

Welcome to Oregon Chapter of HIMSS Webinar

Tom Finnerity – Board President

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Oregon Chapter of HIMSS Upcoming Events:

Oregon Chapter of HIMSS Annual Conference

Date & Time: May 17, 2018, 8-5:30 p.m.

Location: Doubletree Hilton, Portland, OR

Presenters and Registration Information: To Be Announced Week of March 26, 2018

Workforce Innovation Event - June

HIMSS Membership Benefits

<http://www.himss.org/membership/individual-options>

Join your peers

- HIMSS members encompass a broad range of professional roles from CIOs, clinicians, and financial experts to consultants, project managers, and systems analysts. Build the peer networks necessary to achieve your goals

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- As a member and volunteer you have the opportunity to help create content including educational resources and influential policy positions all while earning leadership experience.

Access content

- Each year HIMSS volunteers and staff publish hundreds of content pieces including educational events, thought leadership pieces, public policy positions, on-demand topical webinars and publications.

Save money

- Members receive complimentary access to hundreds of valuable resources and save an average of 20% on publications and educational events.

Stay informed

- Members receive a complimentary monthly subscription to Healthcare IT News.

Oregon Chapter of HIMSS Scholarship Opportunities

- We are very pleased to announce the launch of our new scholarship program!
 - The new Oregon HIMSS Scholarship Program creates 32 new scholarships for waived event attendance, designed for a mix of health IT students, military veterans and individuals interested in career growth and professional development.
- To apply for a scholarship fill out the short application <http://bit.ly/2nbOcx>
- Send any question to scott@scottzacks.com

Centralized Provider Data in Oregon

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Office of Health Information Technology

Health Policy & Analytics



Objectives

- To understand the Oregon Common Credentialing Program, user requirements, and program value.
- To understand the scope of the statewide Provider Directory and its uses and value
- To gain knowledge of the complexities of provider data and alignment efforts in Oregon



Oregon's Statewide Health IT Services

Oregon Health Information Technology Program:

- Supports adoption of electronic health records, the secure exchange of health information and the achievement of meaningful use
- Seeks to increase the use of health information technology (HIT) across Oregon's health care community through collaboration and partnerships
- Offers supporting and enabling health information technology infrastructure

Provider Data Services	Common Credentialing	A statewide credentialing system that creates one place for Oregon practitioners to manage their credentialing information, ensuring organizations have access to their updated information	
	Provider Directory	A statewide provider directory designed as a single trusted source of Oregon health care provider information that aims to reduce administrative burdens in managing provider information and facilitating care coordination	
Other	Clinical Quality Metrics Registry	Technical Assistance to Medicaid Practices	Hospital Event Notifications: EDIE*/Premanage

**Emergency Department Information Exchange*

Purposes of Provider Data Alignment



Credentialing, enrollment and contracting



Referrals and care coordination



Timely and accurate reimbursement



Analytics and other research



Patient-facing directories

Challenges in Provider Data Alignment

Lack of complete data sources

Segregated business standards

Disparate directories

Redundant processes

Varied technology sophistication

Master data management



Oregon Common Credentialing Program
*A Centralized Source for the Collection
and Verification of Credentialing
Information*

Why Common Credentialing?

Practitioners have repeatedly expressed the need for a centralized system to minimize the burdens related to the credentialing process:

- Credentialing ensures qualified practitioners, but is complicated
- An Oregon Health Leadership Council survey revealed that it takes 48 hours on average to get new practitioners credentialed
- Each credentialing organization spends numerous hours collecting and verifying the same practitioner's information
- Oregon's existing common form provides common element collection, but does not minimize the burdens of submission to multiple organizations and continuous follow-up

Other State Efforts in Common Credentialing

- Standardized credentialing forms exists in many states
- Some states mandate the use of a centralized repository vendor
- **Washington:** Volunteer centralized system as a practitioner data repository for all practitioners and credentialing organizations to use
- **Arkansas:** Mandated credentialing system with verifications for licensees and the organizations that must credential them
- **Georgia:** Mandated credentialing system with verifications for Medicaid practitioners and managed care organizations that must credential them

Many states are on the path to centralization signifying a shift toward provider data alignment and an opportunity to connect

The Common Credentialing Program

Charged by the Oregon State Legislature to develop the Program, OHA has been working closely with the healthcare community to build a centralized system that works for everyone.

Health Care Practitioners



1 STOP SHOP

Web-based system to centrally store and manage credentialing information



1 TIME FEE

One-time application fee; no annual fee thereafter



UPDATE EVERY 120 DAYS

Attestation to credentialing information every 120 days in centralized system

Credentialing Organizations



SINGLE SOURCE

Verified practitioner data centrally stored and attested to every 120 days



1 TIME SETUP

One-time setup fee and annual subscription fee based on panel size



UPDATES & MONITORING

Updated verifications and monitoring of licenses, sanctions, and expirables

“Go-live is July 2018; required participation beginning November 2018”

Common Credentialing Practitioner Types

Oregon practitioners that must be credentialed, including:

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Physician Assistants
- Oral and Maxillofacial Surgeons
- Dentists
- Acupuncturists
- Audiologists
- Licensed Dietitians
- Licensed Marriage & Family Therapists
- Licensed Professional Counselor
- Psychologist Associate
- Speech Therapists
- Physical Therapists
- Occupational Therapists
- Registered Nurse First Assistant
- Advanced Practice Registered Nurses
- Psychologists
- Licensed Clinical Social Worker
- Optometrist
- Chiropractor
- Naturopathic Physician
- Licensed Massage Therapists

Note: This Program does not include facilitates

Approximately 55,000 practitioners will be impacted

Common Credentialing Data Types

Practitioner demographics
Education and training details
License and certification information
Practice information and locations
Hospital and facility affiliations
Work history
Malpractice insurance and claims history

Health Care Practitioner Services

Health care practitioner contribution via a one-time initial application fee

- 24/7 web-based access to OCCP system to submit credentialing information
- Ability to manage changes to credentialing information via centralized location
- Ability to centrally adjust CO assignment as needed
- Designee access to assist in maintaining practitioner information

Health Care Practitioner Workflow Changes

Credentialing process	HCP current workflow	HCP post OCCP workflow
Submitting initial applications	Submittal to each new CO	One time initial submittal
Submitting supporting documentation	Submittal to each CO	Submittal to OCCP
Submitting CO specific documentation	Submittal to each requesting CO	Submittal to each requesting CO
Ensure application completeness	Coordination with each CO	Coordination with OCCP
Submitting recredentialing applications	Submittal to each CO	Attest every 120 days

Credentialing Organization Services

CO pay a one-time setup fee and annual subscription fee at initial setup based on self-reported practitioner panel size

- Covers initial setup and account maintenance
- Allows 24/7 access to practitioner credentialing information
- Provides primary source verification and documentation
- Monitoring of practitioner sanctions and expireables
- Ad hoc reporting and flat files
- Standardized Application Programming Interface

Credentialing Organization Workflow Changes

Credentialing services	CO current	OCCP workflow	CO post OCCP
Providing and managing a credentialing database	X	X	X
Sending/generating applications	X	X	-
Reviewing applications for completeness	X	X	-
Practitioner follow up for additional/missing info	X	X	-
Verifying licenses	X	X	-
Verifying board certifications	X	X	-
Verify all education and training	X	X	-
Requesting and reviewing residency letters	X	-	X
Verifying all hospital affiliations	X	X	-
Verifying work history up to ten years	X	X	-
Collecting three peer references	X	X	-
Verifying three peer references	X	-	X
Reviewing of Medicare Opt-Out List	X	X	-
Querying OIG for exclusion	X	X	-
Collecting liability coverage face sheet	X	X	-
Running NPDB/HIPDB queries	X	-	X
Tracking returned verifications	X	X	-
Managing status update inquiries and rosters	X	-	X

Note: The Program does not include the decision to credential a practitioner or the privileging process

Program Rollout and Adoption

Program rollout and adoption has been meticulously planned:

- Early adoption (pilot) period July - October 2018
- Require participation beginning November 5, 2018
- Allow a natural uptake, aligning with credentialing cycles
- Allow a six month payment period with payment due April 30, 2019

Rollout and Adoption Considerations

Pilot period advantages

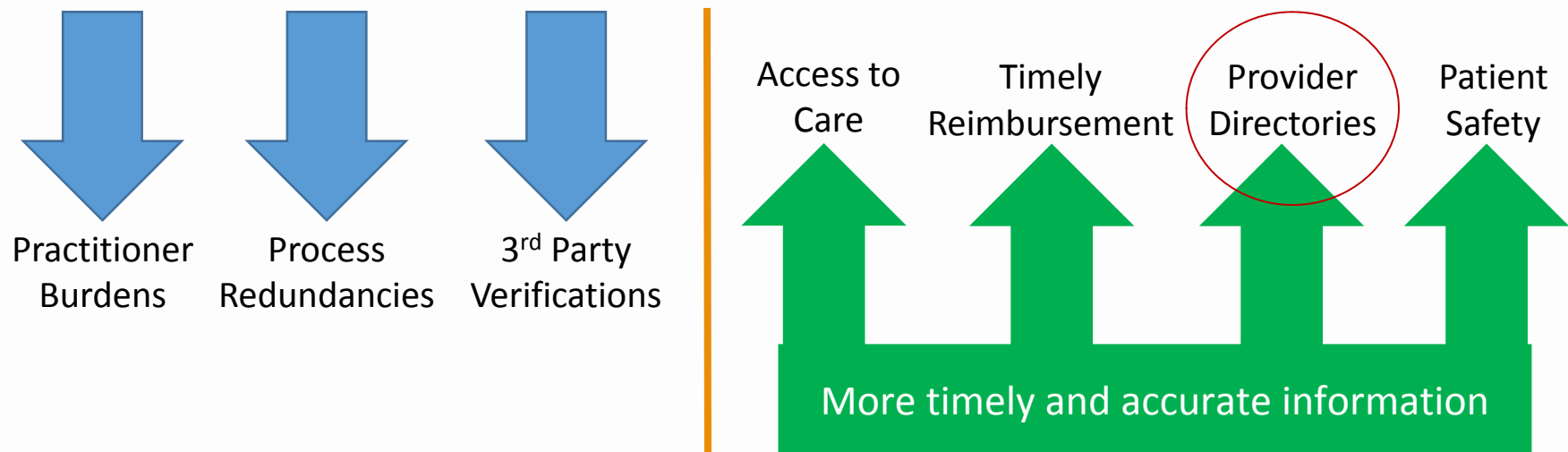
Transition period challenges

Current business functions and budget cycles

Marketing and outreach

Common Credentialing Value

Our goal is to create a statewide credentialing system that eliminates redundancies, increases accuracy and saves time.



Questions?

More information can be found at:
www.oregon.gov/oha/OHIT/occp

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Statewide Provider Directory: Single source of trusted provider information

Oregon HIMSS

March 2018



The current state of provider directories

			
High costs and inefficiencies related to data chasing and updating	Inaccurate, disparate, or incomplete data sources make it difficult to find other providers for coordinating care	Data needed to report and monitor quality, outcomes, access to care, and costs are fragmented and/or unavailable	Regulations and penalties for inaccurate data in patient-facing provider directories

Nature of Provider Data

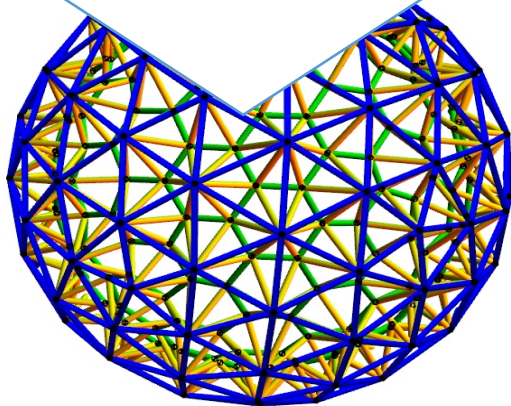


Data are siloed

Changes often



One to
many/many
to many
data
relationships



Electronic addresses needed
for exchanging patient info
are not centrally located

No single source of
truth



Why develop a Statewide Provider Directory?



- In 2013, Oregon stakeholders, including Medicaid coordinated care organizations (CCOs) expressed the need for foundational health IT services that support health transformation



- In 2013, Oregon Senate Bill 604 established the Oregon Common Credentialing Program (OCCP) which requires:
 - a central database for credentialing data
 - primary source verification of those data
 - Providers to re-attest every 120 days
 - Credentialing organizations to use OCCP data



- In 2014, to support Meaningful use, OHA secured Medicaid funding for the design, development, and implementation of the Provider Directory
- In 2015, HB 2294 was passed which allows the OHA to expand Health IT beyond the Medicaid program and charge fees

Oregon's Statewide Provider Directory

- ✓ Directory of quality provider data available to vetted health care entities to improve administrative efficiencies and operations, facilitate care coordination and health information exchange, and be a resource for health analytics
- ✓ Data sources that feed the directory are matched, scrubbed, and given a quality score
- ✓ Ongoing management of the data is handled by data stewards who ensure data displayed in the Provider Directory is accurate
- ✓ Soft launch is expected in August 2018 for HIE audiences

Correct data



Complete data



Current data



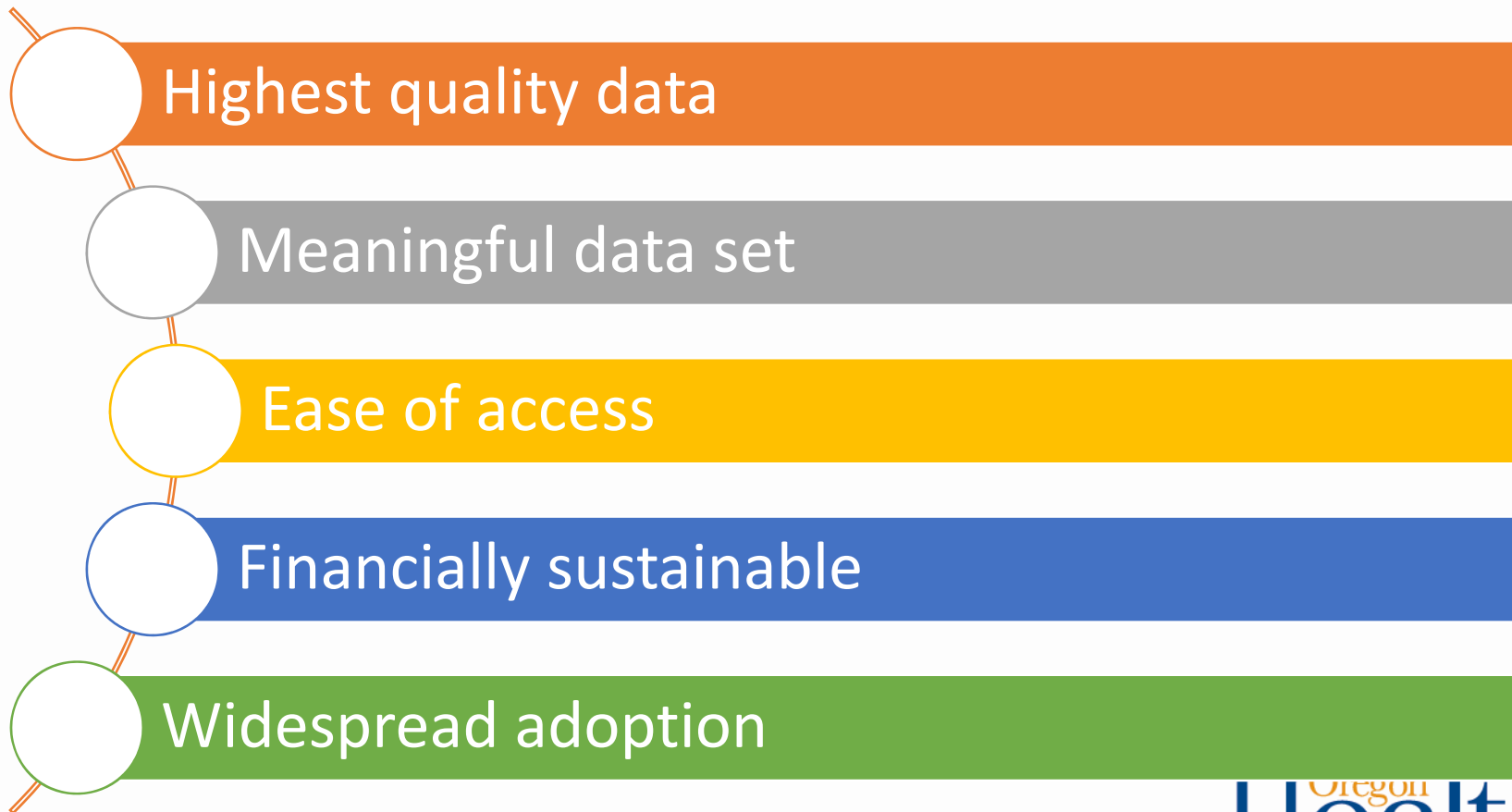
Trusted data

Foundational Project Principles

- Build incrementally to ensure success, but must have value right out of the gate
- Scalable solution to allow for future enhancements and additional functionality
- Establish clear expectations regarding quality of provider information
- Centralize where needed but allow for federation of existing provider directories – leverage existing data



Objectives



Provider Directory uses

Use Cases

- **Operations:**
 - Access trusted provider information to validate local directory information
 - Find contact information on providers and locations where they practice
 - Meet regulations (e.g., Medicare Advantage, Medicaid Managed Care)
- **Health Information Exchange:**
 - Access to Direct secure messaging (DSM) addresses and other related information to enable sending patient information electronically
 - Meet Meaningful Use/Advancing Care Information measures
- **Analytics:**
 - Access to current and historical provider information to support research, analysis of claims, and quality improvement efforts

High Level Provider Directory Data Types

Data Type (includes Medicaid and non-Medicaid providers)

- ✓ Provider/Organization name*
- ✓ Address (street, billing, practice, mailing)*
- ✓ Contact info (Phone, fax, email(s), website)*
- ✓ Demographics (gender, language)*
- ✓ Provider type and specialty*
- ✓ Provider affiliations (clinics, payers) with effective dates*
- ✓ License and certifications (type, dates, renewals)*
- ✓ Identifiers (NPI, Medicaid ID, etc.)*
- ✓ Direct Secure Messaging Address information
- ✓ Other provider/practice information: Accepting new patients, office hours, ADA accessibility

Initial Sources: Common Credentialing, MMIS, Flat-File Directory, National Plan and Provider Enumeration System (NPPES)

Additional Sources: CCO network tables, EHR Incentive Programs, Patient Centered Primary Care Home, Public Health, including HCQRI, Provider Enrollment Chain and Ownership System (PECOS), All Payer All Claims, Other

* Supplied by Common Credentialing data

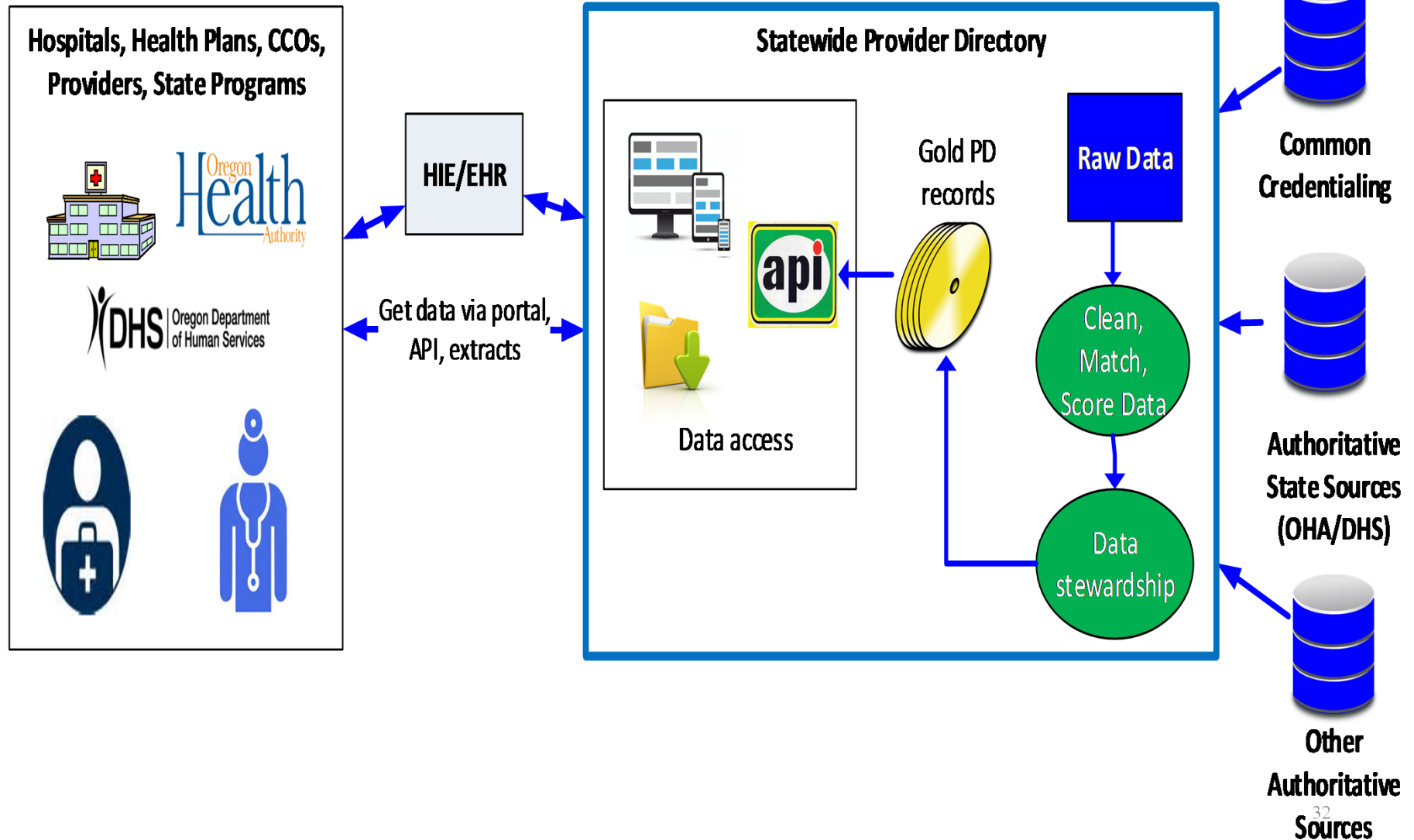
Types of providers in the Provider Directory



- The term “Provider” is broad
- The Provider Directory can contain data on individual practitioners, care coordinators, organizations including facilities, hospitals, and ambulatory surgical centers.
- It is NOT required for a Provider to have an National Provider Identifier (NPI) in order to have a record in the Provider Directory and is not limited to Medicaid
- “Who” will be in the Provider Directory is at least initially determined by the data sources the feed the directory and the use cases. For example:
 - Common Credentialing has 26 different provider types

Provider Directory diagram

Users (not a complete list)



Provider Directory draft “Maturity” timeline

Aug 2018 Soft Launch

- Focus on HIE and Medicaid enterprise
 - 4 data sources
 - Common Credentialing data (Minimal)
 - Direct secure messaging Flat-File directory (HIE addresses)
 - Medicaid Management Information Systems (MMIS)
 - National Plan and Payment Enumeration System (NPPES)
- New users/new program
- Developing lessons learned
- Establishing benchmarks and setting targets for data quality, completeness, and data stewardship

Mid 2019

- More data and improving data quality
- More CC data are available

Late 2019

- Data quality and processes are mature
- Meeting targets for data quality, completeness, and data stewardship

Future state

One place to get data of the highest quality



Reduction of provider burdens related to provider directory data maintenance



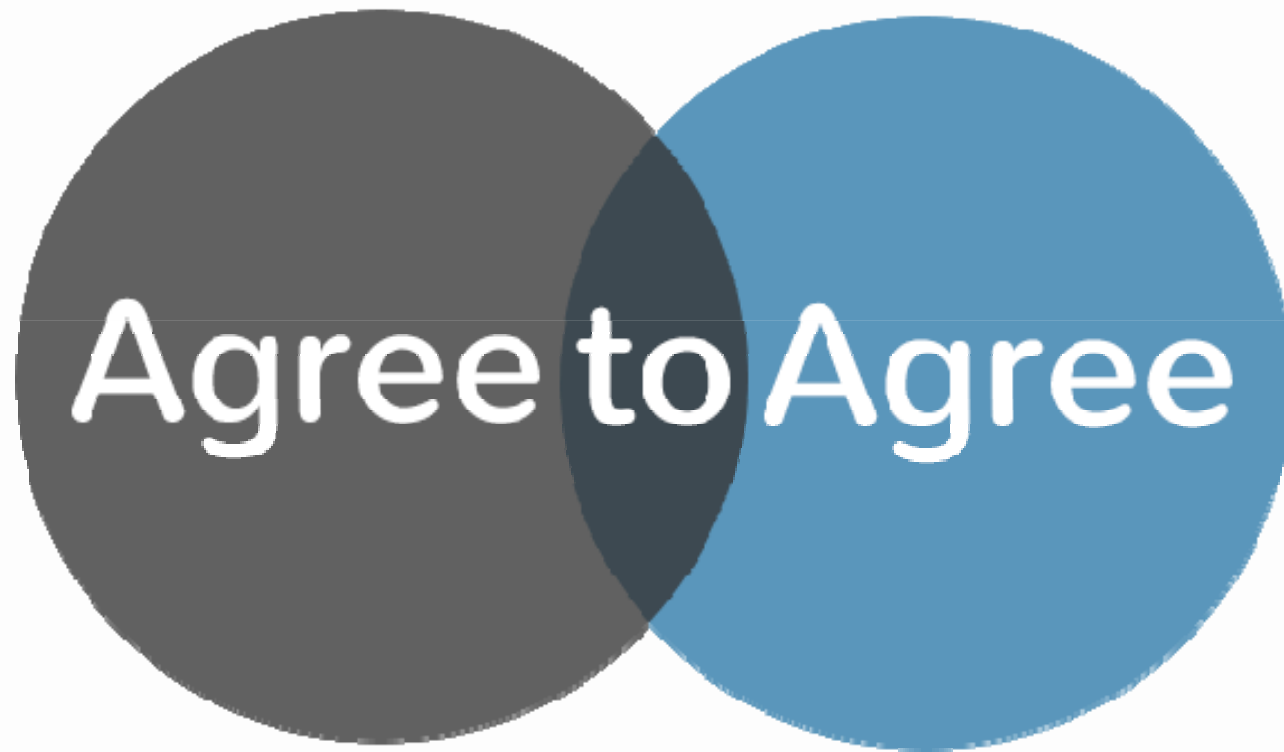
Improved ability to meet provider directory regulations



Reduction of administrative inefficiencies and duplicative efforts



Improved ability to coordinate care and send patient information electronically



Provider Data Alignment

Complexities of Centralization

Challenges

- Ensuring adequate representation from those impacted
- Pockets of existing efficiencies and centralization
- Organization differences (small vs large, rural vs. urban, policy variances, etc.)
- National influence, emerging standards, and the effects of external forces
- Technology differences related to existing systems and workflows
- Providing the right message to the right audiences for each project
- Assigning staff resources on two projects

Opportunities

- Building stakeholder resources and trust among key players
- Providing centralized solutions that can work for everyone
- Finding solutions for issues related to organization differences and sharing them through peers
- Collaborating with national organizations and others with interest
- Embracing technology differences and providing integration
- Providing tools/options to address change and communications

Synergies Between Two Solutions

- Systems integrator/interfaces between systems
- Common data and users
- Common stakeholders, vested individuals and organizations
- Shared single sign on vendor
- Shared OHA staff resources



Implementation Teams



Provider Directory

MiHIN
Shared Services

- State-level Provider Directory – primary source for Practitioner and Organization level data
- Software enhancements of Provider Directory solution to meet OHA's requirements
- Call Center/Help Desk Support

Peraton[™]

- Prime Contractor
- Program Management
- System Integration Analysis & Implementation
- Testing Services

OneHealthPort

- Single Sign On, 2-factor authentication, identity verification, and a basic enrollment solution for PD Implementation
- OHP currently supports 9,945 Organizations and 42,345 subscribers in Oregon

Common Credentialing

CONDUENT



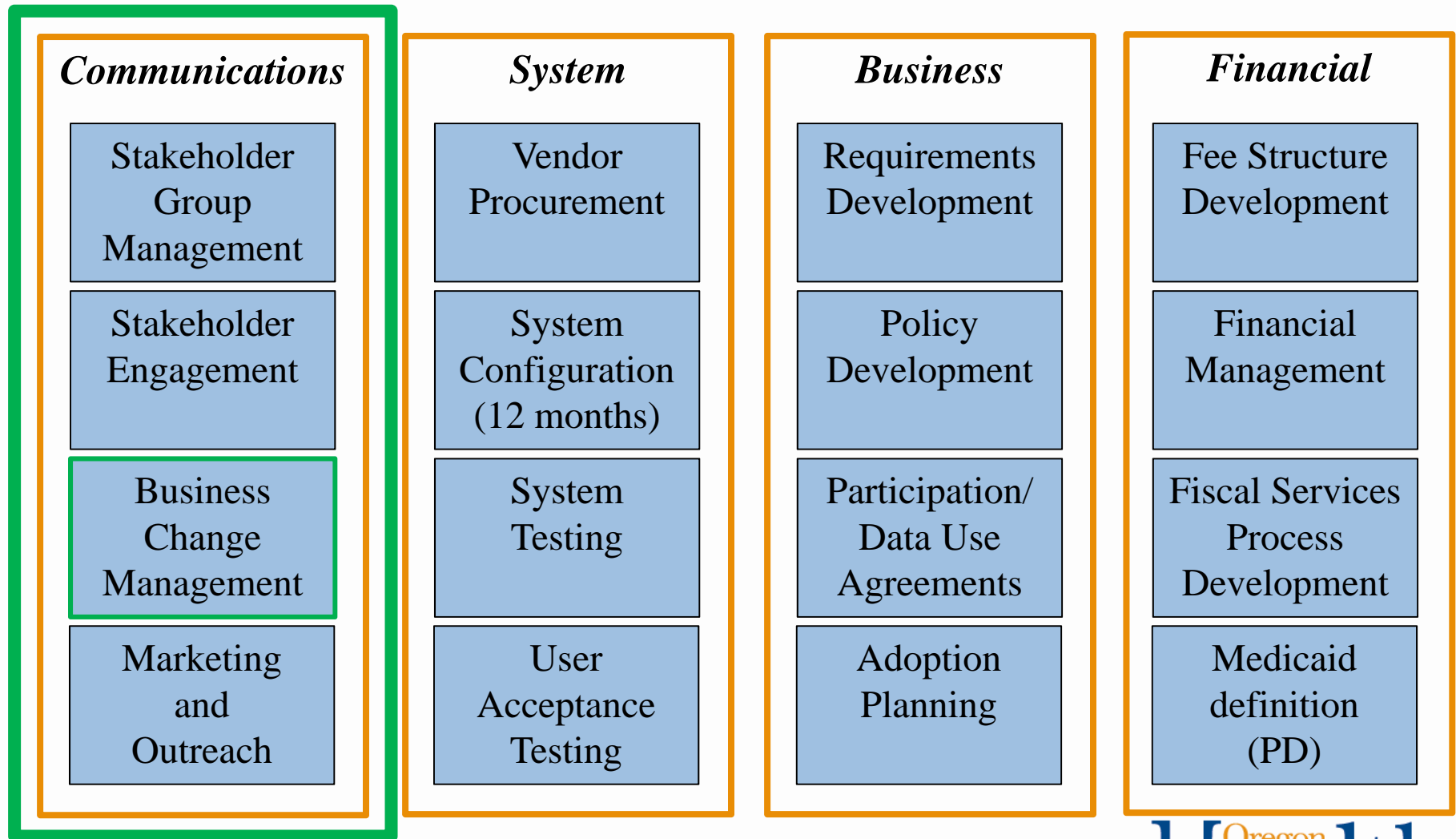
- Call Center Help Desk Support
- Responsible for all Medversant deliverables



MEDVERSANT

- CVO Services
- Common Credentialing Portals for Practitioners/designees (ProviderSource) and COs (Client Portal)
- Software configuration efforts to enhance credentialing software to meet OHA's requirements

Main Solution Development Components

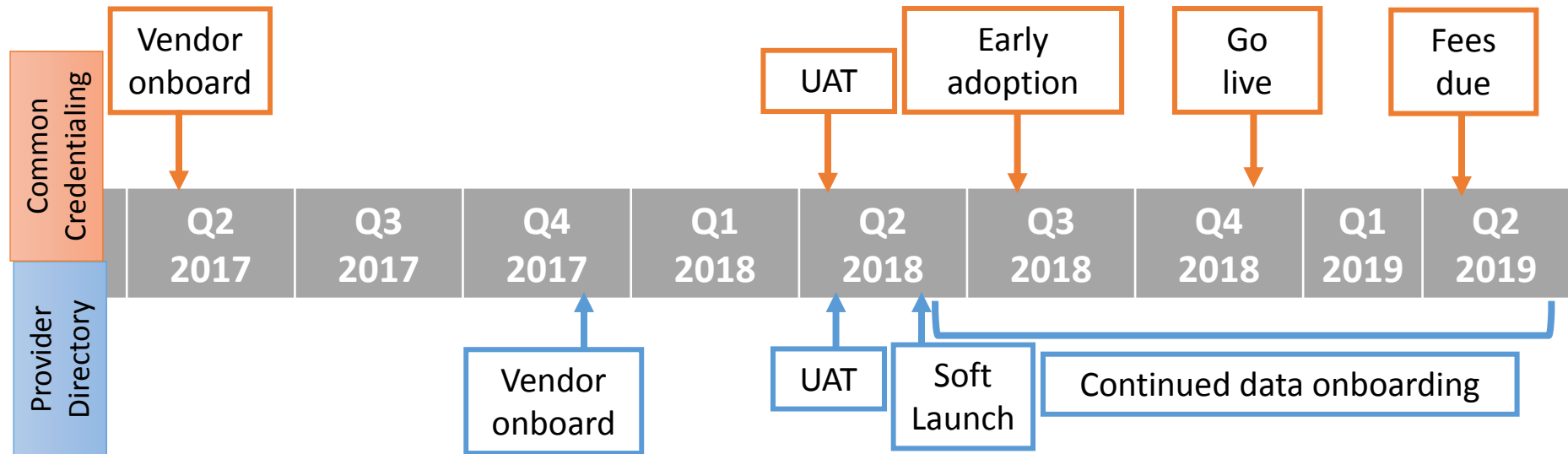


Common Data Between Two Solutions

Data Category	PD	CC
Practitioner demographics	X	X
Practice information and locations	X	X
License and certification information	X	X
Education and training details		X
Hospital and facility affiliations	X	X
Work history	X	X
Malpractice insurance, claims history, and personal information		X
Peer references		X
Attestation questions		X
Direct secure messaging and other HIE endpoints	X	
Other practice information*: Accepting new patients, office hours	X	X

*Optional data field in Common Credentialing

Implementation Timeline



Current Provider Directory activities

- Analyzing processes for data matching criteria, data source scoring, and access using OneHealthPort
- Developing legal agreements
- Flat File Directory (FFD) transition planning to Phase 1 soft launch
- Engaging communications contractor

Common Credentialing activities

- Transitioning from configuration to testing
- Formulating early adoption activities
- Finalizing program processes and policies
- Creating data use agreements
- Engaging national accrediting entities
- Working on business change management with various stakeholders
- Coordinating marketing and outreach

Key Takeaways

- Centralized systems that manage disparate data provide value
- Having one place to maintain data minimizes burdens
- Providing access to quality provider data creates value
- Creating synergies across solutions can build great change
- Aligning system and business needs is critical in centralization
- Testing and piloting prior to launch ensures effectiveness
- Rolling out a system/process change should be thoughtful
- Stakeholder engagement and communications ensures success
- Together, both solutions produce a rich source of data that improves efficiencies and accuracy across the state

*Many states are on the path to centralization
signifying a shift toward provider data alignment
and an opportunity to connect*

Questions?

Provider Directory Information:

www.oregon.gov/oha/OHIT/Pages/Provider-Directory-Advisory.aspx

Credentialing Information:

www.oregon.gov/oha/OHIT/occp

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