

Oregon Common Credentialing Advisory Group

AGENDA

Date: November 20, 2015

Time: 2:30pm – 4:30pm

LOCATION

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

WEBINAR: <https://attendee.gotowebinar.com/register/1253148954835538178>

#	Time	Item	Materials	Lead
1	2:30 – 2:35	Welcome and Agenda Review	1	Kevin Ewanchyna
2	2:35 – 2:45	Advisory Group Membership	2	Nick Kramer
3	2:45 – 3:00	Procurement Process Update	NA	Rachel Ostroy
4	3:00 – 3:20	Advisory Committee on Physician Credentialing Information Recommendations	3,4,5	Rebecca Jensen
5	3:20 – 3:50	Delegation Agreements and the Credentialing Decision	6,7	Melissa Isavoran
6	3:50 – 4:15	Provider Data Alignment	8	Melissa Isavoran/ Nick Kramer
7	4:15 – 4:30	Public Testimony	NA	Public
8	4:30 – 4:30	Next Steps and Adjournment	NA	Kevin Ewanchyna

Materials:

1. Agenda
2. Request for Applications
3. Advisory Committee on Physician Credentialing Information Process Flowchart
4. Oregon Practitioner Credentialing Application Change Recommendations
5. Advisory Committee on Physician Credentialing Information Recommendation Details
6. Oregon Department of Justice Memorandum
7. Delegation Agreements and Credentialing Decision Tracking Options
8. Provider Data Alignment Analysis

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 may also submit public comment or testimony by visiting the Common Credentialing website at www.oregon.gov/oha/OHPR/occp.

Staff Contacts:

Melissa Isavoran, OHA, Office for Health Information Technology; (503) 559-7886; melissa.isavoran@state.or.us

Margie Fernando, OHA, Office of Health Policy and Research; (503) 373-1927; margie.fernando@state.or.us

Susan Otter, OHA, Office for Health Information Technology; (503) 378-1817; susan.otter@state.or.us

Nick Kramer, OHA, Office for Health Information Technology; (971) 273-6993; nicholas.h.kramer@state.or.us

OHA Request for Applications for HIT Advisory Group Members

The Oregon Health Authority (OHA) is requesting applications and nominations for its Common Credentialing and Provider Directory Advisory Groups. Members for each of these groups represent project stakeholders and provide advice and guidance on policy, program, and technical considerations for the design and implementation of the project.

The Common Credentialing and Provider Directory projects are part of OHA's Office of Health IT's broader portfolio of work to support health system transformation through HIT optimized care. Specifically, OHA is seeking a:

- Hospital representative, health plan representative, and an Independent Physician Association (IPA) representative for the Common Credentialing Advisory Group (CCAG); and
- Provider representative for the Provider Director Advisory Group (PDAG).

Attached is a combined application that allows potential applicants to outline their interest in becoming an official representative of one of the two advisory groups. Completed applications (see attached application) must be completed and submitted ohit.info@state.or.us no later than **December 18, 2015**.

Through 2016, the PDAG will meet for three hours each month and may extend these meetings into 2017. PDAG meetings generally alternate between Portland and Wilsonville locations. The CCAG is an ongoing advisory group that currently meets for two hours bimonthly, but may increase in frequency during 2016 to accommodate an increased need to work through programmatic details during final implementation stages. CCAG meetings alternate between Portland and Salem locations.

Common Credentialing Advisory Group Background

With the passage of Senate Bill (SB) 604 (2013), OHA is required to establish a program and database for the purpose of providing credentialing organizations access to information necessary to credential health care practitioners in the State. OHA is seeking a hospital, health plan, and IPA representative for the CCAG.

The CCAG provides consultation to OHA on the implementation of SB 604 which will include a common credentialing solution. Health care practitioners must enter their credentialing data into the solution that will then be used by credentialing organizations for credentialing purposes. The CCAG is responsible for advising OHA on credentialing application and submittal requirements, the process by which practitioner and credentialing organizations may access the system, and the imposition of fees. This includes standards for the process of verifying credentialing information.

Additional information about the CCAG is available on the OHA's website at <http://www.oregon.gov/oha/OHPR/occp/Pages/index.aspx>.

Questions regarding the CCAG can be directed to Melissa Isavoran with the OHA's Office for Health Information Technology at melissa.isavoran@state.or.us or by phone at (503) 559-7886.

Provider Directory Advisory Group Background

A statewide provider directory is a source of accurate healthcare practitioner and practice setting information that can be accessed by health care entities, such as providers, hospitals, health plans, coordinated care organizations (CCOs), researchers and state staff. The provider directory will leverage data from existing, authoritative data sources, such as Common Credentialing and will offer a rich source of provider information that can be shared across care settings. It will centralize data where needed, and allow for the federation of existing provider directories. Health care organizations can use information from the provider directory to support:

- **Operations and oversight:** As an accurate single source of key provider information such as contact information, provider affiliations to practice settings demographics, licensing data, etc.
- **Health information exchange:** Find Health Information Exchange addresses and provider information outside a clinic, CCO or designated system facilitating clinical data to be sent to the correct recipient securely and electronically.
- **Analytics and quality reporting:** Access historical provider affiliations and other authoritative data for use in generating outcome data, metrics and research.

PDAG provides the Oregon Health Authority subject matter guidance on the development of the statewide provider directory. The PDAG is comprised of external stakeholders representing a wide range of roles and affiliations within the health information technology arena. OHA is seeking a representative from the provider community who can participate and engage in discussions regarding provider directory operations, technical, policy, and governance needs.

Additional information about the PDAG is available on the OHA's website at <http://www.oregon.gov/oha/OHIT/Pages/Provider-Directory-Advisory.aspx>.

Questions regarding the PDAG can be directed to Karen Hale with the OHA's Office for Health Information Technology at karen.hale@state.or.us or by phone at (503) 602-3252.

OHA HIT Advisory Group Application

Which group you are applying for?	Common Credentialing Advisory Group	
	Provider Directory Advisory Group	
Name:		
Address:		
Email:		
Phone:		
Title:		
Organization:		
1. What perspective do you represent?		
2. Please describe your areas of related experience and content expertise that would assist in this process.		
3. Why are you interested in participating?		
4. Can you commit to reviewing and potentially editing materials resulting from work sessions?		
5. Please describe other successful collaborative efforts you have been involved in and how you contributed.		
6. Can you commit to the frequency and duration of meetings as identified in the Request for Applications, with some potential for additional assignments or materials review to be completed between meetings?		

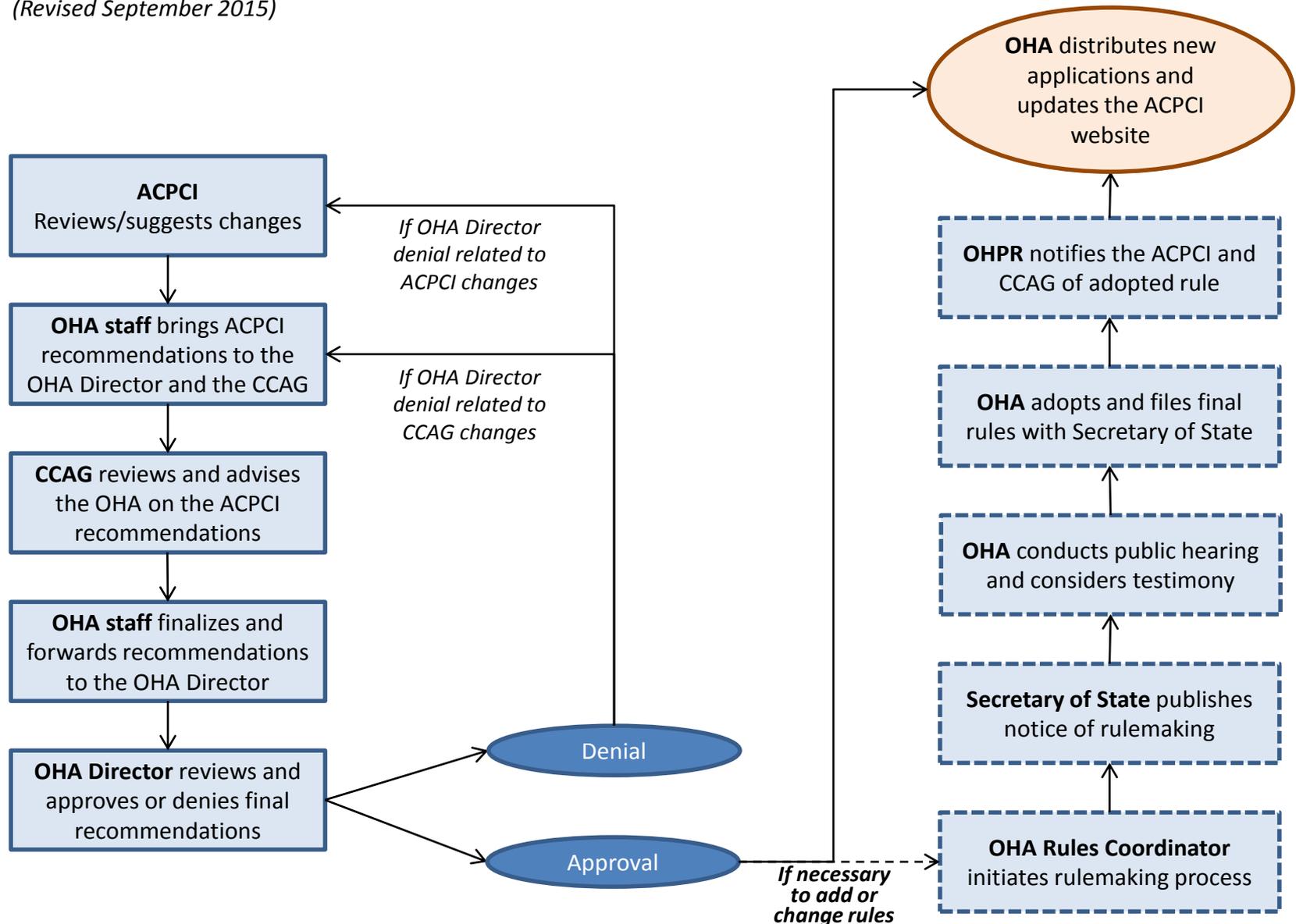
PLEASE submit your nomination form no later than **December 18, 2015** to: ohit.info@state.or.us.

Thank you!

ADVISORY COMMITTEE FOR PHYSICIAN CREDENTIALING INFORMATION (ACPCI)

PROCESS FLOWCHART FOR AMENDING THE OREGON PRACTITIONER CREDENTIALING/RECREREDENTIALING APPLICATIONS

(Revised September 2015)





October 29, 2015

Lynne Saxton, Director
Oregon Health Authority
500 Summer Street NE, E-20
Salem, OR 97301

RE: Recommendations for Changes to the Oregon Practitioner Credentialing Application

Dear Director Saxton:

As you are aware, the Advisory Committee on Physician Credentialing Information (ACPCI) developed and maintains the Oregon Practitioner Credentialing Application (OPCA) and the Oregon Practitioner Recredentialing Application (OPRA) used by hospitals and health plans to credential and recredential practitioners within the State of Oregon. The ACPCI is sensitive to changing the application due to the work it takes for the credentialing community to modify their systems. However, the Committee is recommending that minor changes be made due to considerations of the new common credentialing solution being implemented that will use the forms as a template for capturing practitioner data.

Every year, the Committee solicits for suggestions to alter the OPCA and the credentialing application, and then meets to consider them. Attached is an updated flowchart that provides a visual of the process. Suggestions from this year were considered at a meeting of the ACPCI members on September 29, 2015. The Committee additionally revisited accepted suggestions from 2014 and 2013 to ensure continued relevance and inclusion in recommendations.

The Committee did not accept many of the 2015 suggestions since many of the suggested changes were basic formatting changes that would be more appropriately addressed in the future common credentialing solution. The group only recommends making minor changes to the application, and continues to recommend not mandating their use until the common credentialing solution is operational. Our rationale is that we want the solution to use the most current application available, so any changes should be included now, rather than later. However, we did not want to mandate the form and require organizations to make changes prior to the changes they will have to make to accommodate common credentialing in January 2017. Accepted changes are summarized as follows:

Accepted changes from 2015 suggestions:

- Modify Page 5 Section VIII, IX, X, to add "and Street Address" to each box that includes "School Name."
- Modify the title of Page 4 Section VI title to be "Practice and Employment Information."

Again, the ACPCI recommends the use of the 2015 suggestions accepted as amended to revise the credentialing and recredentialing applications. The new forms should be used for the common credentialing solution and only be mandated when common credentialing is operational. These recommendations will also be presented to the Common Credentialing Advisory Group for review as they consult OHA on the anticipated common credentialing solution. Please review the recommendations and consider adopting them as suggested. I would be happy to meet with you to discuss the Committee's recommendations if that works best for you. Melissa Isavoran, OHA staff that manages the ACPCI, could also be available to walk you through the recommendations.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Jensen". The signature is fluid and cursive, with a large loop at the end.

Rebecca Jensen, CPCS, CPMSM
ACPCI Chair

Recommendations for 2015 Review

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.wpedi.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.

Recommendations for 2015 Review

Suggestions for the Oregon Practitioner Credentialing Application					
ACPCI Considerations and Recommended Actions - September 2015					
No.	Received	Suggestor	Suggestions	Action	Notes
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.

Recommendations for 2015 Review

Suggestions for the Oregon Practitioner Credentialing Application					
ACPCI Considerations and Recommended Actions - September 2015					
No.	Received	Suggestor	Suggestions	Action	Notes
3	8/10/2015	Donald O'Malley, PCS Credentialing Services, LLC	<p>1) Page 1 Section I Instructions</p> <p>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.</p> <p>Suggest eliminating the requirement and have the release general enough to be all encompassing.</p>	Not accepted	-Recommendations do not apply
			<p>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.</p> <p>Suggest writing “N/A” instead and eliminate the boxes.</p>	Not accepted	-Recommendations do not apply
			<p>8th bullet – “Mail application to the requesting organization(s).”</p> <p>Suggest changing to “Email, fax or mail...”</p>	Not accepted	-Recommendations do not apply
			<p>2) Page 2 Section II Practitioner Information</p> <p>Home address is general enough to include the city, state, and zip.</p> <p>Suggest eliminating the boxes for City, State, and Zip</p>	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.

Recommendations for 2015 Review

Suggestions for the Oregon Practitioner Credentialing Application					
ACPCI Considerations and Recommended Actions - September 2015					
No.	Received	Suggestor	Suggestions	Action	Notes
			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.

Recommendations for 2015 Review

Suggestions for the Oregon Practitioner Credentialing Application																														
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No.	Received	Suggestor	Suggestions	Action	Notes																									
			<p>4) Page 5 Sections XI, XII, XIII</p> <p>a. This page could be completely re-formatted to allow more entries as needed and avoid redundancy in the form.</p>	Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.																									
			<p>b. Entries for fax number and Month / Year of Completion are not needed.</p> <p>Suggest the following format:</p> <table border="1"> <thead> <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> </thead> <tbody> <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> </tbody> </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																											
Johns Hopkins Univ Med Center Baltimore, MD	Jul 05 – Jun 08	Ophthalmology	Residency																											
			<p>5) Page 6 XV Other State Health Care Licenses, Registrations & Certificates</p> <p>Year Relinquished and Reason are not needed.</p> <p>Verification of the license will reveal the dates and the reason.</p> <p>Suggest the following format:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>State</th> <th>Number</th> <th>Year Licensed</th> <th>Expires(d)</th> </tr> </thead> <tbody> <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> </tbody> </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.
Type	State	Number	Year Licensed	Expires(d)																										
MD	OR	456789	2010	2016																										
MD	WA	3258745	2010	2014																										

Recommendations for 2015 Review

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No.	Received	Suggestor	Suggestions	Action	Notes															
			<p>6) Page 7 Section XVI Hospitals and Other Health Care Facility Affiliations 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 border="1" data-bbox="514 654 1211 745"> <thead> <tr> <th>Name, City, State</th> <th>Dates (MMM YY – MMM YY)</th> <th>Staff Status</th> </tr> </thead> <tbody> <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> </tbody> </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.
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																		
			<p>7) Page 8 Section XVII Professional Practice / Work History 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 Suggest adding email address for broker / carrier.</p>	Not accepted	-Information is difficult to keep current.															

Recommendations for 2015 Review

Suggestions for the Oregon Practitioner Credentialing Application					
ACPCI Considerations and Recommended Actions - September 2015					
No.	Received	Suggestor	Suggestions	Action	Notes
			9) Page 10 Section XIX Attestation Question 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)? Suggest making the signature on the Authorization all encompassing for the application.	Not accepted	-Group felt that this change would be more applicable/valuable in the future Common Credentialing solution.



DEPARTMENT OF JUSTICE
GENERAL COUNSEL DIVISION

This document has been prepared for public release.

DATE: October 26, 2015

TO: Melissa Isavoran
Credentialing Project Director
Oregon Health Authority

Susan Otter
Director of Health Information Technology
Oregon Health Authority

FROM: Deanna Laidler
Sr. Assistant Attorney General

SUBJECT: Common Credentialing Program

Senate Bill 604 (SB604) was enacted in 2013 and requires the Oregon Health Authority (OHA) to develop and operate a common credentialing program containing information necessary for a credentialing organization to credential or recredential a health care practitioner. As part of this program, OHA must create a system through which credentialing information may be submitted to an electronic database, with such information accessible to credentialing organizations, health care practitioners and health care regulatory boards 24 hours a day, seven days a week.

Many health plans and provider groups or facilities delegate or contract with other entities for the performance of credentialing activities. Delegation agreements are supported by the health care industry as being cost-effective and eliminating potential redundancies. Within the scope of its rule-making authority for the common credentialing program, OHA has the ability to permit or discontinue the use of delegation agreements between credentialing organizations.

You have asked us to address the following questions with respect to the common credentialing program:

1. Does SB 604 require a credentialing organization to directly access the system to obtain credentialing information or may it obtain such information from a delegate?

Short Answer: Under the OHA rules as currently written, a credentialing organization may use the services of a delegate to obtain the credentialing

information of a practitioner, provided: (a) the delegate meets the definition of a “credentialing organization”; and (b) the delegated credentialing organization is authorized to access the information, either through OHA rule or explicit reference in the Oregon Practitioner Credentialing Application.

2. Are credentialing organizations able to access credentialing information for the duration of the two-year credentialing period when the organization denied or terminated the credentialing of the practitioner?

Short Answer: No. Continued access to credentialing information by an organization that has denied or terminated a practitioner’s credentialing violates the authorization provision in the current Oregon Practitioner Credentialing Application template.

3. Does HIPAA apply to the disclosure of information contained within the Oregon Practitioner Credentialing Application?

Short Answer: Yes. HIPAA will apply to certain elements contained within the Oregon Practitioner Credentialing Application but disclosure to a credentialing organization is permitted under HIPAA as it is a disclosure required by law.

I. Delegation Agreements

A delegated credentialing agreement is a written agreement between credentialing organizations that delegates the responsibility to perform specific activities related to the credentialing and recredentialing of health care practitioners.¹ Delegation agreements are common within the health care industry and typically involve a provider group or health plan contracting with another entity to perform practitioner credentialing on behalf of the provider organization or health plan.

A typical example of a delegated credentialing arrangement is a health plan contracting with a larger provider group, with the contract requiring the group to credential its own practitioners. In this relationship, the provider group contractually obligates itself to perform credentialing in accordance with applicable laws and subsequently notifies the plan in the event of an issue with a specific practitioner’s credentials. The credentialing information is obtained and verified by the group and the results are shared with the plan, with the plan typically having a right to review the entire practitioner credentialing file upon request.

Current OHA rules on health care practitioner credentialing define a “credentialing organization” 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, including but not limited to ambulatory

¹ OAR 409-045- 0025(8)

surgical centers, health plan issuers, and Independent Physician Associations.² SB 604 utilizes a similar definition, with the only substantive difference being the exclusion of the examples of credentialing organizations.

With such a broad definition, an entity that performs credentialing for a health plan or provider (hereinafter referred to as a “delegated credentialing organization”) will likely fall within the definition of a credentialing organization as a “business organization” or “other organization” that credentials health care practitioners. If OHA wishes to allow continued use of delegated credentialing agreements, OHA can clarify this in rule and expressly permit redisclosure from one credentialing organization to another, provided the two entities have entered into a formal delegation agreement and subject to the practitioner authorizing such disclosure in the Oregon Practitioner Credentialing Application.

Using the expansive definition of credentialing organization set forth above, and subject to OHA rules permitting the use of delegated credentialing agreements in this context, a delegated credentialing organization has the right to: (i) electronically access the OHA common credentialing database; and (ii) obtain from OHA the credentialing information of a health care practitioner that is kept and maintained in the electronic database (subject to certain limitations as discussed in the Oregon Practitioner Credentialing Application section below). A delegated credentialing organization may have the right to request additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures of a health care practitioner if that same practitioner is used by the credentialing organization for its own activities unrelated to any delegation of credentialing from another organization.

II. Extended Access to Practitioner Records

Under the current credentialing program, once a credentialing organization receives the credentialing information regarding a practitioner, it can retain that information indefinitely. In moving towards an electronic system of record retrieval, absent some limitation, the possibility exists that a credentialing organization may continue to access a practitioner’s credentialing information even if the organization has denied the practitioner’s request for credentialing or after the practitioner’s relationship with the credentialing organization has terminated.

Section 6 of the Authorization and Release of Information Form completed by practitioners contains the following limitation on access to credentialing information:

I understand and agree that the authorizations and releases given by me herein shall be valid so long as I am an applicant for or have medical staff membership and/or clinical privileges/participation status at the health care related organization(s) designated herein, unless revoked by me in writing.³

² OAR 409-045-0025(7)

³ Oregon Practitioner Credentialing Application Authorization and Release of Information Form

In accordance with the above statement, access to credentialing information should cease once the credentialing organization denies participation or terminates its underlying relationship with the practitioner. To address this issue, OHA can specify the duration of access to a practitioner's credentialing information through rule or revise the Oregon Practitioner Credentialing Application to indicate that the permission for release continues until such time as the practitioner revokes the authorization or submits a new application identifying different entities as authorized recipients of the credentialing information.

III. HIPAA Regulations

The Health Insurance Portability and Accountability Act privacy rule (the "Privacy Rule") protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. Such individually identifiable information is referred to within the privacy rule as "protected health information (PHI)".⁴ As defined within the Privacy Rule, PHI includes information that relates to the individual's past, present or future physical or mental health or condition that identifies the individual.

The Oregon Practitioner Credentialing Application requires a practitioner to disclose information regarding the practitioner's use of illegal drugs and the presence of any previous or current physical, mental health, or chemical dependency condition which may interfere with the practitioner's ability to practice. The practitioner must specify if a reasonable accommodation is required to enable the practitioner to practice medicine. This information contained within an application which clearly identifies the practitioner by name constitutes PHI.

The Privacy Rule permits, but does not require, the use and disclosure of PHI without the individual's authorization or permission for certain specified purposes, including when the disclosure is required by law. Under the Privacy Rule, "required by law" includes disclosures required by statute, regulation or court order.

As SB 604 requires OHA to provide credentialing information in its entirety to credentialing organizations, such disclosure is required by law and thus permitted.

IV. Additional Considerations: The Oregon Practitioner Credentialing Application

As part of the credentialing process associated with health plan contracts or facility privileges, practitioners consent to the disclosure of their credentialing information to organizations specified in Oregon Practitioner Credentialing Application. If a delegated credentialing organization is used and the practitioner has not authorized disclosure to such entity, the practitioner may object to the disclosure to such delegated credentialing organization. This could be addressed by either modifying the credentialing form to include delegates of a credentialing organization listed in the application or by rule in which the credentialing organization must notify the practitioner of its use of a delegated credentialing organization and

⁴ 45 C.F.R. § 160.103

affording the practitioner an opportunity to object to such entity accessing the practitioner's credentialing information.

Please contact us as follow-up questions may arise. Pursuant to ORS 180.060(3), persons other than state officers may not rely upon this letter.

Regards,

Deanna
Deanna P. Laidler
Senior Assistant Attorney General

Oregon Common Credentialing Program
Delegation Agreements and the Credentialing Decision

Overview

The Oregon health Authority (OHA) is in the process of implementing the Oregon Common Credentialing Program (OCCP). As part of this Program, OHA will be developing a Common Credentialing Solution (CCS) that will capture, store, and verify practitioner credentialing information for use by credentialing organizations (COs) in the credentialing process. OHA has been assessing whether correct credentialing delegation agreements will impact or be impacted by the OCCP. Delegation agreements are written agreements between COs that delegate the responsibility to perform specific activities related to the credentialing and credentialing of health care practitioners. These agreements are used to create efficiencies in the credentialing process, but they also raise concerns regarding information sharing and uncertainties in the financial viability of the CCS. Through stakeholder informed analyses, OHA has developed a list of issues the OCCP will face with delegation agreements that were not considered by the legislation that mandated the Program in 2013. Considering this list of issues and a legal opinion provided by the Oregon Department of Justice, OHA has developed the options highlighted in this document for the State to pursue that can be discussed with the Common Credentialing Advisory Group prior to a decision being made.

Issue	Option	Option Details	Benefits	Concerns
Delegation Agreement (DA) Tracking - Existing process that creates efficiencies - Involves third party information sharing - DAs could impact the viability of the common credentialing solution - DAs could play a part in fee fluctuations	1) Do not track delegation agreements	- CCS would not track delegation agreements - Disclaimers to practitioners would exist to inform them that their information May be shared with other COs under delegation agreements - Would include rule language allowing information sharing as long as agreed to in writing or in the solution by the practitioner	- Easiest option - Does not violate any laws	- No ability to know every organization practitioners are credentialed with - Would not allow notifications or updates of practitioner information to delegating entities - Could impact financial viability or create fee fluctuations
	2) Track delegation agreements	- COs would report delegation agreements - Disclaimers to practitioners would exist to inform them that their information May be shared with other COs under delegation agreements - Would include rule language allowing information sharing as long as agreed to in writing or in the CCS by the practitioner	- Would allow practitioners to view delegation relationships between Cos to understand possible information sharing - Does not violate any laws	- Moderate system enhancements - Would not allow practitioners to know which delegating entities they are credentialed with - Would not allow notifications or updates of practitioner information to delegating entities - Could impact financial viability or create fee uncertainties
	3) Track delegation agreements and the DA workflow	- COs would report delegation agreements - Would include tracking the credentialing decision - Would allow notifications and updates of practitioner information to COs and delegating COs - Disclaimers to practitioners would exist to inform them that their information May be shared with other credentialing organizations under delegation agreements - Would include rule language allowing information sharing as long as agreed to in writing or in the CCS by the practitioner - Could include DAs in fee structure to prevent unintended fluctuations	- Would allow practitioners to view delegation relationships between organizations - Would allow practitioners to know where they are credentialed - Could minimize fee structure fluctuations - Does not violate any laws	- Greater level of system enhancements - Could impact financial viability or create fee uncertainties - Would add additional CO responsibilities - Could introduce fees to the DA process - Not part of basic legislative intent
Credentialing Decision Tracking - Process that would inform practitioners of who they have been credentialed with - Tracking can inform necessary affiliation verifications - Tracking can ensure the most appropriate and effective access to records and notifications	1) Ensure the solution can track the credentialing decision	- System would allow COs to report the credentialing decision without pulling practitioner information - Would allow for notifications and updates of practitioner information to Cos and delegating Cos - System would allow practitioners to identify who can have access to their data - Would require rule language to ensure the reporting of credentialing decisions and that they shall not be shared - Would include disclaimers that credentialing decisions will not be shared with other COs or CCS users	- Would allow practitioners to know where they are credentialed - Could allow COs to report credentialing decisions without pulling practitioner information and paying a transactional fee - Could allow facilitation of DA tracking - Could enhance affiliation accuracy and timeliness - Does not violate any laws	- Would add additional CO responsibilities - Not part of basic legislative intent

Assessment of Common Credentialing (CC) and Other Provider Data Collections

For Data Alignment Discussion with the Common Credentialing Advisory Group

Credentialing and Screening Data Element	Credentialing (highest standard)	Provider Directory (PD)	Medicaid Provider Enrollment	CMS - Medicare/Medicaid	Providers	Credentialing Organizations
Identifying/Practitioner Information	Valid Picture ID	CC	x	x (Monthly/Quarterly for PD)	x	x
Gender	x	CC	x	-	x	x
Address Information	x	CC	x	x (Monthly/Quarterly for PD)	x	x
Status	x	CC (PSV?)	-	-	x	x
Type	x	CC (PSV?)	-	-	x	x
PCP Designation	x	CC	-	-	x	x
SSN and/or TAX ID	x	CC	x	x	x	x
Individual National Provider Identifier (NPI) Number	x	CC	x	x	x	x
Citizenship and Alien Status	x	-	-	-	x	x
Immigrant Visa Information/Type	x	-	-	-	x	x
Education Equivalent Evaluation (e.g., ECFMG)	PSV	-	-	-	PSV	PSV
Medical Specialty Information	x	CC	x	x (Monthly for PD)	x	x
Board Certification/Recertification	PSV	CC	PSV	PSV	PSV	PSV
Practice Information	x	CC	x	x (Monthly for PD)	x	x
Practice Call Coverage	x	x	-	-	x	x
Undergraduate Education	x	-	-	-	x	x
Graduate Education	x	-	-	-	x	x
Medical/Professional Education	PSV (Highest level of edu./training/ board cert.; state licensing Boards)	-	PSV (Highest level of edu./training/ board cert.; state licensing Boards)	PSV (Highest level of edu./training/ board cert.; state licensing Boards)	PSV (Highest level of edu./training/ board cert.; state licensing Boards)	PSV (Highest level of edu./training/ board cert.; state licensing Boards)
Internship, Residency, Fellowship	PSV (Highest level of edu./training/ board cert.) (AMA, AOAP)	-	PSV (Highest level of edu./training/ board cert.)	PSV (Highest level of edu./training/ board cert.)	PSV (Highest level of edu./training/ board cert.) (AMA, AOAP)	PSV (Highest level of edu./training/ board cert.) (AMA, AOAP)
State Licensing Information	PSV (State Licensing Board)	CC (PSV)	PSV (State Licensing Board)			
Certification Information	PSV (State Licensing Board)	CC (PSV)	-	-	PSV (State Licensing Board)	PSV (State Licensing Board)
Drug Enforcement Administration (DEA) Registration Number	x (copy of DEA)	-	x	x	x (copy of DEA)	x (copy of DEA)
Controlled Substance Registration (CSR) Number	x (copy of CSR)	-	-	-	x (copy of CSR)	x (copy of CSR)
Controlled Dangerous Substances (CDS) Certificate	x (copy of CDS)	-	-	-	x (copy of CDS)	x (copy of CDS)
Hospital/Health Care Facility Affiliations	x	CC (affiliations, start and end dates)	x	x (Monthly for PD)	x	x
Practice/Work History	x (10 yrs. min.)	CC (affiliations, start and end dates)	x	x	x (10 yrs. min.)	x (10 yrs. min.)
Peer References	x	-	-	-	x	x
Continuing Medical Education (CME)	x	-	-	-	x	x
Professional Liability Insurance Information	x (attestation or certificate of insurance)	-	x	x (attestation or certificate of insurance)	x (attestation or certificate of insurance)	x (attestation or certificate of insurance)
Disclosure of Sanctions, Discipline, Convictions, Medicaid/Medicare Exclusions	x	-	PSV (OIG LEIE/SAM)	x	x	x
Liability Claims/Lawsuits	PSV (5-year hist. - NPDB or carrier)	-	x (NPDB)	PSV (NPDB or carrier)	PSV (5-year hist. - NPDB or carrier)	PSV (5-year hist. - NPDB or carrier)

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Additional Data Elements						
Active Medicaid/Medicare Information and #s (opt-in/opt-out)	-	-	PSV (PECOS/Noridian)	-	-	x
NPI/Medical Specialty by Taxonomy Number (NPES)	-	-	PSV	-	-	-
Government Employment Status	-	-	PSV (SAM)	-	-	-
Social Security Death Master File	-	-	PSV	-	-	-
Tax ID Verification	-	-	PSV (IRS)	-	-	x (copy of IRS W-9)
Disclosure of Ownership/Control Interests	-	-	x	-	-	-
AMH Certification and Contract (Mental and chemical dependency only)	-	-	x	-	-	-
Hospital Privileges / Admit Privileges (including dentists, naturopaths, other specialists)	-	-	-	-	x	x
Physician Assistant or Nurse Practitioner Supervisor	-	-	-	-	-	x (copy of supervisor license)
OB, Deliveries, Pediatric Services	-	-	-	-	-	x
Advanced Cardiac Life Support	-	-	-	-	-	x (copy of certificate)
Neonatal Resuscitation Program	-	-	-	-	-	x (copy of certificate)
Foreign Languages	-	x	-	-	-	x
Language Services/Cultural Competence at Practice Setting	-	-	-	-	-	x
Practice Setting OSHA/CDC Compliance	-	-	-	-	-	x
Network Affiliation(s)	-	x (affiliations, start and end dates)	-	x (Monthly/Quarterly for PD)	-	-
Medical Group/IPA Affiliation(s)	-	x (affiliations, start and end dates)	-	x (Monthly for PD)	-	x
Office Days and Hours*	-	x	-	x (Quarterly to PD)	x	x
Office Closure Days (Holiday Observances)*	-	-	-	-	x	-
Secure Messaging Information	-	x	-	-	x	-
EHR/EMR, other Practice Management System Name and Certification Body (Vendor and Version)*	-	x	-	-	x	x
E-prescribes	-	-	-	-	-	x
Accept Patient Emails	-	-	-	-	-	x
Web/Email Consultations	-	-	-	-	-	x
Website	-	-	-	-	-	x
Accepting New Patients	-	x	-	x (Monthly/Quarterly for PD)	-	x
Philosophy of Care	-	x	-	-	-	x (age or gender limits)
Nights/weekend (extended office hours)	-	x	-	-	x	x
PCPCH Designation and Tier	-	x	-	-	-	-
FQHC Flag	-	x	-	-	-	-
Clearinghouse Name*	-	-	-	-	x (transaction type)	-

*Information captured at practice level and updated/edited for individual providers

Assessment of Common Credentialing (CC) and Other Provider Data Collections

For Data Alignment Discussion with the Common Credentialing Advisory Group

Credentialing and Screening Data Element	Credentialing (highest standard)	Provider Directory (PD)	Medicaid Provider Enrollment	CMS - Medicare/Medicaid	Providers	Credentialing Organizations
Additional Documents/Attestations/Form						
Email Disclosure/Usage Agreement	-	-	-	-	-	x
Race/Ethnicity Language Supplemental Form	-	-	-	-	-	x
Behavioral Health Specialty Addendum (for Mental Health Providers)	-	-	-	-	-	x
EFT Enrollment Form	-	-	-	-	-	x
Inpatient Coverage Arrangement for Practitioners without Hospital Admitting Privileges	-	-	-	-	-	x
Professional Liability Addendum (if name not available on face sheet)	-	-	-	-	-	x
Bylaws, Rules, Regulations, Confidentiality, Code of Contact, Computer Access, Criminal Background Check, Health Status Screening, Other Policies Acknowledgement	-	-	-	-	-	x
Tail Coverage Insurance Acknowledgement	-	-	-	-	-	x
Consumer Investigation / Report Release	-	-	-	-	-	x
Medicare/Tricare Acknowledgement Statement	-	-	-	-	-	x
Continuing Medical Education Attestation	-	-	-	-	-	x
Photo ID/Passport/Driver's License	-	-	-	-	-	x
Seclusion & Restraint (CFR, 438.100)	-	-	-	-	-	x
Flu Shot Date/TB Test and Result	-	-	-	-	x	-
Number of Hospital Encounters in Previous 2 Yrs.	-	-	-	-	x	-
Notes: "-." means element is not collected/required "x" means the element is collected/required "PSV" means primary source verifications						