Common Credentialing Advisory Group

Meeting Summary

December 2, 2013, 1:00pm-3:00pm

1225 Ferry Street East, Mazama Room, Salem, OR

Committee Members in Attendance

Debra Bartel (*By Phone)*
Mike Bond (*By Phone)*
Larlene Dunsmuir (*By Phone)*
Rebecca Jensen (*By Phone)*
Denal Everidge (*By Phone)*
Andre Fortin
Kathleen Haley
Shannon Jones
Joan Sonnenburg (*By Phone)*
William Donlon (*By Phone)*
Nancy DeSouza
Erick Doolen
Tooba Durrani (*By Phone)*
Kevin Ewanchyna
Stephen Godowski (*By Phone)*
Michelle Murray (*By Phone)*
Jean Steinberg (*By Phone)*

Committee Members not in Attendance

Laurence Sharp
Dennis Baughman

OHA Staff in Attendance

Melissa Isavoran (OHA/OHPR)
Margie Fernando (OHA/OHPR)

Also in Attendance

Scott Gallant, Gallant Policy Advisors
Jim Dorigan (*By Phone)*

Note: *All meeting materials are on the CCAG Website at:* *http://www.oregon.gov/oha/OHPR/Pages/ccag.aspx*

Meeting Summary

1. Welcome and Agenda Review

   Kevin Ewanchyna, Co-Chair for the CCAG, welcomed everyone to the third meeting of the Advisory Group. He stressed that the main focus at this meeting was to finalize the draft RFI.

2. Update on State Licensing Boards Discussion

Scott reported that there have now been two meetings with the State Licensing Boards that involved discussions on how credentialing issues that could impact them. Discussions are on-going.

3. Malpractice Carriers Involvement

Melissa and Scott also reported that they had conversations with two major malpractice carriers: The Doctor's Company and CNA. A common credentialing system would also impact them as they technically credential providers and provide primary source verification of claims history for their licensees. Jim Dorigan, Senior Vice President and Regional Operating Officer with the Doctor's Company may be joining the CCAG as a new member representing malpractice carriers.

4. Request for Information Development Update

- Definitions

As requested at the last meeting, Melissa provided a definition of "Credentialing" and "Primary Source Verification" as it pertains to this Legislation. After much discussion the group agreed to amend the definitions to read:

Credentialing Definition

Credentialing refers to a standardized process of inquiry undertaken to validate specific information that confirms the candidate's identity, background, education, competency and/or qualifications related to a specific set of established standards or criteria.

Primary Source Verification Definition

Primary source verification refers to the verification of an individual practitioner's reported qualifications by the original source. Methods for conducting primary source verification of credentials include direct correspondence, document telephone verification, secure electronic verification from the original qualification source, or reports from Credentials Verification Organizations (CVOs) or approved agents that meet accrediting entity requirements.

It was requested that "Accrediting Entity" also be defined. Melissa will work to develop a definition referencing ones already in existence if possible.

- List of Expected Health Care Practitioners

Melissa produced the revised Draft List of Expected Health Care Practitioners. A member of the CCAG mentioned that Registered Nurse First Assistants are not an Advanced Practice Nurse and should be separated form that category. In addition, the group though it necessary to include an "Other Practitioners" category in order

to catch all practitioners not on the list that may be credentialed by specific credentialing organizations and to account for future practitioner inclusions. These changes will be made to the list.

- Credentialing Information Assessment

  Melissa also produced a spreadsheet of the Assessment of Credentialing Requirements by Accrediting Entities and CMS. The spreadsheet includes primary source verification requirements and is organized by credentialing element on the Oregon Practitioner Credentialing Application. It was recommended that the Accrediting Association for Ambulatory Health Care be included in the spreadsheet. This addition will be made.

- Draft Request for Information

  Melissa shared the first draft of an RFI for the group that was developed based on RFP questioned worked on by credentialing experts. She walked through the document and the appendices attached provide a high-level overview of the structure. The draft will be taken to the OHA's technical group on Monday December 9, 2013 for discussion as well. Changes will be to the RFI made based on that discussion and the discussion on system design with the CCAG as follows.

5. System Design Discussion

To better understand the complexity of a Common Credentialing system, Melissa prepared a visual picture of what the options of a system design of a common credentialing state database might look like. She went over three options.

- **Option 1** illustrated how a system design fulfilling the basic requirements of SB 604 would look like. She explained that this solution does not consider the process for verification of credentialing information or how the state licensing board would provide information to the system on practitioners as intended in SB 604.

- **Option 2** illustrated a more complex system design in which all health care practitioners would have a single point of entry into the credentialing system with credentialing entities, State Licensing Boards, and malpractice carriers would pull information from to support their needs. However, this solution would essentially put credentialed before licensing ("cart before the horse") and would require statutory changes for state licensing board operations.

- **Option 3** illustrated a more robust system design that included the credentialing system with state licensing boards and malpractice carriers providing information to the credentialing system. Feeds from the system would then provide health care

practitioner information to credentialing organizations licensing boards, and malpractice carriers, and even a provider directory. With this solution, licensing and credentialing could happen simultaneously. However, there would be complex interfacing needs to support it.

The group discussed the options and whether having a simple solution to begin with versus building a comprehensive system in the beginning would work better. They collectively agreed that the RFI could include both the basic and robust solution and request vendor abilities to support one or the other, or provide a sequential approach to move from the basic solution to the more robust one over time. It was also suggested that the basic solution include a feed from the state licensing boards to the system. These ideas will be reflected in a revised draft of the RFI.

While a conversation took place regarding the flow of primary source verification, there will need to be a more focused discussion for that topic at a later date. The OHA will include this in the RFI as well.

6. Public Comment

There was no public comment at this meeting.

7. Next Steps and Adjournment

The OHA will make changes to the definitions and the Expected Health Care Practitioners list. In addition, changes will be made to the RFI brought through the technical group for a full discussion. A revised RFI draft will be provided to the CCAG by December 13, 2013 with the expectation that CCAG members will provide comments on that draft by December 27, 2013. The OHA plans on bringing a final RFI draft to the CCAG's January meeting for final discussion with a quick turnaround for release on January 17, 2013.

Meeting adjourned at 3:00. Next meeting will be on Thursday January 9, 2014 in Portland.