



FREQUENTLY ASKED QUESTIONS

1. What is the mission of the Consortium for Universal Healthcare Credentialing?

The mission of the Consortium for Universal Healthcare Credentialing (Consortium) is to streamline the health care industry representative (HCIR) credentialing process in a manner that will protect patient safety and confidentiality, eliminate duplicative efforts and costs, and meet the needs for both suppliers of health care products and services (Suppliers) and health care providers (Providers). The Consortium looks to accomplish this goal by setting written and data standards for credentialing, promoting adoption of such standards, and creating an interoperable process to communicate those standards.

2. Is this a new organization?

The Consortium has been formed as the next logical iteration of the Coalition for Best Practices in Healthcare Industry Representative Requirements (Coalition), which was created in 2012. The Consortium is building on the work of the Coalition with a specific focus of establishing consistent credentialing processes for HCIRs and translating those processes into data standards.

Prior to the Consortium's genesis, the Coalition created the Joint Recommendations for Health Care Industry Representative Credentialing Best Practices (Best Practices) and other documents and training materials, which have helped to streamline many internal credentialing processes of the Supplier companies. These Best Practices have been endorsed by Provider organizations including The Mayo Clinic and the University HealthSystem Consortium. The Best Practices have also been endorsed by industry groups such as the Strategic Marketplace Initiative, and are referenced in AORN guidance documents as well as in H.R. 3422, the VA Vendor Verification Act. The Coalition believes that to effect broader adoption of the Best Practices, interoperable data standards must be created that support a more efficient and effective process. This need led to the creation of the Consortium.

3. What happened to the Coalition?

The Coalition has been absorbed into the Consortium. The Consortium will provide opportunities for larger participation in the form of webcasts, conference calls, and conferences, as appropriate.



4. Who are the stakeholders in HCIR credentialing?

There are many varieties of stakeholders involved in HCIR credentialing:

- a. Suppliers of Health Products and Services Including Medical Device, Nutritional and Pharmaceutical Supplier Organizations (Suppliers). Supplier organizations are those entities that employ or otherwise engage HCIRs to be on site at medical facilities for the purpose of facilitating access to and proper use of vital health care products. Accordingly, Supplier organizations form the foundation and leadership of the Consortium. Supplier's pay a membership fee to support the administrative, legal, and operational functions of the Consortium through a Consortium Secretariat. Representatives from each Supplier member comprise the Consortium Board of Directors. In addition, other representatives of Supplier companies participate on Consortium working groups to plan and implement the Consortium's goals. Membership with voting privileges is open to any Supplier organization that is currently subject to credentialing requirements.
- b. Healthcare Providers (Providers). Providers are those entities that operate medical facilities where HCIRs are received on a regular basis; these entities therefore carry a heavy burden of maintaining adequate procedures to protect the health and safety of their patients. Various Provider partners are currently engaged in an essential advisory role and all are welcome to serve in this function. In addition, Providers are invited and encouraged to participate in Consortium working groups to ensure that their goals of patient safety and confidentiality are met by any proposed credentialing standards or processes. Providers are not asked to pay a membership fee or serve on the Board of Directors.
- c. Third Party Companies. Third party companies with a stake in HCIR credentialing may include industry associations, or entities that provide valuable products and service in the credentialing process such as training, medical testing, aggregation of data, badging, etc. The Consortium will communicate activities of the Consortium to third party companies, typically through the Consortium web site. In addition, third party companies are encouraged to communicate with the Consortium and provide insight on how to add value in increasing the accuracy, efficiency, efficacy, and/or expense control for the credentialing process. Third party companies may be asked to provide input and insight to the Consortium, but will not be asked to pay a membership fee or serve on the Board of Directors.
- d. Governing Bodies. While there are no standards, regulations, or laws specific to credentialing of HCIRs in the health care setting, there are some such standards that are applicable to all "non-healthcare professionals" in this setting. The Consortium will consult with the appropriate governing bodies to ensure that any standards or processes that are developed are consistent with any existing requirements. The Consortium believes that this discussion will help all stakeholders better understand what credentialing procedures are or are not required. Governing bodies will not be asked to pay membership fees or serve on the Board of Directors.



5. Are the Vendor Credentialing Organizations involved in the Consortium?

Vendor Credentialing Organizations (VCOs) are entities that conduct and/or manage HCIR credentialing for Providers or Suppliers on an entity-individualized basis. Some Suppliers and Providers handle all aspects of credentialing directly and others choose to contract with VCOs or other parties to perform these duties for them. These duties may include medical testing, background checks, training, and compliance monitoring. As ancillary stakeholders, VCOs do not directly participate in the Consortium. The reason for this is that Suppliers and Providers are the parties accountable for meeting credentialing requirements, and therefore have the ultimate responsibility for determining the appropriate standards for HCIR credentialing. If a Supplier or Provider involves a third party (such as a VCO) in its credentialing processes, and decides to align to any standards developed by the Consortium, the Supplier or Provider must work with that third party to ensure that the standards are met.

6. Will the Consortium engage in legislative or regulatory advocacy?

The Consortium's goals are to create a solution that the industry will voluntarily adopt. At the same time, it is also exploring what potential legislative and regulatory advocacy is appropriate in support of its mission.

7. What are the goals for 2016, 2017 and 2018?

2016

The initial work of the Consortium is focused on organizing the workflow and decision-making processes of the entity. Initial phases of development have included:

- (1) Developing and implementing organizing documents and decision-making processes;
- (2) Conducting outreach to generate additional membership;
- (3) Convening the Board to establish goals of the Consortium, establish working groups, and a regular meeting schedule;
- (4) Engaging in legislative advocacy as needs arise;
- (5) Validating the Best Practices and determining the data elements needed to confirm compliance with each requirement; and
- (6) Developing concepts governing a technical solution necessary for future full interoperability of a standardized credentialing process.



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2017

Current goals for 2017 include:

- (1) Work with providers who have agreed to accept the Best Practices to implement the use of the developed data standards through a standard form indicating compliance;
- (2) Continue gathering data and metrics relating to compliance, health, safety, and privacy risks associated with the credentialing process to continually adapt the proposed credentialing solution to gaps in current and proposed processes;
- (3) Explore and pilot technologies that will communicate standards compliance to Providers and other third party organizations; and
- (4) Explore potential federal legislative or regulatory action to support national adoption of the Consortium's proposed solution.

2018

In 2018, the Consortium expects to have concluded pilot programs necessary to develop and implement a fully interoperable credentialing solution. The finalized product will then be scaled up to include any Provider, Supplier, and third party company that would like to participate in standardized and interoperable credentialing process.

8. What will be the governance model of the proposed credentialing solution?

Each participating Supplier (or HCIR, if responsible for its own credentialing) will be responsible for ensuring that the data provided to any credentialing solution is accurate and up-to-date. In addition, once an interoperable solution is developed, the Consortium will consider the appropriate auditing recommendations. It is important to note that these capabilities do not exist today with the multiplicity of non-standardized processes and requirements.

9. How do I get involved?

Contact the Consortium at info@universalhealthcarecredentialing.org.