

MINUTES

Advisory Committee on Physician Credentialing Information

Meridian Park Hospital
Community Health Education Center Room 107
19300 SW 65th Avenue, Tualatin, Oregon 97062
September 29, 2015
10:00-12:00 pm

Members Present: Rebecca Jensen, CPMSM CPCS, *Chair*, Leah J Asay, CPCS, Manny Berman, Mark A Bonanno, JP, MPH, Gwen M Dayton, JD, (joined late) Valery Kriz, CPMSM, (joined late), Victor B Richenstein, MD, (joined late), Joan A Sonnenburg, RN HCA, Nicholetta Vlandis, CPCS (joined late).

Staff Present: Melissa Isavoran, MS; Nick Kramer

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:08 am.

Minutes Review

The September 15th and 23rd 2014 ACPCI meeting Minutes were reviewed. There was no discussion.

MOTION: To accept the September 15th and 23rd 2014 Minutes. MOTION CARRIES: 5-0.

New Member Introductions

Melissa Isavoran introduced Mark Bonanno, new physician organizations representative from the Oregon Medical Association and Leah Asay, new health care services organization representative from Trillium Community Health Plan. Victor Richenstein a physician organization representative on the Committee will be staying with the group until his term expires January 2017. Dr. Richenstein had previously agreed to step down from his position in order to allow Kathryn Lueken from WVP Health Authority to take over this position by Dr. Lueken was unable to participate in the Committee.

Melissa Isavoran informed the Committee that the work on common credentialing and the work done by the ACPCI would be transferred from the Office for Health Policy and Research to the Office of Health Information Technology (OHIT) starting in January 2016. Susan Otter, Director of OHIT, and Rachel Ostroy, Implementation Director, were both introduced to the group but were unable to join the meeting in person.

Current Member Expirations

The Committee discussed current member expirations. Four positions will become vacant in January 2016.

Melissa Isavoran outlined the process for maintaining committee membership including the possible need to go through a solicitation for new applicants. The upcoming vacancies include one physician organization representative, two hospital
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representatives, and one health care services organization representative. Rebecca Jensen noted that in the past the group has allowed for members to continue to remain on the Committee as long as they are willing and able since ACPCI only meets once a year and needs experienced members.

Manny Berman and Joan Sonnenburg agreed to remain on the Committee as hospital representatives. Gwen Dayton agreed to remain on the Committee as a physician organization representative. Nicholetta Vlandis expressed some concern at being able to continue on the ACPCI as a health care services organization representative but agreed to follow up with Melissa Isavoran and Rebecca Jensen.

Common Credentialing Update

Melissa Isavoran provided the common credentialing update. Melissa highlighted the importance of getting all of the necessary changes to the Oregon Practitioner Credentialing Application (OPCA) and the Oregon Practitioner Recredentialing Application (OPRA) in place prior to the common credentialing solution implementation. ACPCI had expected last year's form changes to be implemented in the new common credentialing solution, the new form was approved but not mandated. The common credentialing work is still underway due to procurement issues. Melissa noted the heightened sensitivity for IT procurements within the state and the common credentialing project was not going to meet the original release date of January 2016 that was mandated in Senate Bill (SB) 604 (2013).

A Request for Information has been released and OHA asked the legislature for additional flexibility in the solution release date. SB 594 (2015) grants OHA the flexibility to establish the common credentialing solution release date by rule but credentialing organizations would be given six months' notice prior to the release. The current anticipated release date of the solution is 2017. OHA and its vendor would use all of 2016 to procure and configure the solution and conduct outreach and marketing, rule development or revisions to prepare for the release.

Melissa Isavoran also informed the group that the common credentialing project has been combined with other HIT projects in the OHIT. A prime vendor, Harris Corporation, would be responsible for the system integration, project management, separate competitive procurement and oversight for the implementation of common credentialing, provider directory, and clinical quality metrics registry. Harris is OHA's current vendor for Oregon's Health Information Exchange solution, CareAccord. A list of interested vendors has already been established and will be forwarded on to Harris for the procurement process. OHA currently anticipates having a Harris contract completed shortly and then would anticipate having the common credentialing vendor on board in 2016.

The group discussed and agreed to the importance of getting all of the necessary changes added to the OPCA so that this information is available to be configured within the planned common credentialing solution.

Leah Asay asked if Harris was selected as the prime vendor and system integrator because of the company's previous relationship and work for OHA and asked about the overall process for procuring a common credentialing vendor.

Melissa Isavoran confirmed that this was the case and outlined the OHA's process

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for issuing a special procurement notice that allowed other vendor's who had an interest in bidding as a prime contractor to provide information about their qualifications. The special procurement notice also established a mechanism for OHA to conduct an expedited Request for Proposals process. There were no protests brought by the vendor community for OHA's approach to use Harris as the prime contractor and system integrator. As part of the requirements Harris will propose an open and competitive process for selecting the common credentialing vendor.

Melissa Isavoran also outlined the next steps for the work that would be done through the Common Credentialing Advisory Group including updating the rules, establishing fees information and other activities that will be completed through a stakeholder process. A full announcement of the go-live date for common credentialing will be issued six months prior to the initial solution release.

Provider Data Systems Alignment

Melissa Isavoran facilitated a conversation with the ACPCI members about exploring the group's interest in revisiting additional data elements in the common credentialing solution that are collected in OPCA addendums and for other business purposes (e.g., provider directories, network adequacy, etc.). These additional data elements would not necessarily be included in the OPCA but would allow practitioners to provide additional data elements, not necessarily required for credentialing practitioners (e.g. foreign languages spoken, office hours, etc.).

Manny Berman thought there was value but also risk in including additional data elements based on how many data elements were included. He proposed two portals, one for the essential credentialing information and a second portal that the practitioners could enter in or manage elective additional data elements.

Gwen Dayton asked if the provider directory would have broad uses beyond comment credentialing and discussed Kaiser's ability and interest to opt out of the common credentialing solution and also noted that Kaiser might be interested in exploring their option to opt out of the provider directory solution.

Melissa Isavoran clarified that one proposed use for the additional data elements would be to allow providers to access the common credentialing solution to answer a certain number of optional extra questions beyond providing the required OPCA information that is necessary for credentialing.

Manny Berman and Gwen Dayton discussed the exception process for opting out from participating in the common credentialing solution. Melissa Isavoran clarified that a pre-paid group health plan that serves at least 200,000 members in the state can petition the OHA Director for an exception from the solution.

Joan Sonnenburg highlighted the importance of allowing for flexibility in collecting practitioner information especially as the delegation of collecting information would be allowable.

Rebecca Jensen noted that Melissa Isavoran was not asking for a specific proposal from the group, but rather was interested in reintroducing this topic to the group. Melissa noted that there are opportunities to expand the common credentialing

solution to handle additional data elements. Melissa reiterated that the goal was not necessarily to change the OPCA form.

Joan Sonnenburg agreed that it would be ideal to have one external facing portal to allow providers to enter their data for credentialing purposes and also collect additional data elements. Leah Asay agreed that there was value in collecting this additional information especially office hours and languages spoken. Nicholetta Vlandis agreed with Leah and noted that this option could be a solution for new Medicare regulations related to provider data reporting. Joan and Valery Kriz also agreed that it is worth exploring collecting additional data elements in the common credentialing solution.

Melissa Isavoran agreed to send out a questionnaire to the group on the subject of additional data elements that are commonly collected or needed by members of the group.

Review Solicited Suggestions

ACPCI reviewed most of the recent application and suggestions submitted by interested parties. See Attachment A for the specific conclusions of the Committee.

MOTION: To accept the 2015 recommendations as amended; use the accepted 2015 recommendations as amended to revise the credentialing and recredentialing applications; new forms shall be used for the common credentialing solution and only be mandated for use when common credentialing is operational. MOTION CARRIES: 9-0.

Public Comment

There was no public comment.

Next Steps

Recommendations will be sent to OHA Director, Lynne Saxton for approval. OHA will then bring the ACPCI recommendations to the CCAG for discussion. Final approval of OPCA recommendations will be made by OHA. This group will meet again in September 2016.

Adjournment

The meeting was adjourned at 11:59 am.

Suggestions for the Oregon Practitioner Credentialing Application					
ACPCI Considerations and Recommended Actions - September 2015					
No.	Received	Suggestor	Suggestions	Action	Notes
1	8/5/2015	Mike Bond, PrimeCare	1) Page 3 Section III Specialty Information Principal clinical specialty (For most current specialties list, see: http://www.wpe-di.com/codes:) a. The portion in parenthesis is confusing to some applicants. We find that once someone has referenced the website they list the taxonomy code and not the specialty. Suggest clarifying this to ensure that the type of specialty is listed not the taxonomy code for the specialty. Replace "most current" with "examples".	Not accepted	-Group does not generally see taxonomy codes provided on forms.
			b. Category of professional activity, check all boxes that apply: Suggest giving examples next to "Other" box and move (explain) next to the "Part time" box.	Not accepted	-Group does not see a need for this change.
			2) Page 4 Section V Other Certificates Suggest adding a "Does Not Apply" box	Not accepted	-Instructions state attach Other Certificates if applicable.
			3) Page 5 Section IX Graduate Education Does not include address of school. Suggest using the same format as Section X below.	Accepted w/modification	-Group agreed to modify Page 5 Section VIII, IX, X, to add "and Street Address" to each box that includes "School Name."
			4) Page 7 Section XIV Health Care Licensure, Registration, Certifications & ID Numbers Suggest adding Group NPI Number. This will eliminate the need for separate communication between the Health Plan or IPA and the practitioner or their practice.	Not accepted	-This information changes as practitioners changes employment or might have multiple Group NPI Numbers.

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2	8/5/2015	Darcy Stjernberg Morey, Multnomah County Health Department	1) Page 12 Section XXI Attestation Questions a. (J) Have you ever been charged with a criminal violation (felony or misdemeanor)? b. (K) Do you presently use any illegal drugs? Suggest changing to: a. (J) Have you ever been charged with a criminal violation (including DUII), misdemeanor, or felony? b. (K) Have you in the past or currently use illegal drugs?	Not accepted	-Group was unsure of the purpose of asking for historical use of illegal drugs and was unclear about intent for seeking information for past substance use and what the scope/issues would be for this question. Group noted that the form is not an employment application.
			2) Attachment A Page 1 Professional Liability Action Detail Instructions: Please list any past or current professional liability claim or lawsuit, which has been filed against you. Photocopy this page as needed and submit a separate page for EACH professional liability claim/lawsuit. It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field. Please attach additional sheet(s), if necessary. a. Suggest creating Attachment B for those that answer "yes" to the Attestation question. b. Suggest adding to instructions: Please provide an explanation to any questions with an answer of YES from the Attestation page.	Not accepted	-Information requested as part of Attachment A. Adding Attachment B would create additional confusion about which area to submit this information in.

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3	8/10/2015	Donald O'Malley, PCS Credentialing Services, LLC	1) Page 1 Section I Instructions 5th Bullet – Instruction to “Identify the Health Care release organization(s) to which this application is being submitted in the space provided below.” This is most likely the least followed instruction. Of all the state applications that our CVO reviews and processes, Oregon's is the only one that has this requirement. Too often we must request that the names of the organizations be added and that the page be returned to us prior to processing. Suggest eliminating the requirement and have the release general enough to be all encompassing.	Not accepted	-Recommendations do not apply
			7th Bullet - “If a section does not apply to you, please check the provided box at the top of the section.” Again this is a completely overlooked instruction and is not needed. Suggest writing “N/A” instead and eliminate the boxes.	Not accepted	-Recommendations do not apply
			8th bullet – “Mail application to the requesting organization(s).” Suggest changing to “Email, fax or mail...”	Not accepted	-Recommendations do not apply
			2) Page 2 Section II Practitioner Information Home address is general enough to include the city, state, and zip. Suggest eliminating the boxes for City, State, and Zip	Not accepted	-Applicants might not include this information unless instructions are updated. Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.

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			Boxes for the birth date and citizenship are too large for the need. Suggest reviewing all of the boxes for proper length and format. (Email address boxes should be lengthened)	Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.
			3) Page 5 Section X Medical / Professional Education (two sections) a. Complete Medical / Professional School Name and Street Address – Most individuals do not know the street address of the schools that they attended much less the correct address for the registrar's office. Anyone that performs verifications will have email addresses and / or fax numbers for the institutions. Additionally, many institutions now use a verification service (e.g., National Student Clearinghouse). Suggest changing to "Medical / Professional Institutions name and city, state."	Not accepted	-Refer to previous motion (1.3).
			b. Degree Received Suggest shortening the box.	Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.
			c. Fax Number Suggest eliminating the box.	Not accepted	-Not necessary because instructions indicate if available.
			d. From Month / Year and To Month / Year Suggest eliminating the boxes.	Not accepted	-Month day and year are necessary.

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			4) Page 5 Sections XI, XII, XIII a. This page could be completely re-formatted to allow more entries as needed and avoid redundancy in the form.	Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.																									
			b. Entries for fax number and Month / Year of Completion are not needed. Suggest the following format: <table><tr><th>Institution City, State (or country)</th><th>Dates (from – to) (MMM YY – MMM YY)</th><th>Specialty</th><th>Type (inter, Res, Fellow)</th></tr><tr><td>Johns Hopkins Univ Med Center Baltimore, MD</td><td>Jul 04 – Jun 05</td><td></td><td>Internship</td></tr><tr><td>Johns Hopkins Univ Med Center Baltimore, MD</td><td>Jul 05 – Jun 08</td><td>Ophthalmology</td><td>Residency</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Institution City, State (or country)	Dates (from – to) (MMM YY – MMM YY)	Specialty	Type (inter, Res, Fellow)	Johns Hopkins Univ Med Center Baltimore, MD	Jul 04 – Jun 05		Internship	Johns Hopkins Univ Med Center Baltimore, MD	Jul 05 – Jun 08	Ophthalmology	Residency									Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.					
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Johns Hopkins Univ Med Center Baltimore, MD	Jul 04 – Jun 05		Internship																											
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			5) Page 6 XV Other State Health Care Licenses, Registrations & Certificates Year Relinquished and Reason are not needed. Verification of the license will reveal the dates and the reason. Suggest the following format: <table><tr><th>Type</th><th>State</th><th>Number</th><th>Year Licensed</th><th>Expires(d)</th></tr><tr><td>MD</td><td>OR</td><td>456789</td><td>2010</td><td>2016</td></tr><tr><td>MD</td><td>WA</td><td>3258745</td><td>2010</td><td>2014</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	Type	State	Number	Year Licensed	Expires(d)	MD	OR	456789	2010	2016	MD	WA	3258745	2010	2014											Not accepted	-Group noted that this information would be pre-populated from information through the Health Care Regulatory Boards in the future Common Credentialing solution. Information is valuable for credentialing purposes.
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			<p>6) Page 7 Section XVI Hospitals and Other Health Care Facility Affiliations</p> <p>Most providers would not know the hospital affiliations address' like educational institutions. Status and reason for leaving would be discovered in the verification process.</p> <p>Suggest re-working the entire page to a table and eliminate the address, status, and reason for leaving.</p> <table><tr><th>Name, City, State</th><th>Dates (MMM YY – MMM YY)</th><th>Staff Status</th></tr><tr><td>Providence Portland MC, Portland, OR</td><td>Jul 10 - present</td><td>Active</td></tr><tr><td>St. Joseph MC, Houston, TX</td><td>Jul 06 – May 10</td><td>Resigned</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Name, City, State	Dates (MMM YY – MMM YY)	Staff Status	Providence Portland MC, Portland, OR	Jul 10 - present	Active	St. Joseph MC, Houston, TX	Jul 06 – May 10	Resigned							Not accepted	-Information is valuable for credentialing purposes.
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			<p>7) Page 8 Section XVII Professional Practice / Work History</p> <p>With the exception of the “Previous Practice / Employer” how is the section different than Page 4, section VI?</p>	Accepted w/modification	-Information on Page 8 Section XVII and should remain unchanged. Group agreed to modify Page 4 Section IV title to be "Practice and Employment Information."															
			<p>8) Page 9 Section XX Professional Liability Insurance</p> <p>Suggest adding email address for broker / carrier.</p>	Not accepted	-Information is difficult to keep current.															
			<p>9) Page 10 Section XIX Attestation Question</p> <p>The signature line is one of the most missed items on the application. Isn't this attestation information contained on the “Authorization and Release of Information Form: (page 11)?</p> <p>Suggest making the signature on the Authorization all encompassing for the application.</p>	Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.															