

Oregon Common Credentialing Advisory Group

AGENDA

Date: Wednesday, October 2, 2013

Time: 2:30pm to 4:30pm

LOCATION:

Oregon Health Authority, Lincoln Building
421 SW Oak Street, 7th Floor Conference Room, Portland, Oregon 97204

#	Time	Item	Content	Lead
1	2:30 - 2:40	Welcome and Introductions	<ul style="list-style-type: none">• Agenda• CCAG Member Roster	Erick Doolen
2	2:40 – 3:00	Overview of Senate Bill 604	<ul style="list-style-type: none">• SB 604 (2013)• Common Credentialing Overview	Scott Gallant/ Melissa Isavoran
3	3:00 – 3:10	CCAG Roles and Responsibilities	<ul style="list-style-type: none">• Draft CCAG Charter	Melissa Isavoran
4	3:10 – 4:00	Credentialing Efforts in Oregon <ul style="list-style-type: none">• Advisory Committee on Physician Credentialing Information (ACPCI)• Oregon Health Leadership Council (OHLC)	NA	Ariel Smits, ACPCI/ Paul Krissel, OHLC
5	4:00 – 4:15	CCAG Work Plan	<ul style="list-style-type: none">• Draft CCAG Work Plan	Melissa Isavoran
6	4:15 – 4:30	Public Comment	NA	Public
7	4:30	Next Steps and Adjournment	NA	Erick Doolen

Materials:

1. Agenda
2. CCAG Member Roster
3. SB 604 (2013)
4. Common Credentialing Overview
5. Draft CCAG Charter
6. Draft CCAG Work Plan

Public Comment: Common Credentialing Advisory Group meetings are open for the public to attend. However, public comment or testimony will be limited to 15 minutes at the end of each meeting. Due to the time limitations, individuals can submit public comment or testimony by visiting the Common Credentialing website at www.oregon.gov/OHA/OHPR/CCAG/index.shtml.

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Oregon Common Credentialing Advisory Group Members

Debra Bartel, FACMPE - Clinic Administrator, Portland Diabetes & Endocrinology Center PC

Dennis Baughman - Assistant Program Manager for Outpatient and Crisis Services, Lifeways, Inc.

Mike Bond - President and CEO, PrimeCare, Inc.

Nancy DeSouza - Executive Director, Oregon Board of Optometry

William C. Donlon, DMD, MS - Oral & Maxillo-Facial Surgeon

Erick Doolen - Chief Information Officer/SVP of Operations, Pacific Source Health Plans *(Co-Chair)*

Larlene Dunsmuir - Family Nurse Practitioner, Oregon Nurses Association/Nurse Practitioners of Oregon

Tooba Durrani, ND, MSOM, Lac - Oregon Association of Acupuncture and Oriental Medicine (OAAOM)

Denal Everidge - Medical Staff Coordinator, Oregon Health & Sciences University

Kevin Ewanchyna, MD, - Chief Medical Officer, Samaritan Health Plans/Intercommunity Health Network CCO *(Co-Chair)*

Andre Fortin - Manager, Provider Relations, LifeWise Health Plan of Oregon

Stephen Godowski - Credentialing Coordinator, Therapeutic Associates, Inc. & NW Rehab Alliance

Kathleen Haley, JD - Executive Director, Oregon Medical Board

Rebecca L. Jensen - Manager, Kaiser Permanente

Shannon Jones - Human Resources Manager, Dentist Relations and Recruitment, Willamette Dental Group

Michelle Murray - Legacy Health Manager, Pharmacy Clinical Services/Residency Program Director, Legacy Health

Laurence M. Sharp, DO - CEO, Credentialing Chair, DCIPA

Joan A. Sonnenburg, RN - Director Medical Staff Services, Mercy Medical Center

Jean G. Steinberg, CPMSM, CPCS – Director Medical Staff Services, St. Charles Health Systems

Enrolled Senate Bill 604

Sponsored by Senators BATES, STEINER HAYWARD

CHAPTER

AN ACT

Relating to credentialing of health care practitioners.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 to 7 of this 2013 Act are added to and made a part of ORS chapter 442.

SECTION 2. As used in sections 2 to 7 of this 2013 Act:

(1) "Credentialing information" means information necessary to credential or recredential a health care practitioner.

(2) "Credentialing organization" means a hospital or other health care facility, physician organization or other health care provider organization, coordinated care organization, business organization, insurer or other organization that credentials health care practitioners.

(3) "Health care practitioner" means an individual authorized to practice a profession related to the provision of health care services in this state for which the individual must be credentialed.

(4) "Health care regulatory board" means a board or other agency that authorizes individuals to practice a profession related to the provision of health care services for which the individual must be credentialed.

SECTION 3. (1)(a) The Oregon Health Authority, in consultation with the advisory work group convened under section 7 of this 2013 Act, shall establish a program for the purpose of providing to a credentialing organization access to information that is necessary to credential or recredential a health care practitioner.

(b) To fulfill the requirements of this subsection, the authority shall establish and operate an electronic system through which credentialing information may be submitted to an electronic database and accessed. The system must operate and be accessible by credentialing organizations, health care practitioners and health care regulatory boards 24 hours a day, seven days a week. The authority may contract with a private entity to ensure the effective establishment and operation of the system.

(c) To the greatest extent practicable, the electronic system shall use the most accessible and current technology available.

(2) In consultation with the advisory work group convened under section 7 of this 2013 Act, the authority shall adopt rules for the operation of the electronic system, including:

(a) Identification of the type of information that is necessary to credential or recredential each type of health care practitioner;

(b) Processes by which a health care practitioner or health care regulatory board submits credentialing information to the authority or an entity that has entered into a contract with the authority under subsection (1)(b) of this section;

(c) Processes, as required by recognized state and national credentialing standards, by which credentialing information submitted under section 4 of this 2013 Act is verified;

(d) Processes by which a credentialing organization, health care practitioner or health care regulatory board may electronically access the database;

(e) Processes by which a health care practitioner may attest that the credentialing information in the electronic database is current;

(f) The purposes for which credentialing information accessed by a credentialing organization or health care regulatory board may be used; and

(g) The imposition of fees, not to exceed the cost of administering sections 2 to 7 of this 2013 Act, on health care practitioners who submit credentialing information to the database and credentialing organizations that access the database.

(3) All information, except for general information used for directories, as defined by the authority by rule, that is received, kept and maintained in the database under this section is exempt from public disclosure under ORS 192.410 to 192.505.

SECTION 4. (1)(a) As a condition of being authorized to practice a profession in this state, a health care practitioner or designee must submit to the Oregon Health Authority, an entity that has entered into a contract with the authority under section 3 (1)(b) of this 2013 Act or a health care regulatory board the credentialing information identified by the authority under section 3 (2)(a) of this 2013 Act.

(b) A health care practitioner that, in good faith, submits credentialing information under this subsection is immune from civil liability that might otherwise be incurred or imposed with respect to the submission of that credentialing information.

(2) The authority may require a health care regulatory board, after consulting with the health care regulatory board, to provide or supplement the credentialing information identified by the authority under section 3 (2)(a) of this 2013 Act.

(3)(a) A credentialing organization shall obtain from the authority, or an entity that has entered into a contract with the authority under section 3 (1)(b) of this 2013 Act, the credentialing information of the health care practitioner that is kept and maintained in the electronic database described in section 3 of this 2013 Act. A credentialing organization may not request credentialing information from a health care practitioner if the credentialing information is available through the database. However, nothing in sections 2 to 7 of this 2013 Act shall prevent a credentialing organization from requesting additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures for the health care practitioner used by the credentialing organization.

(b) A credentialing organization that, in good faith, uses credentialing information provided under this subsection for the purposes established by the authority under section 3 (2)(e) of this 2013 Act is immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information.

SECTION 5. A prepaid group practice health plan that serves at least 200,000 members in this state and that has been issued a certificate of authority by the Department of Consumer and Business Services may petition the Director of the Oregon Health Authority to be exempt from the requirements of sections 2 to 7 of this 2013 Act. The director may award the petition if the director determines that subjecting the health plan to sections 2 to 7 of this 2013 Act is not cost-effective. If a petition is awarded under this section, the exemption also applies to any health care facilities and health care provider groups associated with the health plan.

SECTION 6. The Director of the Oregon Health Authority shall adopt rules necessary for the administration of sections 2 to 7 of this 2013 Act.

SECTION 7. At least once per year, the Oregon Health Authority shall convene an advisory group consisting of individuals who represent credentialing organizations, health care practitioners and health care regulatory boards to review and advise the authority on the implementation of sections 2 to 7 of this 2013 Act and on the standard credentialing application used in this state.

SECTION 8. (1) To establish the electronic system described in section 3 of this 2013 Act, the Oregon Health Authority shall issue a request for information to seek input from potential contractors on capabilities and cost structures associated with the scope of work required to establish and maintain the electronic system. The authority shall use the results of the request for information to create a formal request for proposals. No later than 150 business days after the close of the request for information, the authority shall issue a formal request for proposals to establish and maintain the electronic system.

(2) The authority may enter into a contract under section 3 (1)(b) of this 2013 Act with a private entity only if the private entity:

(a) Can demonstrate appropriate technical, analytical and clinical knowledge and experience to carry out the duties prescribed by section 3 of this 2013 Act; or

(b) Has a contract, or will enter into a contract, with another entity that meets the criteria described in this subsection.

SECTION 9. The Oregon Health Authority shall report on the implementation of the electronic system described in section 3 (1) of this 2013 Act and on the development of rules to be adopted under section 3 (2) of this 2013 Act to:

(1) The interim committees of the Legislative Assembly related to health no later than October 1, 2014; and

(2) The Legislative Assembly in the manner required by ORS 192.245:

(a) On or before February 1, 2014; and

(b) On or before February 1, 2015.

SECTION 10. Sections 8 and 9 of this 2013 Act are repealed on the date of the convening of the 2016 regular session of the Legislative Assembly as specified in ORS 171.010.

SECTION 11. (1) Sections 2 to 5 of this 2013 Act become operative on January 1, 2016.

(2) The Oregon Health Authority may take any action necessary before the operative date specified in subsection (1) of this section to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all the duties, functions and powers conferred on the authority by sections 2 to 5 of this 2013 Act.

Passed by Senate June 19, 2013

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Robert Taylor, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House June 24, 2013

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Tina Kotek, Speaker of House

Received by Governor:

.....M,....., 2013

Approved:

.....M,....., 2013

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John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M,....., 2013

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Kate Brown, Secretary of State

Common Credentialing in Oregon

September 2013

Background

Health care delivery systems and insurance carriers in Oregon independently credential health care practitioners resulting in duplication of efforts. Oregon took the first step in tackling this administratively burdensome process by developing a common credentialing form that all health plans and hospitals are required (OAR 409-045-0000) to use, but this did not limit the number of systems used to capture the information. The OHLC's Executive Committee on Administrative Simplification has also done a great deal of work on exploring the OneHealthPort common credentialing solution in Washington, but was still in need of full community support and a provider adoption plan. As a comprehensive effort, recent legislation was passed in Oregon mandating a common credentialing solution that will allow providers' key information to be processed once and then accessed by multiple credentialing entities.

New Legislation

In July 2013, SB 604 was signed into law that mandates the Oregon Health Authority (OHA) to establish a program and database for the purpose of providing credentialing organizations access to information necessary to credential all health care practitioners in the State. Physicians or their designee will be required to submit information for credentialing purposes and credentialing organizations (e.g., plans and hospitals) will be required to go through the credentialing database to look up credentialing information. Tasks include:

- **Establish a credentialing program and database** for all health care practitioners.
- **Convene an advisory group** that includes credentialing organizations, practitioners and regulatory boards.
- **Develop rules** on submittal requirements, the process of verifying credentialing information, and fees.
- **Issue an RFI** to seek input from vendors on capabilities and cost structures.
- **Issue an RFP** no later than 150 days after the close of the RFI.
- **Report to the Legislature** periodically on implementation progress.

Common Credentialing Solutions

Efficient common credentialing solutions are not only systems capturing information and storing documents, they include primary source verification of education and licensure as well as marketing and education. This comprehensive solution, as SB 604 essentially mandates, will significantly reduce redundancy, but will also present some challenges:

- **Change management** for credentialing organizations that have been using their own systems.
- **Risk and liability** concerns regarding an external entity conducting credentialing verifications.
- **Interfacing capabilities** allowing data to be imported or exported into a new system may be needed.
- **Fee development** for both credentialing organizations and providers must be delicately balanced.

Related Opportunities

Other legislation in the 2013 regular legislative session focused on the process of credentialing mental health organizations (HB 2020) and providers of telemedicine (SB 569). Health care transformation in Oregon has also led to interest in a centralized repository for other health care workers such as medical students and non-traditional health care workers (NTHWs). At the same time, discussions are beginning to take place around the development of real-time provider directories. The OHA is cognizant of the correlation of these opportunities to a common credentialing solution and will make attempts to align efforts where possible.

In Summary

The OHA will work to ensure that related opportunities are considered in the process of implementing a comprehensive common credentialing solution and will build from past efforts. Collaboration with key stakeholders will also help address specific credentialing needs and challenges, resulting in an efficient solution that will reduce costs and administrative burdens for the health care industry in Oregon.

CHARTER - Common Credentialing Advisory Group (Senate Bill 604)

Authority

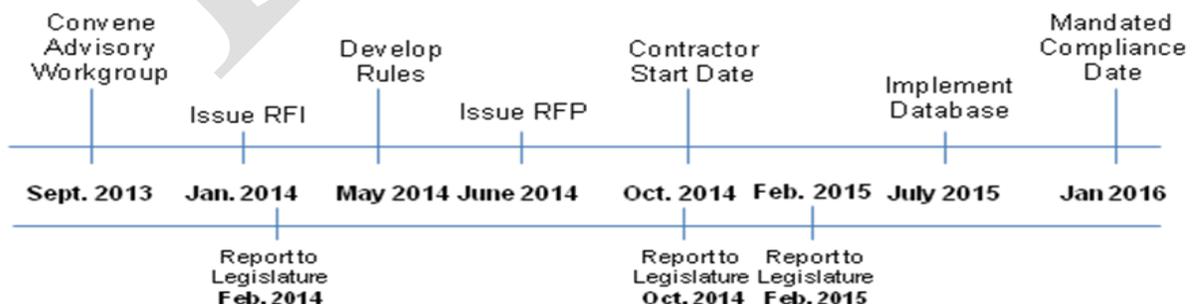
The passage of Senate Bill (SB) 604 (2013) requires the Oregon Health Authority (OHA) to establish a program and database for the purpose of providing credentialing organizations access to information necessary to credential all health care practitioners in the State of Oregon. The OHA must convene an advisory group at least annually that consists of individuals representing credentialing organizations, health care practitioners and health care regulatory boards, including representatives from large health care entities. This group will advise the Authority on the implementation of SB 604, which mandates compliance on January 1, 2016. Specific tasks outlined in the legislation are as follows:

- **Establish a credentialing program and database** for all health care practitioners
- **Convene an advisory group** consisting of individuals who represent credentialing organizations, health care practitioners and health care regulatory boards to review and advise the authority on the implementation
- **Develop rules** on application and submittal requirements (using current state and national standards), associated fees from credentialing organizations (and possibly practitioners) not to exceed costs, and the process of verifying credentialing information
- **Issue an RFI** to seek input from potential contractors on capabilities and cost structures associated with the scope of work required to establish and maintain the electronic system
- **Issue an RFP** 150 days after the close of the RFI to establish and maintain the electronic system
- **Report to the Legislature** on implementation progress no later than October 1, 2014, on or before February 1, 2014 and on or before February 1, 2015

Advisory Group Scope

The CCAG will be responsible for advising the OHA on credentialing application and submittal requirements, the process by which credential organizations may access the system, and the imposition of fees. This includes the standards for the process of verifying credentialing information.

Timeline



Membership, Roles & Responsibilities

CCAG Co-Chairs

Erick Doolen
Kevin Ewanchyna

CCAG Members

Erick Doolen (Co-Chair)
Kevin Ewanchyna, MD (Co-Chair)
Debra Bartel, FACMPE
Dennis Baughman
Mike Bond
Nancy DeSouza
William C. Donlon, DMD,MS
Larlene Dunsmuir
Tooba Durrani, ND, MSOM, Lac
Denal Everidge

Andre Fortin
Stephen Godowski
Kathleen Haley, JD
Rebecca L. Jensen
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Laurence M. Sharp, DO
Joan A. Sonnenburg, RN
Jean G. Steinberg, CPMSP, CPCS

OHA Staff

Melissa Isavoran, OHA, Oregon Health Policy and Research
Scott Gallant, Gallant Policy Advisors
Margie Fernando, OHA, Oregon Health Policy and Research
Jeanene Smith, OHA, Oregon Health Policy and Research

Meeting Schedule

First Meeting: October 2, 2013 from 2:30pm to 4:30pm.

Subsequent meetings to be conducted monthly through implementation and bi-annually thereafter.

Common Credentialing Advisory Group (CCAG) Work Plan

Work Plan through the Submission of the Request for Information

Meeting Date	Topics
October	<ul style="list-style-type: none">- Overview of Senate Bill 604- CCAG Roles and Responsibilities- CCAG Work Plan- Gather Public Testimony (15 minutes)
November	<ul style="list-style-type: none">- Defining the Common Credentialing Scope- System Issues Across Credentialing Organizations- Evaluation of Processes Across Licensing Boards- Overview of Health Information Exchange in Oregon- Assess and Gather Public Testimony (15 minutes)
December	<ul style="list-style-type: none">- Credentialing Information Standards- Primary Source Verification- Accreditation Entity Requirements (NCQA/JCAHO)- Provider Directory Workgroup Overview- Review Draft Request for Information (RFI)- Assess and Gather Public Testimony (15 minutes)
January	<ul style="list-style-type: none">- Review Final RFI- Discuss Plan for RFI Review- Assess and Gather Public Testimony (15 minutes)
February	<ul style="list-style-type: none">- Update on RFI Process- Current Costs of Credentialing- Assess and Gather Public Testimony (15 minutes)