



The Honorable Daniel K. Inouye  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to the request in Senate Report 111-226, accompanying S. 3615, the Military Construction and Veterans Affairs (VA), and Related Agencies Appropriations Bill, 2011, that requests the Department of Defense (DoD) and the Department of Veterans Affairs examine ways in which duplicative licensing requirements may be eliminated at collocated DoD/VA facilities and to report these findings to the Committees on Appropriations of the House and Senate. Senate Report 112-29, accompanying H.R. 2055, the Military Construction and VA, and Related Agencies Appropriations Bill, 2012, requested the same information reported to the Committees on Appropriations of the House and Senate.

This report provides the requested information and also addresses VA/DoD-specific credentialing requirements associated with non-personal services contracts and with providers whose state license specifies supervision. In short, the Departments are working towards adopting a single credentialing and privileging system where they have collocated facilities. We apologize for the lateness of this report.

Thank you for your interest in the health and well-being of our Service members, Veterans, and their families.

Sincerely,

Handwritten signature of Erin C. Conaton in black ink.

Erin C. Conaton  
Under Secretary of Defense  
Personnel and Readiness

Handwritten signature of W. Scott Gould in black ink.

W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Thad Cochran  
Vice Chairman



The Honorable Daniel K. Inouye  
Chairman  
Committee on Appropriations  
United States Senate  
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The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Norman D. Dicks  
Ranking Member



The Honorable C.W. Bill Young  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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Enclosure:  
As stated

cc:  
The Honorable Norman D. Dicks  
Ranking Member



The Honorable Tim Johnson  
Chairman  
Subcommittee on Military Construction,  
Veterans Affairs and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

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W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Mark Kirk  
Ranking Member



The Honorable John Culberson  
Chairman  
Subcommittee on Military Construction,  
Veterans Affairs and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Sanford D. Bishop, Jr.  
Ranking Member





The Honorable Carl Levin  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

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W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable John McCain  
Ranking Member



The Honorable Jim Webb  
Chairman  
Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

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W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Lindsey Graham  
Ranking Member





The Honorable Howard P. "Buck" McKeon  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



The Honorable Joe Wilson  
Chairman  
Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

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Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Susan A. Davis  
Ranking Member



The Honorable Claire McCaskill  
Chairman  
Subcommittee on Readiness and Management Support  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Madam Chairman:

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W. Scott Gould  
Deputy Secretary  
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Enclosure:  
As stated

cc:  
The Honorable Kelly Ayotte  
Ranking Member



The Honorable J. Randy Forbes  
Chairman  
Subcommittee on Readiness  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

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W. Scott Gould  
Deputy Secretary  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Madeleine Z. Bordallo  
Ranking Member



# LICENSURE REQUIREMENTS AT COLLOCATED FACILITIES

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## PREPARED BY

The Office of the Assistant Secretary of Defense (Health Affairs)  
Clinical and Program Policy  
and  
U.S. Department of Veterans Affairs



2012

Preparation of this study/report cost the  
Department of Defense a total of approximately  
\$1,004 in Fiscal Years 2010-2011



Senate Report 111-226, accompanying S.3015, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2011, and Senate Report 112-29, accompanying H.R. 2055, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2012, state the following: "*Licensing Requirements at DoD/VA Collocated Facilities*—The Committee supports efforts to eliminate additional burdens placed on healthcare providers by requiring two different licensing processes at collocated facilities for the Department of Defense and the Department of Veterans Affairs. Providing the highest quality of health care for servicemen and women, and Veterans is the Committee's number one priority. In an effort to ensure that providers are able to efficiently and effectively care for their patients without imposing additional burdens on health providers, the Committee directs the Department of Defense and the Department of Veterans Affairs to examine ways in which duplicative licensing requirements may be eliminated at collocated facilities and to report these findings to the Committees on Appropriations of both Houses of Congress."

The requirements for obtaining a professional license are established by the states and territories. The Department of Defense (DoD) and the Department of Veterans Affairs (VA) are responsible for the credentialing of health care providers. Credentialing is the systematic process of screening and evaluating qualifications and other credentials of medical professionals, including licensure, required education, current competence, health status, relevant training and experience. After adequate credentials are submitted and verified and before a provider is permitted to work, the individual clinic or hospital must privilege the professional. This second step involves review of all of the credentials information and the medical staff matches the provider's capabilities to the facility's capabilities. DOD and VA credential and privilege many health care professionals similarly in accordance with The Joint Commission (TJC) standards. When those professionals are shared across Departments, the credentialing activity becomes duplicative not only in information, but also in costs. The implementation of the process discussed below will reduce not only the duplication, but also the time to complete the credentialing process in preparation for appointment. An analysis of TJC guidelines for a credentials verification organization (CVO) serves as the basis for this process. TJC refers accredited entities to this guidance when any organization bases its decision in part on information obtained from another entity as would be done if using a CVO.

DoD and VA are improving the process of sharing credentials between both agencies' facilities when they are located in the same area. DoD and VA have directed use of a single credentialing and privileging process when VA and DoD providers are co-located, such as at the James A. Lovell Federal Health Care Center (FHCC) in North Chicago.

In August 2008, the VA/DoD Health Executive Council (HEC) directed the establishment of a Credentialing Policy Ad Hoc Work Group to explore Department policies for the sharing of credentialing data between VA and DoD facilities. The guiding principles in these activities were based upon TJC standards and guidance. This Work Group was directed to develop a plan to incorporate changes into both Departments' credentialing policy that would reduce the time and costs associated with dual credentialing when providers are assigned to VA and DoD shared facilities. A Memorandum of Understanding (MOU), signed on December 6, 2010 (appendix), was established to implement the sharing of credentials. The MOU was signed by both Departments under the authority of titles 10 and 38 of the United States Code.

## Licensure Requirements at Collocated Facilities

The MOU establishes the guidelines for sharing and accepting the credentialing data, that has been collected and verified by one Department or the other. This will expedite the appointment process of those providers who work across Departments either in shared facilities or temporarily assigned from one Department to the other. A review will be conducted annually to determine continued applicability or the need for modification, and the MOU will remain in effect until terminated.

The following table (on pages 4-11) identifies each department's compliance with TJC data sharing principles, individually, as well as jointly for the completeness, accuracy, and timeliness of information provided in performance of credentials verification. The principles listed in the table will be the basis for policy changes within the Departments. We have implemented the principles in the attached table, which defines the data to be exchanged between the two agencies as required to comply with TJC guidelines.

There are still some credentialing differences between VA and DoD. For example, DoD requires non-personal services contractors to be licensed in the state in which they are delivering care, while VA does not. There are also some specialties, primarily nurse practitioners and allied health professionals, where some states allow the provider to practice independently and some states require the provider to be supervised. VA only grants privileges to those practitioners whose state license specifically states they are allowed to practice independently, while DoD does not base privileges on the individual's state license, but rather the type of practitioner, so that all like specialties are either privileged or not privileged. Upon approval of the Veterans Health Administration (VHA) nursing handbook, all VA advanced practice registered nurses (APRNs) will be allowed to practice as independent practitioners. This was an issue at the FHCC North Chicago that was solved by having active duty practitioners who have a state license that allows independent practice request both VA privileges and Navy privileges. Active duty practitioners, whose state license does not specify independent practice, are under a scope of practice at VA, but they still have Navy privileges. The granting of Navy privileges is required in order to deploy these providers in their wartime role.

In summary, in facilities where DoD and VA are collocated, such as North Chicago, we have adopted a single credentialing and privileging system with minimal exceptions. In areas where we have a VA and a DoD facility close by and we share some providers, we have developed a system that meets accreditation requirements and prevents unnecessary duplication of credentials verification and speeds the providers' requests for privileging.

Licensure Requirements at Collocated Facilities

**Attachment 1**

Credentials Data Sharing Guidelines – DoD and VA

When TJC is contacted about sharing credentials of health care practitioners, entities are referred to the guidance found in the Glossary of the *Comprehensive Accreditation Manual for Hospitals* (CAMH) for credentials verification organizations (CVO). The reason for this is that any hospital that bases its decision in part on information obtained from another entity must have confidence in the completeness, accuracy, and timeliness of that information. To achieve this level of confidence, the hospital should evaluate the other entities providing the information (initially and then periodically, as appropriate) for completeness, accuracy, and timeliness of the information being exchanged. The principles, as defined by TJC, were evaluated and findings documented as follows:

<b>Principle</b>	<b>Department of Defense/Department of Veterans Affairs</b>
<p><i>The agency makes known to the user the data and information it can provide</i></p>	<p>The DOD Interfacility Credentials Transfer Brief (ICTB) and VA's VetPro Coordinator's Summary were compared, data elements were agreed to include:</p> <ul style="list-style-type: none"> <li>Name</li> <li>SSN</li> <li>Date of Birth</li> <li>Gender</li> <li>NPI and Taxonomy Code</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, if appropriate</li> <li>Completion Date</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> </ul> </li> <li>Certification/Registrations (non-physician/dentist)                             <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> </ul> </li> </ul>

Licensure Requirements at Collocated Facilities

<p><b>Principle</b> (continued)</p>	<p><b>Department of Defense/Department of Veterans Affairs</b></p> <p>Medical Specialty Board Certification Specialty/subspecialty Issue Date Expiration Date</p> <p>Life Support Certification BLS certification expiration date ACLS certification expiration date PALS certification expiration date ATLS certification expiration date</p> <p>DEA/CDS registration Number Issue Date Expiration Date Date of PSV</p> <p>Current Position</p> <p>Current Medical Staff Appointment Expiration Date</p> <p>Statement signed by &lt;whomever the Medical Treatment Facility (MTF)/VA Facility designates &gt; that provider is clinically competent to practice the full scope of privileges granted and to satisfactorily discharge himself/herself ethically as attested to by signature. Statement signed by MTF Commander/VA Medical Center COS or delegate that the credentials file and documents contained therein have been reviewed and verified as indicated and reflects the status of provider as of &lt;insert date&gt;.</p>	
<p><b>Principle</b> <i>The agency provides documentation to the users describing how its data collection, information development, and verification process(es) are performed</i></p>	<p><b>Department of Defense</b></p> <p>References: DoD Instruction 6025.13 DoD Regulation 6025.13R CCQAS User Manual</p> <ul style="list-style-type: none"> <li>• Data elements for exchange based on Merits of Integration Study</li> <li>• Process initiated with provider record in CCQAS</li> <li>• PSV obtained in accordance with DoD (based on compliance with TJC standards) and service policies including all professional education, training, licensure, certification, registration</li> </ul>	<p><b>Department of Veterans Affairs</b></p> <p>References: VHA Handbook 1100.19 VHA Directive 2006-067 VetPro User Manuals</p> <ul style="list-style-type: none"> <li>• Data elements for exchange based on Merits of Integration Study</li> <li>• Process initiated with provider application stored in system</li> <li>• PSV obtained in accordance with VHA policies including all professional education, training, licensure, certification, registration, DEA, etc.</li> </ul>

Licensure Requirements at Collocated Facilities

<b>Principle</b>	<b>Department of Defense</b>	<b>Department of Veterans Affairs</b>
(continued)	<ul style="list-style-type: none"> <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> <li>• National Practitioner Data Bank-Health Integrity and protection Data Bank (NPDB-HIPDB) query at time of initial appointment, reappointment and change in privileges</li> </ul>	<ul style="list-style-type: none"> <li>• Data checks build 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</li> </ul> </li> <li>○ Completeness of Verification</li> <li>○ Verified data electronically matched back to provider data entry</li> <li>○ Enrolled in NPDB-HIPDB PDS at time of initial appointment with annual renewal for on-going monitoring</li> <li>○ Federation of State Medical Boards (FSMB) Clearance Report listing all physician licenses</li> <li>○ FSMB Disciplinary Alerts monitoring physician licensure</li> </ul>

Licensure Requirements at Collocated Facilities

Principle	Department of Defense	Department of Veterans Affairs
<i>The user is given sufficient, clear information on database functions, including:</i>		
<ul style="list-style-type: none"> <li>any limitations of information available from the agency (e.g., practitioners not included in the database),</li> </ul>	<p>All health care professions required by qualification standards to have license, registration, and certification are available in the database with the exception of Air Force RNs/LVNs/LPNs</p>	<p>None at this time. All health care professions required by qualification standards to have license, registration, and certification are available in the database</p>
<ul style="list-style-type: none"> <li>the timeframe for agency responses to requests for information,</li> </ul>	<p>Within 5 business days</p>	<p>Within 5 business days</p>
<ul style="list-style-type: none"> <li>and a summary overview of quality control processes related</li> </ul>		



Licensure Requirements at Collocated Facilities

Principle	Department of Defense	Department of Veterans Affairs
<ul style="list-style-type: none"> <li>○ to data integrity.</li> </ul>	<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 Services Professional enters all required information</li> <li>• Manual comparison of data in application.</li> <li>• No provider under 18 years of age.</li> <li>• Credentials must be verified prior to appointment process.</li> <li>• No Appointment can exceed 2 years.</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 documents to confirm correct document and correct screen.</li> <li>• Comparison of data accepted by credentialer with data provided by provider.</li> <li>• No provider under 18 years of age.</li> <li>• Credentials must be verified prior to appointment process.</li> <li>• Answers to supplemental questions displayed on service chief screen to ensure consideration at time of recommendation.</li> <li>• Discrepancy alert for incorrect provider or incorrect document identification.</li> <li>• Appointments can't be entered beyond policy requirements (temporary appt and expedited appt NTE 60 calendar days, and no appt can exceed 2 years)</li> </ul>

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Principle	Department of Defense	Department of Veterans Affairs
<ul style="list-style-type: none"> <li>○ security</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 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>• Log-on and password protected</li> <li>• Web hosting in Tier 3 Public Trust facility</li> <li>• Fully certified and accredited</li> </ul>
<ul style="list-style-type: none"> <li>○ Transmission accuracy, and</li> </ul>	Electronic or facsimile. With hard copy follow-up	Electronic or facsimile with hard copy follow-up. Question being submitted to the VA Office of General Counsel (OGC) for elimination of hard copy
<ul style="list-style-type: none"> <li>○ technical specifications</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed testing of all system modifications</li> <li>• Audit table for all sensitive data that include update date and time as well as updated by.</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed testing of all system modifications in accordance with change management processes</li> <li>• History and audit tables for all sensitive data include update date and time and updated by</li> </ul>
<p><b><i>The user and agency agree on the format for transmitting credentials information about an individual</i></b></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	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><b>Principle</b></p>	<p><b>Department of Defense/Department of Veterans Affairs</b></p>	
<p><b><i>The user can easily discern what information transmitted is from a primary source and what is not</i></b></p>	<p>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.</p>	

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	<b>Department of Defense/Department of Veterans Affairs</b>
<b>Principle</b>	
<i>For information transmitted by the agency that can go out of date (licensure, board certification), the agency provides the date the information was last updated from the primary source</i>	The time limited information will be PSV by the facilities where the provider is appointed so expiration or data age is not an issue.
<i>The agency certifies that the information transmitted to the user accurately represents the information obtained by it</i>	DoD ICTB and VA cover memorandum will contain a statement signed by credentialer that the credentials file and documents contained therein have been reviewed and verified as indicated as of the date signed.
<i>The user can discern whether the information transmitted by the agency from a primary source is all the PSV information in their possession pertinent to a given item or, if not, where additional information can be obtained</i>	<p>Attaching copies of PSV with contact information.</p> <p>DoD will note on the ICTB which items are PSV and attach PSV.</p> <p>VA will notate on Coordinator Summary which items are PSV. In addition, hard copy PSV documents will be sent by both VA and DoD of all non-time limited PSV.</p>

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<b>Principle</b>	<b>Department of Defense/Department of Veterans Affairs</b>
<p><i>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</i></p>	<p>Must communicate issues identified to transmitting agency who will resolve the issues.</p> <p>VA/DoD will track system wide to identify quality control issues. Corporate Representatives will meet, at a minimum semi-annually, to identify/discuss issues related to number completed, quality data issues, timeliness issues etc.</p>
<p><i>The user has a formal arrangement with the agency for communicating changes in credentialing information</i></p>	<p>MOU will include VA and DoD responsibility to recall to respective Agency, or not assign to partner Agency, if provider involved in significant adverse action to include, but not limited to suspension of clinical privileges, reduction/revocation of clinical privileges, Court-Martial, Uniform Code of Military Justice (UCMJ) actions, within 1 business day. This includes DoD practitioners' privileges placed in abeyance while under investigation.</p>