by-side with existing data for accurate reconciliation where necessary.
- ▶ Use workflow to resolve conditions that require provider verification.
- ▶ Design effective distribution capabilities to share UCD data with other internal systems to maximize usefulness of UCD data.



Challenge

Measure the cost impact of accessing provider data through UCD vs. legacy credentialing and re-credentialing processes in a way that makes advantages clear to senior management.

Best Practice Solution

Develop a predictive model that calculates and compares hard costs of using UCD and legacy systems and presents metrics that clearly outline UCD advantages.

- ▶ The model provides a consistent assessment of cost impact of using UCD.
- ▶ Answers the question: What's in it for me? What will I save?
- ▶ The model measures impact of credentialing and re-credentialing, both separately and combined. A series of questions prompts entering values specific to organizations.
- ▶ Time period covered is variable.
- ▶ Embedded formulas calculate costs and provide a snapshot of impact.

Making Value Visible: The UCD Metrics Model

“We all know the need for metrics is growing. We always have to justify our administrative costs.”

— Barbara Riihimaki,
Chair, UCD Metrics Task Group
and AVP Credentialing, CIGNA

Summary

Does the value of using UCD to collect provider data outweigh its cost? That's the question asked by senior management at healthcare organizations and the one the CAQH Metrics Task Group set out to empower credentialing departments to answer. The group, drawn from credentialing departments of several large and mid-size organizations, developed an easy-to-implement model credentialing departments can use to compare hard costs.

The model needed to reflect the reality of current credentialing, including both initial credentialing and re-credentialing processes and systems that use a combination of UCD and legacy processes. To provide additional value, the task group also detailed ways organizations can interpret model results and ideas on the best strategies for using them to justify costs.

The task group plans to collect feedback from those using the model to refine future versions. It is also working on metrics for UCD's effect on turnaround time for processing credentialing and re-credentialing applications, provider satisfaction, savings gained through staffing, costs related to data quality, sanctions monitoring costs, provider directory quality and provider communications.

Results

- ▶ The UCD Metrics Task Group Savings Model Template was made available to conference participants and is available on the Data Access System.
- ▶ The template can be used to develop new metrics as feedback from organizations reveals needs it doesn't address.

Key Takeaways

- ▶ When using the model, be sure to read the notes to correctly input data.
- ▶ Get department familiar with model so they can gather data for its use.
- ▶ Users may need to go to different departments, mailroom, etc., to collect data.
- ▶ Have a strategy in place before taking results to senior management.
- ▶ Presenting a combination of data revealing UCD advantages, including improved turnaround time and provider satisfaction, makes the strongest argument to management, because hard cost savings results alone may not justify UCD use.



Challenge

Get all appropriate departments in healthcare organizations to use UCD data to improve efficiency and eliminate redundancies.

Best Practice Solution

Arm credentialing professionals with the resources they need to become UCD data ambassadors so they can educate other departments in their organizations about the UCD tools and data and opportunities for their use.

Key Findings: Other Uses for UCD Information

Lewin found several areas where non-credentialing departments were especially enthusiastic about how UCD data could save money and time:

- ▶ Provider relations: Daily updates to roster makes for accurate contact information.
- ▶ Accepting new patients: Organizations were “starved” for this information, which UCD collects.
- ▶ Data integrity: 120-day attestation cycle could erase need for outside “data cleansers.”
- ▶ Risk management: SanctionsTrack allows them to look at picture beyond current geographic boundaries.
- ▶ Network analysis and recruitment: Demographic information helps in examining diversity, adequate coverage of communities.
- ▶ Compliance reporting: UCD captures many data fields needed for federal and state reports.

Beyond Credentialing: Spreading the Value of UCD Data

“When people outside of credentialing learned the capabilities of UCD and SanctionsTrack, they realized they were sitting on a gold mine.”

— Aaron McKethan,
Senior Associate, The Lewin Group

Summary

CAQH contracted with The Lewin Group, a healthcare research and management consulting company, to examine how UCD data is currently being used and how it could be used by healthcare organizations. Lewin’s research revealed that UCD information is almost exclusively used for credentialing and re-credentialing purposes. Other departments, according to the survey, are unaware of the value and depth of the UCD tools and data. In some cases, this lack of awareness meant that organizations are contracting with outside vendors to get the same information and services they could get from their credentialing department.

The survey results pinpointed several strategies credentialing departments could employ to break through the “siloes and fragmented” healthcare organizational structure. The survey also detailed possible uses for the UCD tools and data by non-credentialing departments.

Key Takeaways

- ▶ Credentialing departments must take the lead in overcoming barriers
 - Expand department accountability to include reaching out to other departments.
 - Direct resources toward encouraging use of data across departments.
 - Conduct meetings with other departments on reducing duplication.
 - Invite CAQH to participate in training opportunities.
 - Ultimately, other departments may be willing to share costs of UCD or SanctionsTrack.
- ▶ Other departments need education for UCD’s value to spread
 - They’re concerned about integrity and depth of data—ensure they know about features such as attestation requirements and provider e-mail lists.
 - They’re wedded to current systems, not realizing staying with these systems may be costlier than changing methods.
 - Use model currently in development to demonstrate advantages of using CAQH data.
- ▶ Senior-level pain points must be anticipated and addressed for broader UCD uptake. These include:
 - Data security—Emphasize security of CAQH data.
 - Ease and speed of retrieval—Shared systems ease accessibility for state and federal products.
 - Flexibility—Demonstrate versatility in producing reports.
 - Automation and integration—Point out how CAQH data reduces need for human intervention.



Dermatology Associates
of Virginia, P.C.

Biggest Provider Credentialing Challenge

- ▶ Delays emerged as providers' top concern. In its survey, MGMA collected members' perceptions on the top reasons for delays:
 - Lost applications.
 - Understaffed credentialing offices, leading to backlogs.
 - Infrequent meetings of provider credentialing review committees.
 - Expiration of professional liability insurance certification, causing more delay.
 - Unclear form and process instructions.

Provider Praise for UCD

- ▶ Physicians have begun to realize the value of UCD in easily retrieving original source documents scanned into the system.
- ▶ Physicians are seeing a reduction in back-and-forth phone calls to managed care organizations seeking more information as a result of using UCD.
- ▶ The audit, called one of the "greatest features of UCD," is adding to efficiency by allowing providers to see what's missing before an application is submitted.

Impact of UCD on Providers: The View From MGMA and a Group Practice

"If we're able to tighten the process and get better communication, we'll be able to save time and headaches and see our families at the end of the day."

— Jennifer Searfoss Miller,
MGMA

"We have no interest in filling out multiple forms. UCD is a fantastic asset for the industry."

— Bert Wilson
Dermatology Associates of Virginia

Representatives from two organizations, the Medical Group Management Association, representing more than 12,500 organizations, and the Dermatology Associates of Virginia, an 11-physician practice based in Richmond, offered provider perspectives to attendees. Both indicated that providers view UCD as an excellent tool, but there is room for improvement as practices change. Their day-to-day, practical experience with UCD allowed for unique insight and shared important lessons. MGMA also created a survey of its membership to capture fuller views on UCD.

Provider Expectations of UCD

- ▶ **Efficient online use:** Users should be able to input information online, not just print and mail forms. Providers don't want multiple forms with different formats and data requirements.
- ▶ **Timeliness:** This was the most important concern of physician practices. Physicians want managed care organizations to approve or disapprove credentials within 90 days, and to notify them if there are questions about the application within 30 days.
- ▶ **Security:** UCD is a secure solution, yet providers report some do not want to use it because they lack assurance about the ownership, control and use of sensitive data by insurers. This is a user perception problem, and MGMA is working to educate providers.
- ▶ **Usability:** There should be capability for information to cross over from the credentialing portal to claims processing and other areas, such as board certifications and specialties.
- ▶ **Scalability:** A typical practice, of 10 physicians or fewer, has no dedicated credentialing staff. Some contract to outside sources; others have staff members handling credentialing among many other tasks. Solutions should take these realities into account.
- ▶ **Patient emphasis:** Providers want assurance that managed care organizations realize credentialing delays can hurt patients by not providing the full benefits for which the patient has paid.
- ▶ **Desired improvement:** A tracking system to monitor timely approvals should be considered.

Anticipated Provider Concern

On the radar screen is hospital economic credentialing and the alignment of provider credentialing related to physician practices, hospital admissions and privileging and outpatient surgery centers. Physicians are beginning to be concerned that data gathered for credentialing and directories will be used against them, as competition between hospitals and outpatient centers becomes a larger issue. Physicians want assurance data won't be used for marketing purposes.

The Accreditors' Vantage Point: Managing the Future

Organizations promoting healthcare quality have a special concern with credentialing. All three major accrediting organizations support UCD and applaud its efficiencies. They provided insight into how the credentialing process may change, and how the industry can meet these changes with further efficiencies.

URAC: Look Toward the Global Future in Healthcare



John DuMoulin, Vice President of Government Relations and Product Development

URAC is an independent, nonprofit organization that promotes continuous improvements in healthcare management through accreditation, education, and measurement. As such, URAC supports CAQH in its continued efforts to streamline the provider credentialing process.

- ▶ Organizations that use the most current version of the CAQH UCD are recognized as being in compliance with URAC standards.
- ▶ URAC believes that the introduction of UCD for provider credentialing has resulted in a number of important benefits, including data consolidation, enhanced data sharing, reduced error and redundancy, increased efficiency and less cost to each system stakeholder.
- ▶ URAC indicated it finds UCD to be limited in scope, especially in geographic terms. Though CAQH has come a long way in sharing credentialing data of physicians in the United States, little progress has been made on a global level.
- ▶ However, URAC views UCD as a platform for future growth not only for international data sharing but also in the areas of international outsourcing, 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.

Joint Commission: Quality of Credentialing Needs Continued Improvement



Robert Wise, MD, Vice President, Standards, Division of Standards and Survey Methods

An independent, not-for-profit organization, the Joint Commission works to improve the safety and quality of healthcare through accreditation and related services that support improved performance among healthcare organizations.

- ▶ The Joint Commission views the quality of the credentialing process as a major component in a valid privileging.
- ▶ Credentialing can be especially tricky in the areas of telemedicine and in granting privileging to practitioners for either first-time procedures or disaster service.
- ▶ Credentialing efforts need continued improvement for experienced practitioners in their current competencies working at other hospitals, at other healthcare organizations and in a valid peer-review process. More education and relevant training is also needed, especially for physicians practicing outside of their specialties.
- ▶ In the future, the Joint Commission looks toward the ability to compare credentials for physicians from different nations, rated training courses and access to physician outcomes through all sites of practice, including hospitals and ambulatory centers.

NCQA: Transparency, Information Sharing Key to Efficiencies



Kathleen C. Mudd, Vice President for Product Delivery, NCQA

The National Committee for Quality Assurance is a private, not-for-profit organization dedicated to improving healthcare quality through measurement, transparency and accountability.

NCQA considers CAQH's UCD initiative efforts an excellent example of how successful information sharing can be, as UCD brings uniformity to the widely varying credentialing process.

- ▶ To increase efficiencies, NCQA over the past few years has refined its standards by allowing a 36-month re-credentialing cycle, eliminating the re-credentialing site visit and the hospital privileges verification requirements, introducing an ongoing monitoring of sanctions and complaints standards, and allowing a 365-day time frame for attestation and application verification.
- ▶ Information gathering and sharing such as that facilitated by UCD is key to NCQA's new requirement for web-based physician and hospital directories. The requirement establishes a process for updating directories; an explanation of data element, source, frequency of validation, and limitations; search functionality; understandability and usefulness testing; and an alternative means of providing information to members without web access.
- ▶ NCQA remains concerned about cost and redundancies in credentialing, especially with increased demands for practitioner-specific performance information.
- ▶ NCQA believes the desire for large, easy-access networks may conflict with the ability to create quality networks.
- ▶ NCQA identified a number of activities used by organizations to reduce duplication of efforts associated with credentialing, including use of common credentialing applications, delegation of credentialing functions, improved information sharing and the alignment of credentialing cycles.
- ▶ Innovative ideas for the future include: continuous rather than periodic credentialing, alignment of accreditation, state and federal credentialing standards; and creation of a national credentialing entity.

HASC Endorsement Supports More Provider Use

In 2005, the Medical Group Management Association joined with the American Academy of Family Physicians (AAFP) and the American Health Information Management Association (AHIMA) to form the Healthcare Administrative Simplification Coalition (HASC), a public/private partnership of healthcare organizations committed to reducing the administrative costs and complexity of healthcare. HASC membership includes physicians, hospitals, employers, labor, government and health plans.

Proving the viability of UCD use industry wide, HASC has endorsed CAQH's work in reducing redundancies in credentialing. HASC puts the potential savings of simplifying credentialing as high as \$800 per physician per year. Other industry representatives at the summit said this figure could be much higher.

Future initiatives being considered include encouraging Medicare to use UCD. Working with employers also is an important HASC focus – educating employers that sticking with the industry-accepted standard will save them money and any tweaks to their own forms and systems will cost them money.

“Promoting broader use of the UCD data within health plans is a real opportunity for credentialing professionals to contribute a strategic, cost-effective solution to their organizations.”

— Sorin Davis
Director of Business Development

Findings presented by The Lewin Group at the 2007 Best Practices conference conclusively show that UCD represents far more than a successful approach to data collection. If viewed strategically, UCD—and more to the point, the data it collects and stores— is an invaluable source for improving processes and products: network development, provider directories, claims processing, NPI implementation and more. As The Lewin Group representatives observed, when those outside of credentialing saw what the department had access to, “...they realized they were sitting on a gold mine.”

Based on best practices presented at the conference, several forward-thinking health plans have already made this discovery. They are breaking out of the credentialing box—and reducing administrative burden.

The Lewin Group study identifies several areas that can immediately benefit from using the provider data. CAQH calls on credentialing professionals in all participating organizations to share the value of UCD with their health plan colleagues.