

# Oregon Common Credentialing Advisory Group

## AGENDA

**Date:** Monday, October 6, 2014

**Time:** 1:30pm to 3:30pm

## LOCATION:

Oregon Travel Experience Board Room  
1500 Liberty Street SE, Suite 150, Salem, Oregon 97302

#	Time	Item	Materials	Lead
1	1:30	Welcome and Agenda Review	1	Erick Doolen
2	1:35 – 1:45	Request for Proposals Update	NA	Terry Bequette
3	1:45 – 2:15	Credentialing Form Recommendations	2,3,4	Rebecca Jensen
4	2:15 – 3:00	Delegation Agreements Recommendations	5	Melissa Isavoran/Julie McCann
5	3:00 – 3:15	Communications Materials	6	Scott Gallant
6	3:15 – 3:30	Public Comment	NA	Public
7	3:30	Next Steps and Adjournment	NA	Kevin Ewanchyna

### Materials:

1. Agenda
2. ACPCI Process Flowchart
3. ACPCI Minutes – Sessions 1&2
4. ACPCI Recommendations Detail
5. Delegation Agreements Recommendations
6. Communications Materials
  - Health Care Practitioner FAQs
  - Credentialing Organization FAQs
  - Common Credentialing Program Overview

**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](http://www.oregon.gov/OHA/OHPR/CCAG/index.shtml).

### Credentialing Staff Contacts:

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**Advisory Committee on Physician Credentialing Information  
Session 1 and 2 Combined Minutes**

**Session 1  
Meridian Park Hospital  
Community Health Education Center Room 104  
September 15, 2014**

**Members Present:** Rebecca Jensen, CPMSM CPCS, Chair; Valery Kriz, CPMSM CMSR, Julie McCann, CPCS; Nicholetta Vlandis; Gwen Dayton, JD; Joan Sonnenburg, RN HCA; Manny Berman; Victor B. Richenstein, MD.

**Staff Present:** Melissa Isavoran, MS; Dorothy Allen

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:04 am.

**Old Committee Business**

*Membership Update*

Julie McCann's term expires January 2015. McCann announced her resignation and respectfully recommended Ann Klinger, CPCS, Credentialing Supervisor at Providence Health Plan. One physician representative position is still vacant. Members were asked to forward names of interested and qualified persons to ACPCI staff. Staff will post a recruitment letter to govDelivery and on the website for the two vacant committee positions.

*Minutes Review*

The September, 2013 minutes were reviewed. There was no discussion.

**MOTION: To accept the September 2013 Minutes. MOTION CARRIES: 8-0.**

**New Committee Business**

*Process Flow Chart*

Staff revised the flow chart outlining steps for amending the application. Steps involving forwarding ACPCI recommendations to other agencies were deleted as they are not required by statute. In addition, a step was added to allow for the OHA Director to review ACPCI recommendations with the Common credentialing Advisory Group prior to decision to the OHA making a final determination. The changes were reviewed and accepted. The revised flowchart can be found on the ACPCI's website:

<http://www.oregon.gov/OHA/OHPR/ACPCI/docs/FlowChart.pdf>

*Common Credentialing and Telemedicine Discussion*

Melissa Isavoran and gave an update on the common credentialing process and telemedicine rules. Since last September, the OHA has worked with stakeholders to develop a list of health care practitioners expected to participate in a common credentialing solution, the identification of accrediting entity requirements for credentialing, and a Request for Information (RFI) that was

released according to plan in January 2014. The OHA also worked with stakeholders to develop rules that became permanent on July 1, 2014.

At this time, the OHA is currently working through the state's procurement process in an effort to release a Request for Proposals (RFP) as soon as possible. This process includes a thorough project plan review by the OHA Office for Information Services and the state's Department of Administrative Services Chief Information Office, as well as an RFP review by an information technology quality assurance vendor as required by House Bill 4122 from the 2014 Legislative Session. As the OHA has experienced delays in the procurement process, the RFP will likely not be released until November 2014. This is past the required 150 business days from the close of the RFI which was September 18, 2014. Due to this delay, the OHA may experience difficulty in getting a vendor in place in sufficient time to implement an effective solution. The agency must wait for implementation plans from RFP responses to truly understand the implementation timeframe and whether it is possible for a solution to be operation by January 1, 2016. While the OHA wants to ensure compliance with SB 604, the agency also wants to ensure a successful solution that is not hindered by a rushed effort.

In terms of telemedicine, the OHA worked with stakeholders to develop rules that outline what credentialing information must be provided from an originating site hospital to a distant site hospital. Delegation agreements are defined and allowed under these rules. Telemedicine credentialing rules were temporary from January 1, 2014 through June 30, 2014 and were made permanent with the common credentialing rules on July 1, 2014.

Rules for both projects can be found on the Common Credentialing website at <http://www.oregon.gov/oha/OHPR/occp>.

#### *Review Solicited Suggestions*

The Committee reviewed most of the recent application and suggestions submitted by interested parties and tabled the rest for a second session due to timing. **See Attachment A for the specific conclusions of the committee.**

#### **Session 1 Adjournment**

The meeting was adjourned at 12:02 pm.

### **Session 2** **Oregon Health Policy and Research** **1225 Ferry Street SE, Bachelor Butte Conference Room** September 23, 2014

**Members Present:** Rebecca Jensen, CPMSM CPCS, Chair; Valery Kriz, CPMSM; Nicholetta Vlandis, CPCS; Gwen Dayton, JD; Joan Sonnenburg, RN HCA; Manny Berman.

**Staff Present:** Melissa Isavoran, MS; Dorothy Allen

**Members Absent:** Julie McCann, CPCS; Victor B. Richenstein, MD.

#### *Review Solicited Suggestions*

The Committee reviewed the remainder of the recent application and suggestions submitted by interested parties. **See Attachment A for the specific conclusions of the committee.**

The Committee also reviewed 2013 accepted suggestions and reaffirmed last year's decisions to accept.

***MOTION: To accept the 2014 recommendations as amended; use the 2014 accepted as amended recommendations and all accepted 2013 recommendations 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: 6-0.***

## **Next Steps**

Recommendations will be sent to the Office for Oregon health Policy and Research. The OHA will then bring them to the Common Credentialing Advisory Group for discussion. The OHA will then decide how best to move forward. This group will meet again next September.

## **Session 2 Adjournment**

The meeting was adjourned at 2:30 pm.

**Suggestions for the Oregon Practitioner Credentialing Application  
ACPCI Considerations and Recommended Actions - September 2014**

No.	Received	Suggestor	Suggestions	Action	Notes
1	2/4/2014	Gwen Dayton, OMA	<p>One of our physicians brought the following provision in the standard credentialing form to our attention as a problem:</p> <p><i>"F. In the last three (3) years has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review? YES NO"</i></p> <p>The problem is that this seems to include such organizations as the AMA. If a physician elects to resign from membership in the AMA or similar organization such as a specialty society they must answer yes and explain, even though the voluntary resignation has nothing to do with professional competence. Do you agree with this interpretation? If so, we should talk about limiting this provision to only organizations that relate to clinical training or competence.</p>	Accepted	<p>Change language in credentialing and recredentialing forms under Section XXI(F) to read...<i>voluntarily relinquished while under investigation , not renewed while under investigation , involuntarily relinquished, or is any such...</i></p> <p>Change language in credentialing and recredentialing forms under Section XXI(C) to read...<i>voluntarily relinquished while under investigation , not renewed while under investigation , involuntarily relinquished, or is any such...</i></p>
2	6/3/2014	Beth Trierweiler, Credentialing Specialist at the Oregon State	1) Initial Application: Add state picture ID or current hospital picture ID to the required submissions. This is a Joint Commission requirement.	Not accepted	Health plans do not require this.
			2) Both Applications: Add website and/or e-mail for at least liability information, if not also affiliations.	Accepted w/modification	- Liability: Add "if applicable" for fax number - Affiliation: not accepted
3	6/4/2014	Doreen Neilson, Curry Health	I think the one thing I might suggest is to remove the parenthesis and dash below the phone and fax number requests in all areas. While I understand the benefit of these, it is rare that people / providers write small enough to fit those parameters where if the space was open, they would have more room to write the full phone or fax numbers. Under Professional Practice / Work History, it would be beneficial to underline the sentence "Please explain in section B any gaps great than two (2) months" and continue it for the next sentence	Not accepted	not necessary
				Not accepted	Too many underlining
4	6/5/2014	Rose Burke	1) The phone/fax space 'box' in some areas do not allow you to type the entire area code and phone number. If you do not put dashes between the numbers you have enough space on some of them.	Not accepted	Carry forward similar motion and vote to not accept in Neilson suggestion above
			2) Two of my practitioners have said that they're unable to 'save' changes to the application. They receive a message stating 'if you save this document you will lose your changes' something along that line. One practitioner had to retype her entire application since it would not save her changes.	Not a suggestion	Generally a user error; Daphne Peck has attempted to make changes to intructions on website and occasionally walks individuals through the process, but not much more this group can do to assist.
			3) When I save the document one time it will work and it lets me save it and the next time it will only give you the option to do a 'save as' and this must be related to the document since no other 'word' documents I use give that option.	Not a suggestion	Same as above
			4) Work history - back to when the practitioner graduated. When you have doctors that have been out of school for 20+ years it becomes difficult to acquire accurate information even from the practitioner. The Joint Commission does not require this and I am not sure if it's an OAR requirement or a provider requirement, but I would like to see a limit on the application on how far back the work history needs to go.	Not accepted	Work history for NCQA is five years, hospitals collect 10 years, instructions request all.
			5) In regards to finding ways to streamline individual credentialing with the providers I think this application assists in that process since you can send it to multiple providers at one time.	Not a suggestion	NA

**Suggestions for the Oregon Practitioner Credentialing Application  
ACPCI Considerations and Recommended Actions - September 2014**

No.	Received	Suggestor	Suggestions	Action	Notes
			6) Most of my credentialing concerns are with the CAQH website process versus the State application.	Not a suggestion	NA
5	6/20/2014	Ann Klingler, Providence	1) An area to list the supervising physician for a Physician Assistant and also a place for the Physician Assistant to note their NCCPA certificate number because this number is required to verify their certification.	Accepted in part	- PA Spv. Phys. is needed and is also verified as part of licensure verifications. Add full name of spv. Phys. And OR lic. # to Sec. XIV. - NCCPA suggestion not accepted; information can be captured in other areas in the applications.
			2) A box for foreign languages spoken, or languages fluently spoken by practitioner. Also a box for languages fluently spoken by office staff.	Not accepted	Can be added to bottom of Section II. However, this question is ambiguous and does not truly identify what fluent means and whether the language is written or spoken, and whether office staff speak the language as well. This ambiguity has prevented this from being included in the past and it is also not required for credentialing. This is required for Medicaid.
		<b>SECOND SESSION</b>	In attendance...	Becky, Manny, Gwen, Valerie,	Nikki, Joan, Daphne, Melissa
			3) Areas as shown below to note admit privileges, or admit plan. We need a bigger area than the small check box, which most providers miss, that is currently on the Oregon applications.  <u>A. Inpatient Coverage Plan</u> (for those without admitting privileges)      Does Not Apply <input type="checkbox"/> Name of Admitting Physician/Practice/Clinic/Group: _____ Hospital Where privileged: _____ _____ _____ Can you admit / follow clients of your primary, secondary, other practice locations?      Does Not Apply <input type="checkbox"/> <input type="checkbox"/> Primary practice admits only <input type="checkbox"/> Secondary Practice admits only <input type="checkbox"/> can admit to for all locations	Not accepted	Physician should not know this and hospital would have to confirm. There is a box on page 12 asking whether they "do not have admitting privileges."
6	7/2/2014	Hope Heckendorn, PrimeCare	1) Page 2 III. Specialty Information under the subheading "Category of professional activity, check all boxes that apply:" SUGGEST adding (explain) after the Part Time box so it reads: Part Time (explain). The thought behind this request is to make sure of the practitioner's availability, specifically for PCPs. With the advent of CCOs that require PCP selection, it doesn't benefit the patient if the PCP is working 1-day a week.	Not accepted	Amount of part time is not a credentialing issue, but is a contractual issue.
			-2) Page 6 XIV. Health Care Licensure, Registration, Certifications & ID Numbers. SUGGEST adding Group NPI Number (adding a box between "Individual NPI Number" and "Medicare Number"). The reason for the request is simple, if this was collected upfront, it would eliminate additional paperwork that currently is sent with an application. When collected on the application it will ensure that it is communicated to the health plans at the time of the initial notification. This will avoid delays in claims payments and extra work for applicants, delegates and health plans.	Not accepted	Most physicians do not know their group NPI #.

# Credentialing Delegation Agreements

## Discussion Regarding Impacts on the Oregon Common Credentialing Program

### Purpose

Credentialing organizations use many different types of delegation agreements for the process of credentialing. Some credentialing organizations complete the entire process themselves; others delegate some or all of the steps to a vendor or another credentialing organization. It is critical for the Oregon Health Authority (OHA) to understand all of the different types of delegation agreements and to address any aspects of such agreements that could be impacted by the implementation of the Oregon Common Credentialing Program (OCCP). The Common Credentialing Advisory Group (CCAG) advised the OHA to bring the issue of delegation agreements to the agency's technical subject matter expert workgroup to conduct a more thorough exploration of delegation agreement types, their potential impact on the OCCP, and possible solutions. This document highlights workgroup findings and suggestions that the OHA will bring to the CCAG for discussion.

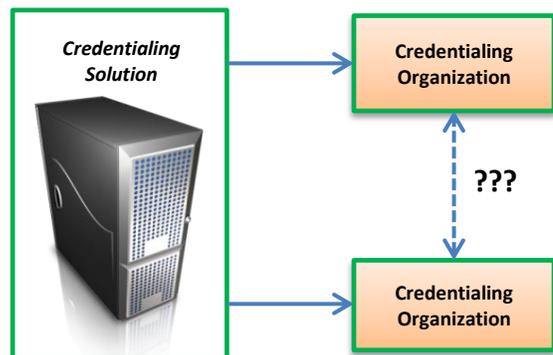
### Background

As mandated by Senate Bill (SB) 604, the Oregon Common Credentialing Program has been established to provide credentialing organizations access to information necessary to credential and recredential health care practitioners. While a common credentialing solution will create efficiencies by centralizing the capturing, storing, and verifying credentialing information, it also creates concerns about the accuracy of information and data verifications. Another issue of concern is cost. Under SB 604, the OHA has the authority to impose fees on credentialing organizations and practitioners to administer the solution which could include one-time set-up fees for credentialing organizations to support implementation costs and then transaction fees to support ongoing operations and maintenance. The viability of this solution is dependent on the economies of scale it is intended to secure and the buy-in of all credentialing organizations mandated to use the solution.

### Delegation Agreements and Possible Impacts

Delegation agreements are written agreements between credentialing organizations that delegate the responsibility to perform specific activities related to the credentialing and recredentialing of health care practitioners. In the past, these agreements have been used to create efficiencies in the credentialing process by allowing the sharing of practitioner credentialing information that minimizes practitioner burdens related to multiple submissions of credentialing information and benefits credentialing organizations through reductions in steps in the credentialing process. However, delegation agreements may also have the potential to:

- Create an unnecessary duplication of efforts;
- Compromise practitioner information confidentiality;
- Negate the hold harmless clause under SB 604 as credentialing organizations would not be obtaining credentialing information directly through the solution;
- Make it difficult to identify which practitioners are credentialed by which credentialing organizations;
- Result in unnecessary requests for information from practitioners as third party credentialing data may not contain all that is available through the solution; and
- Complicate system financing since it is likely that ongoing costs will be supported with transactional fees.



### Subject Matter Expert Discussion

Potential issues as identified above were shared with the OHA's Credentialing Subject Matter Expert workgroup. This group discussed types of delegation agreements, their purpose, and the potential impact of each on the OCCP. They then determined the feasibility and necessity of such agreements post implementation of the OCCP and suggested possible solutions in light of the new statewide process:

Delegation Agreement Type	Potential Impacts on the OCCP	Suggested Solutions
Delegation of obtaining and verifying practitioner credentialing information to a credentialing vendor	<ul style="list-style-type: none"> <li>• May create unnecessary duplication of efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Agreements could be adjusted to delegate the obtaining and verifying of practitioner credentialing information to the extent it is not available through the OCCP.</li> </ul>
Delegation of all credentialing activities to another credentialing organization for specific practitioner types (e.g., dentists and telemedicine providers)	<ul style="list-style-type: none"> <li>• May create unnecessary duplication of efforts</li> <li>• Could create issues with third party information sharing</li> <li>• Could be difficult to identify where practitioners are credentialed</li> <li>• Could complicate system financing</li> </ul>	<ul style="list-style-type: none"> <li>• Agreements could be adjusted to delegate the obtaining and verifying of practitioner credentialing information to the extent that it is not available through the OCCP.</li> <li>• Ensure practitioner identifies credentialing organizations to release information.</li> <li>• Could track delegation agreements through OCCP Credentialing Organization profiles.</li> <li>• Address delegation agreements in fee structure.</li> </ul>
Delegation of specific system functions (often customizable) to a credentialing vendor	<ul style="list-style-type: none"> <li>• May create unnecessary duplication of efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Agreements could be adjusted to require the credentialing vendor to import data from the OCCP on the credentialing organization’s behalf.</li> </ul>

In general, the workgroup felt delegation agreements would still be necessary under the OCCP. This is especially true for credentialing organizations that serve multiple states that operate under different credentialing rules. There is some need for the collection and verification of additional information outside of the Oregon Practitioner Credentialing Application (OPCA) - the template for the OCCP - which could be handled by a delegate. The group suggested that delegation agreements could be adjusted to delegate the obtaining and verifying of practitioner credentialing information to the extent that it is not available through the OCCP. This means that delegates should obtain and use information available through the OCCP, but can still conduct obtaining and verifying activities for all other information not available through the OCCP.

The group also determined that the sharing of practitioner information is not a concern as the OPCA acts as a release to all credentialing organizations as listed by the practitioner and should only be used for credentialing purposes. However, the OCCP must ensure the practitioner is able to identify and list all credentialing organizations to receive their credentialing information. There was also consensus that delegation agreements should be tracked and that Credentialing Organizations could possibly report their delegation agreements in some way through their OCCP profile. Details of what should be reported about delegation agreements were not discussed.

Finally, the most uncertain issue related to delegation agreements is the issue of how and what fees are collected when delegation agreements are utilized. For example, if a full delegation agreement exists and only one credentialing organization goes through the solution and then passes the information and decision on to another organization, it may appear that only the one obtaining the information directly from the OCCP is charged a fee. The question is whether the third party should pay a fee and what the amount would be. The workgroup expressed this issue should be considered when developing the fee structure for the OCCP.

**In Summary**

While delegation agreements between credentialing organizations are used to streamline the credentialing process, the OCCP is meant to streamline credentialing for all health care practitioners and credentialing organizations. Some delegation agreements may need to be adjusted once the OCCP is in place to ensure coordination. Credentialing Subject Matter Expert Workgroup discussions identified possible solutions for the OHA to consider, but details about how to track delegation agreements and implement an effective and equitable fee structure in light of those agreements must be further explored. The OHA intends to discuss these possible solutions for further exploration with the CCAG for advice on how to proceed.

## Frequently Asked Questions – Health Care Practitioners

### What is the Oregon Common Credentialing Program?

In July 2013, the Oregon State Legislature passed Senate Bill (SB) 604. SB 604 requires the Oregon Health Authority (OHA) to establish a program and database to provide credentialing organizations access to information necessary to credential or re-credential all health care practitioners in the state. This program will streamline the process of applying for and maintaining credentials for practitioners.

Health care practitioners are currently credentialed independently by credentialing organizations, resulting in a duplication of efforts and an administratively burdensome process for all stakeholders. Under SB 604, health care practitioners or their designees will submit necessary credentialing information into a common credentialing solution database one time and credentialing organizations will be required to use the solution to obtain that information. An efficient common credentialing solution will capture and store credentialing information and documents, perform verifications of select credentialing information, and execute user education. This type of comprehensive solution could significantly reduce redundancy for both practitioners *and* credentialing organizations.

### Which health care practitioners are required to use the common credentialing solution database?

All health practitioners meeting the definition in SB 604 are required to participate in the program. Health care practitioner is defined as an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed. This includes, but is not limited to the following: Acupuncturists, Audiologists, Certified Registered Nurse Anesthetist, Chiropractor, Clinical Nurse Specialist, Doctor of Dental Medicine, Doctor of Dental Surgery, Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Licensed Clinical Social Worker, Licensed Dietitians, Licensed Marriage and Family Therapists, Licensed Massage Therapists, Licensed Professional Counselor, Naturopathic Physician, Nurse Practitioner, Occupational Therapists, Optometrist, Oral and Maxillofacial Surgeons, Psychologists, Physical Therapists, Physician Assistants, Psychologist Associate, Registered Nurse First Assistant, and Speech Therapists.

### When are health care practitioners required to use the common credentialing solution database?

January 1, 2016. However, the OHA may ask providers to volunteer to submit their information earlier in preparation for the required date. Practitioners will be notified of this opportunity for early submission at a later date.

### How will health care practitioners submit credentialing information to the common credentialing solution database?

Beginning January 1, 2016, health care practitioners or their designees will be required to submit credentialing information via a web-based solution. Practitioner credentialing information will be saved in the solution's database and provided to credentialing organizations.

### Will health care practitioners be required to periodically update credentialing information in the common credentialing solution database?

Yes. Every 120 days, health care practitioners or their designees must attest to the credentialing information in the database. Although practitioners must attest more frequently than the current process requires, attestations will only need to be done through the centralized credentialing solution rather than to multiple credentialing organizations.

### Do health care practitioners have to submit credentialing information to credentialing organizations?

No. Credentialing organizations must use the database to access practitioner credentialing information. Organizations may only ask practitioners for information that is not available through the solution. This will minimize credentialing organization requests and attestations, improving the process for both credentialing organizations and practitioners.

**Will health care practitioner credentialing information be publicly disclosed?**

Privacy is a priority. Health care practitioner credentialing information, other than general information used for provider directories, is not publicly disclosed.

**Will health care practitioners have to pay a fee for health care practitioners to use the program?**

There will likely be a fee for health care practitioners beginning January 1, 2016. While fees have not yet been determined, the OHA will ensure that any fees are equitably balanced between different provider types and will consider the benefits and resources of all. For example, a health care practitioner with more required credentials may have a slightly different fee than a practitioner with less required credentials (e.g., a medical doctor versus a massage therapist).

**For additional information, please contact:**

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## Frequently Asked Questions – Credentialing Organizations

### What is the Oregon Common Credentialing Program?

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### What is the role of the Common Credentialing Advisory Group?

After the passage of (SB) 604 a Common Credentialing Advisory Group (CCAG) was convened and meets monthly to advise the Oregon Health Authority (OHA) on implementation. Group membership includes individual practitioners and representatives from urban and rural credentialing organizations, large and small Health Care Regulatory Boards (HCRBs), provider practices and a large malpractice insurance carrier. Under SB 604 the CCAG will advise the Authority on:

- (a) credentialing industry standards;
- (b) Common Credentialing Solution;
- (c) Recommended changes to the Oregon practitioner credentialing application pursuant to ORS 442.221 to 441.223; and
- (d) Other proposed changes or concerns brought forth by interested parties.

### Which credentialing organizations are required to use the common credentialing solution database?

All organizations meeting the definition of credentialing organization (CO) in SB 604 are required to participate in the program. It is defined as 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.

Oregon Administrative Rule (OAR) 409-045-0025(7) defines “credentialing organization” according to the legislative language, but adds a list of entities known based on legislative intent. This includes, but is not limited to the following: Ambulatory Surgical Centers, Coordinated Care Organizations, Dental Plan Issuers, Health Plan Issuers, Hospitals and Health Systems, and Independent Physician Associations.

While this definition is clear to the listed entities, it is less clear in defining what other health care facilities or business organizations exist that credential health care practitioners.

The following questions are to be used to guide organizations in making the distinction of whether or not they are considered a credentialing organization. An organization shall be considered a credentialing organization if it answers “yes” to one or more of the following questions:

- Does the organization recognize that it credentials licensed independent practitioners?
- Does the organization have a credentialing committee?
- Does the organization have governing requirements or rules (including state law and accrediting entity

requirements) that specifically require any practitioners to be “credentialed?”

A provider practice would not be considered a credentialing organization as their practitioners are credentialed by other “credentialing” organizations as independent practitioners in order to receive payment for services they provide through the practice. In addition, facilities such as health homes would not be considered credentialing organizations as any practitioners that visits the facility are simply checked for licensure and not fully credentialed according to any standards.

#### **How do health care practitioners submit credentialing information to the program?**

Health care practitioners or their designees will submit necessary credentialing information using the standardized Oregon Practitioner Credentialing Application into the database that will be verified and maintained by the vendor. Every 120 days, health care practitioners or their designees must attest to the credentialing information in the database.

#### **Which organizations can input, access and retrieve information in the common credentialing program/solution database?**

Credentialing organizations and Health Care Regulatory Boards can input, access and retrieve health practitioner credentialing information. Practitioner information in the database is not publicly disclosed.

#### **Will the program include primary source verification of health practitioner information?**

Yes, health practitioner information will be primary source verified by the program vendor according to accrediting entity standards (e.g., the Joint Commission, the National Committee for Quality Assurance, the Utilization Review Accreditation Committee, and DNV Healthcare). Peer references will not be verified by the credentialing organization since the interpretation of references can vary by organization.

#### **Will the program include the process of privileging?**

No. Privileging is not included under the common credentialing program. As such, verifications related to privileging will not be conducted under the Program. Health organizations will determine a health care practitioner’s specific scope and content of patient care services.

#### **May credentialing organizations request credentialing information from health care practitioners?**

Credentialing organizations are prohibited from requesting information from health care practitioners that is available in the common credentialing solution database. If the organization requires supplemental information, such as an additional peer reference, this information may be requested directly from the health care practitioner.

#### **Who decides if a health practitioner will be credentialed?**

The credentialing organization makes this decision. The Program provides access to verified practitioner information, but the decision to credential a practitioner is outside the scope of the Program.

#### **Will there be a fee for credentialing organizations to use the program?**

Yes, there will be fee for credentialing organizations to use the program. However, the fee structure has not yet been determined. The Common Credentialing Advisory Group and Oregon Health Authority staff acknowledges credentialing organizations differ in their resources and the benefits gained from a common credentialing solution/program; these factors will be considered when finalizing the fee structure.

#### **When will credentialing organizations be required to participate in the Common Credentialing program?**

January 1, 2016.

**Are there assurances for credentialing organizations relying on the accuracy of practitioner information?**

Yes. SB 604 maintains that a credentialing organization that, in good faith, uses credentialing information provided under this Program is immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information. Apart from this safe harbor, the Program will be using state and national standards, primarily based on accrediting entity standards for the credentialing process. Verifications will be frequently audited to ensure accuracy.

**For additional information, please contact:**

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### Program Overview

In addition to obtaining licensure from their respective board, most health care practitioners in Oregon must also be credentialed by various credentialing organizations. These credentialing organizations include hospitals or other health care facilities, physician organizations or other health care provider organizations, coordinated care organizations, business organizations, or insurers. Many of these organizations are governed by accrediting entities that, among other things, provide strict requirements on the process of credentialing. These entities credential health care practitioners independently, resulting in a duplication of efforts. Health care practitioners are negatively impacted by this process as they must repeatedly complete credentialing applications and provide supporting documentation for each credentialing organization.

As mandated by Oregon Senate Bill (SB) 604, the Oregon Common Credentialing Program has been established as a new program that will provide credentialing organizations access to information necessary to credential and recredential health care practitioners. Under this program, health care practitioners or their designees will submit necessary credentialing information into a common credentialing solution and credentialing organizations will be required to use the solution to obtain that information. An efficient common credentialing solution not only captures and stores credentialing information and documents; it includes the process of verifying of select credentialing information according to state and national requirements. The Common Credentialing Solution will significantly benefit all credentialed health care providers in the state, as well as create efficiencies for credentialing organizations. While compliance for SB 604 is not mandated until January 1, 2016, the Oregon Health Authority has been working with key stakeholders on implementation.

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