Indian Health Service
Fact Sheet

Credentialing Software and Policy Update

To facilitate the hiring of qualified providers and ensure patient safety, the IHS is modernizing the way provider credentialing and privileging is carried out within federally operated hospitals and clinics.

Background: The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Quality of care is an agency priority, and IHS is committed to continuing our efforts to assure a high-performing health care delivery system for American Indian and Alaska Native people.

The credentialing process evaluates the qualifications and practice history of a doctor such as training, residency and licensing. Coupled with that is privileging, which authorizes a healthcare practitioner to practice within a certain scope of patient care services. IHS is modernizing the way provider credentialing and privileging is carried out within federally operated hospitals and clinics.

A recent review of credentialing and privileging processes/systems across IHS direct service facilities demonstrated a need for a single credentialing and privileging software system used across all of its direct service facilities. The new system will provide a single common database for credentialing data within IHS.

Plan: On May 1, 2017, IHS awarded a contract to Applied Statistics & Management, Inc. (ASM) for its MD Staff credentialing software to be used across IHS direct service facilities. Implementation began in May 2017 with four IHS Area Offices. The remaining IHS Areas with federally operated hospitals, clinics and treatment centers began implementation preparations in July 2017. Implementation consists of multiple steps beginning with identifying key personnel responsible for credentialing functions, identifying the previous type and sources of data, uploading data into MD Staff for the first time, conversion and validation of the uploaded data, and training for credentialing staff.

Status: Three Area Offices have competed implementation with two more targeted for completion by the end of October 2017 and the remaining IHS Area Offices by the end of the year.