MINUTES

Advisory Committee on Physician Credentialing Information
Oregon Health Authority – Lincoln Building
Suite 850 – Mary Conference Room
421 SW Oak Street, Portland, OR 97209
October 26, 2016
2:00-4:00PM

Members Present: Rebecca Jensen, CPMSM, CPCS, *Chair*; Manny Berman; Valery Kriz, CPMSM; Victor B. Richenstein, MD.

Staff Present: Luke Glowasky; Melissa Isavoran, MS; Ivan Kuletz.

Guests: Alison Bellair; Danielle Coates.

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 2:07PM.

Minutes Review
The September 29, 2015 ACPCI meeting Minutes were reviewed. Dr. Victor B. Richenstein recommended changing the word "expend" at the bottom of page three to "expand" in order to correctly capture the intended meaning of the sentence. There was no further discussion.

MOTION: To accept the September 29, 2015 Minutes as amended. MOTION CARRIES: 4-0.

Current Member Expirations
Rebecca Jensen informed the Committee that she will be resigning as a Committee member and chair after the 2016 ACPCI meeting, and that Joan Sonnenburg has also stepped down as a Committee member as she has moved out of state. Rebecca asked Melissa Isavoran and Luke Glowasky to update the group on other member expirations and necessary next steps to replenish Committee membership.

Melissa Isavoran gave an overview of the Committee's procedures for replenishing membership and replacing the Committee chair. To establish ACPCI membership, members with expiring terms may renew their terms or provide a recommendation for their replacement. Barring any objections and ensuring the replacement fulfills the statutory requirements for organizational representation on the Committee, the recommendations will be made to the Oregon Health Authority's (OHA's) director or designee for a final decision. If recommendations are not received from retiring members, current members may propose recommendations. If the Committee cannot agree on their own recommendations then there will be a formal call for applications to fill those spots via OHA director or designee approval. There is no formal process for appointing a new chair for the ACPCI: that decision is up to the Committee members to make. Rebecca Jensen recommended Valery Kriz for the new ACPCI chair, citing her long term participation on the Committee and her extensive hospital credentialing background. Valery agreed to consider taking the chair position and get

back to the Committee with a decision at a later time.

Luke Glowasky reviewed the positions that will need to be filled and asked for recommendations for replacements. Manny Berman, whose term expired in 2016, recommended Danielle Coates of Tuality Healthcare as his replacement. The group unanimously agreed with Manny's recommendation of Danielle and Danielle accepted the invitation. Rebecca Jensen recommended Mary Pohlman of Kaiser Permanente as her replacement. This leaves three positions vacant: one health care services organization representative, one hospital representative, and one physician or physician organization representative.

The Committee agreed to have Melissa Isavoran review past membership applications and perform stakeholder outreach to come up with recommendations, which she will bring to the Committee for review in the near future.

Common Credentialing Update
Melissa Isavoran provided the update on the Oregon Common Credentialing Program (OCCP). To do the project work on the OCCP, OHA has contracted with a prime vendor, Harris Corporation. An RFP for the OCCP technology solution vendor was released in 2016, and Harris/OHA have recently selected Xerox partnered with Medversant as the vendor to carry out system/program activities. Xerox will be the primary teammate for overall OCCP services and tier one help desk and Medversant will be responsible for the Credentials Verification Organization (CVO) system. OHA expects to sign the contract with Xerox/Medversant and begin implementation in January 2017.

Accountability measures in place to ensure a successful implementation of the OCCP include: an integrated project schedule incorporating all deliverable products and milestones (continuously monitored); internal daily standups that highlight progress or impediments across the team; weekly OHA meetings to discuss progress, issues, and upcoming events; and the establishment and monitoring of Service Level Agreements (system operational metrics with penalties and rewards). Continued stakeholder participation in the OCCP implementation process will serve as an important key to implementation success.

Melissa reviewed work that OHA has done on the development of a fee structure for practitioners and credentialing organizations that will use the OCCP. Practitioners will pay a one-time fee to access the solution. Credentialing Organizations will pay a one-time set-up fee and an annual ongoing subscription fee based on their practitioner panel size for use of the system. Actual fees will come to light in the next few months once OHA gets final costs from Harris and the technology vendor. In addition to the Common Credentialing Advisory Group (CCAG) and Subject Matter Expert Groups, OHA will be working with the Oregon Medical Association, the Oregon Health Leadership Council, and the Oregon Association of Hospitals and Health Systems to refine the OCCP fee schedule.

While system testing and user-acceptance testing will occur within the OCCP solution, there is still a need for a systematic approach to live environment testing and the rollout of the OCCP. The OCCP Adoption Plan maps out strategies for ensuring the widespread and successful adoption and use of the system. Strategies

include deploying targeting marketing and outreach, ensuring Health Care Regulatory Board participation, coordinating early adoption, and developing change management approaches. OHA is currently recruiting for early adopters to help test the solution before the official go-live date, as well as volunteer change leaders willing to help develop a change management plan.

Review Solicited Suggestions
The Committee reviewed change suggestions to the Oregon Practitioner Credentialing and Recredentialing Applications submitted by interested parties. ***See Attachment A for the specific conclusions of the Committee.***

MOTION: To accept the 2016 recommendations as amended; use the accepted 2016 recommendations as amended to revise the credentialing and recredentialing applications; new forms shall be used as the basis for the credentialing information gathered within the Common Credentialing solution and only be mandated for use when the OCCP is operational. MOTION CARRIES: 4-0.

Public Comment
There was no public comment.

Next Steps
Recommendations will be brought to the CCAG for their review and discussion, and then sent to OHA's director or designee for final approval. The Committee will meet again in September 2017.

Adjournment
The meeting was adjourned at 3:59pm.

DRAFT

Suggestions for the Oregon Practitioner Credentialing Application
ACPCI Considerations and Recommended Actions - October 2016

No.	Received	Suggestor	Suggestions	Action	Notes
1	8/15/2016	Sarah Ayers, NaraNW	Page 4 Section VIII Undergraduate Education and Section IX Graduate Education Suggest including box for start date in addition to graduation date in these two sections.	Accepted	-Group noted that this change could be helpful for PAs, NPs, as well as some of the allied health professionals. -Group noted that the form currently asks for start dates in the higher education sections. -Concern raised by one member related to uncertainty around how this change would affect her organization's internal processes. That being said, the change was approved unanimously.
2	8/15/2016	Danielle Coates, Tuality	Page 7 Section XVI Hospital and Other Health Care Facility Affiliations Suggest adding box for "Professional Liability Carrier" to each affiliation, in addition to having that box for Work History section entries. This way providers would really get to thinking about all the policies that should be listed on the malpractice page.	Accepted	-Group notes asking practitioner's to tie their malpractitice carrier to their hospital and health care facility affiliations in addition to their work histories could be useful in helping practitioners know all of the liability carriers they need to list in Section XX Professional Liability Insurance. -Victor raised the concern that practitioners may not know which liability carrier is associated with each of their affiliations. -Change was accepted with one opposition vote from Victor. This opposition will be considered when discussing this change with CCAG.

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3	8/24/2016	Steve Godowski, Therapeutic Associates	"What providers have expressed needing is a way to know which sections are applicable to their specific profession. A sheet that would list the sections most applicable to their profession—this would be helpful to providers that are needing to fill out the form for the first time and need some guidance." Suggest adding a sheet that lists the sections most applicable to different health care professions.	Accepted, as Amended	-Becky noted that this sounds like something separate from the application like a guidelines document. -Valery noted that the "Does Not Apply" checkboxes in sections throughout the application were meant for practitioners that don't need to fill out those sections. -Group votes to update all "Does Not Apply" checkboxes throughout the applications to read: "Does Not Apply to My Practitioner Type". Numerous sections in the application provide a “Does Not Apply” box to address circumstances other than just practitioner type. Changing these boxes as described above also creates challenges to maintain spacing of the applications’ contents. For these reasons, OHA recommends keeping the “Does Not Apply” boxes as they are, and changing bullet #6 in Section I Instructions on Page 1 to read: “If a section does not apply to you or your practitioner type, please check the “Does Not Apply” box at the top of the section.”
4	8/30/2016	Catherine Jensen, Willamette Ear Nose & Throat	1) Throughout Word version of application you are unable to tab between fields. For example, pressing tab in Last Name just highlights Middle Name and doesn't actually go to the entry field like in the 2012 Word application. Suggest correcting this issue, so tab works like it did in 2012 application (s). This simply requires restricting editing priveleges to "Filling in Forms" in Word, or publishing only PDF versions.	Accepted	-Group votes to offer paper versions of 2016 OPCA and OPRA forms in PDF fillable form file types.
			2) The check boxes do not work. You should be able to click on yes or now and have the field fill. Suggest correcting this issue. This simply requires restricting editing priveleges to "Filling in Forms" in Word, or publishing only PDF versions.	Accepted	-Group votes to offer paper versions of 2016 OPCA and OPRA forms in PDF fillable form file types.

No.	Received	Suggestor	Suggestions	Action	Notes
			3) When entering phone numbers on the document you cannot tab from the area code to the next entry point. It takes you to the next set of information to be entered. Suggest correcting this issue. This simply requires restricting editing priveleges to "Filling in Forms" in Word, or publishing only PDF versions.	Accepted	-Group votes to offer paper versions of 2016 OPCA and OPRA forms in PDF fillable form file types.
5	9/6/2016	Elizabeth McLaughlin, FamilyCare Health	1) Page 2 Section II Practitioner Information and Page 6 Section XIV Health Care Licensure, Registrations, Certificates & ID Numbers Suggest moving NPI and Medicaid and Medicare Numbers to the Page 2 Section II Practitioner Information section.	Not Accepted	-Group agrees there is value in keeping Section XIV as is, so there is one place where all these numbers are collected.
			2) Page 2 Section II Practitioner Information Suggest adding field for Languages Spoken to Page 2 Section II Practitioner Information section.	Not Accepted	-Group noted that accreditation standards should be what we tie the application forms to and in the past we denied this change request in that vain.
			3) Page 3 Section VI Practice Information Suggest adding field for Office Hours to Page 3 Section VI Practice Information section.	Not Accepted	-Group noted that accreditation standards should be what we tie the application forms to and in the past we denied this change request in that vain.
6	9/9/2016	Catherine Drexler, Principal Life Insurance Company	1) Page 1 Documents to attach to application section Suggest adding "Specialty Training Certificate (if applicable)" to the list of current documents submitted with application.	Not Accepted	-Group voiced concern over not understanding the meaning and purpose of this change request, and voted to deny based on not having enough information to understand what the suggestion means.

No.	Received	Suggestor	Suggestions	Action	Notes
			2) Page 6 Section XIV Health Care Licensure, Registrations, Certificates & ID Numbers Suggest changing "Individual NPI Number" field text to "Entity Type 1 (Individual) NPI Number". This would clarify that the form doesn't want Entity Type 2 (organization) NPI numbers.	Accepted, as Amended	-Group votes to change the language in this box to read "Individual (Type 1) NPI Number:". -Group votes to append the following two bullet points to the glossary entry for NPI explaining what Type 1 and Type 2 NPI providers are, in order to highlight the differences between them: • Entity Type 1 NPI providers: Health care providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI. • Entity Type 2 NPI providers: Health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.