

Oregon Common Credentialing Advisory Group

AGENDA

Date: Friday December 5, 2014

Time: 1:30pm to 3:30pm

LOCATION:

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

#	Time	Item	Materials	Lead
1	1:30 – 1:35	Welcome and Agenda Review	1,2	Kevin Ewanchyna
2	1:35 – 1:20	National Committee for Quality Assurance Discussion	3	Kristine Toppe/ Frank Stelling
3	1:20 – 2:30	Request for Proposals Update	NA	Melissa Isavoran
4	2:30 – 3:15	Fee Structure Recommendations	4	Melissa Isavoran
5	3:15 – 3:30	Public Comment	NA	Public
6	3:30	Next Steps and Adjournment	NA	Kevin Ewanchyna

Materials:

1. Agenda
2. CCAG Member Roster
3. NCQA PPT Slides
4. CC Fee Structure Recommendations

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.

Credentialing Staff Contacts:

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Oregon Common Credentialing Advisory Group Members

November 2014

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

Nancy DeSouza - Executive Director, Oregon Board of Optometry

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

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

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

Michael Duran, MD, Psychiatrist, Oregon State Hospital

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

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

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

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

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

Kathleen Haley, JD - Executive Director, Oregon Medical Board

Joanne Jene, MD, Physician/Anesthesiologist/Retired, Oregon Medical Association/Oregon Society of Anesthesiologists

Rebecca L. Jensen, CPCS, CPMSM - Manager, Kaiser Permanente

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

Julie McCann, CPCS, Supervisor, Credentialing, MODA Health

Kecia Norling, Administrator, Northwest Ambulatory Surgery Center

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

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

Nicholetta Vlandis, Credentialing Supervisor, Regence BlueCross BlueShield of Oregon

NCQA Credentialing Verification Requirements



December 5, 2014



Overview

- **How NCQA works with states**
- **NCQA Credentialing Verification Requirements**
- **Credentials Verification Organization (CVO) Certification**
- **Delegating to CVOs**

42 States* Use or Recognize NCQA Accreditation

Commercial /Other

1. Arizona
2. California
3. Colorado
4. Connecticut
5. Florida
6. Georgia
7. Hawaii
8. Illinois
9. Indiana
10. Iowa
11. Kansas
12. Kentucky
13. Louisiana
14. Maine
15. Maryland
16. Massachusetts
17. Michigan
18. Minnesota
19. Missouri
20. Montana
21. Nebraska
22. Nevada
23. New Hampshire
24. New Jersey
25. New Mexico
26. North Carolina
27. Ohio
28. Oklahoma
29. Oregon
30. Pennsylvania
31. Rhode Island
32. South Carolina
33. Tennessee
34. Texas
35. Utah
36. Vermont
37. Virginia
38. West Virginia

Medicaid

1. Arizona
2. California
3. Delaware
4. District of Columbia*
5. Florida
6. Georgia
7. Hawaii
8. Indiana*
9. Iowa
10. Kansas*
11. Kentucky*
12. Louisiana*
13. Maryland
14. Massachusetts*
15. Michigan
16. Minnesota
17. Missouri*
18. Nebraska
19. New Hampshire
20. New Mexico*
21. Ohio*
22. Pennsylvania
23. Rhode Island*
24. South Carolina*
25. Tennessee*
26. Texas
27. Utah
28. Virginia*
29. Washington*
30. Wisconsin

Credentialing Verification Standards



Credentialing Verifications

- **Licensure**
- **DEA Certification**
- **Education & Training**
- **Board Certification Status**
- **Work History**
- **Malpractice Claims History**
- **Medicare/Medicaid & Licensure Sanctions**
- **Application and Attestation**

Documentation

- **Oral or Internet Information Source**
 - Dated and signed/initialed
 - Source used
 - Date of source
 - Findings

Verification Sources

- **Licensure – Licensing Agency**
- **DEA**
 - **Copy of certificate**
 - **Visual inspection of certificate**
 - **DEA or CDS Agency confirmation**
 - **NTIS database entry**
 - **AMA Master file**
 - **State pharmaceutical**
 - **Licensing agency**

Verification Sources

Education and Training – Highest Level from the following

- **Board Certification**
 - Specialty Board
 - ABMS entry
 - AMA Masterfile
 - AOA Profile Report or Physician Masterfile
 - Confirmation from specialty board
 - Confirmation from non-ABMS or non-AOA specialty board (w/proof of primary verification)
 - Confirmation from state licensing agency
- **Residency**
 - Confirmation from residency program
 - AOA Profile Report or Physician Masterfile
 - AMA Masterfile
 - Confirmation from state licensing agency
- **Medical school**
 - Confirmation from professional school
 - Confirmation from state licensing agency (w/proof of primary verification)
 - Confirmation from specialty board or registry that uses primary source

Verification Sources

- **Board Certification Status**
 - Same as Education and Training sources
- **Work History**
 - Application/curriculum vitae
 - 5 years of most recent work history
 - Review any gap ≥ 6 months
 - Clarify in writing any gap of > 1 year
- **Malpractice Claims History**
 - NPDB query or initial report from an NCQA recognized disclosure service, on new practitioner
 - 5 years claims history from malpractice carrier

Verification Sources

- **Medicare/Medicaid Sanctions**
 - NPDB
 - FSMB
 - List of Excluded Individuals and Entities (available over the Internet)
 - Medicare and Medicaid Sanctions and Reinstatement Report
 - State Medicaid agency or intermediary and Medicare intermediary
 - Federal Employees Health Benefits Program department record published by OPM, OIG

Verification Sources

- **Licensure Sanctions (last 5 years in all states practitioner has worked)**
 - NPDB
 - Federation of State Medical Boards
 - State licensing agency

Verification Timeliness

Timeliness is from decision back to when credential was verified

- **Licensure: 180 days**
- **DEA: Prior to the decision**
- **Education and Training: None**
- **Board status: 180 days**
- **Work History: 365 days**
- **Sanctions: 180 days**
- **Claims History: 180 days**
- **Application: 365 days**

CVO Certification



CVO Certification Standards

- **Policies and procedures**
 - The scope of verification activities, including practitioner type and credentials.
 - Methods used to access and verify credentials information.
 - Sources used to obtain and verify credentials information.
 - Processes for ensuring that time-sensitive information is no more than 120 or 305 calendar-days old, where specified, when reported to clients or the parent organization.
 - Responsibilities of staff in completing verification activities.
 - The process for compiling and reporting information to clients or the parent organization.
 - Provisions for periodic review, update and approval.
- **Process for Internal Continuous Quality Improvement**
- **Protecting Credentialing Information**
- **Verification Standards**

CVO Certification Survey

- **Off-site – Review of policies and procedures, continuous quality improvement and protection of credentialing information.**
- **On-site – File review of verification standards**
- **Certified for 2 years**

Delegating to a CVO



Delegation Requirements

- **Agreement**
 - Is mutually agreed upon.
 - Describes the delegated activities and the responsibilities of the organization, the delegated entity and delegated activities.
 - Requires at least semiannual reporting of the delegated entity to the organization.
 - Describes the process by which the organization evaluates the delegated entity's performance.
 - Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.
- **Predelegation Evaluation**
- **Review of regular reports**
- **Annual Audit**
- **Annual Evaluation**
- **Opportunities for Improvement**

Health Plan Surveys & Delegation of CR

Delegate to Certified CVO

Health Plan Responsibilities

- No oversight requirement of
 - Predelegation
 - Annual audit
 - Annual evaluation
- File Review
 - Automatic credit for verification requirements
 - Only review for timeliness

Delegating to a Non-certified CVO

Health Plan Responsibilities

- Oversight requirements
 - All requirements are evaluated
- File Review
 - All credentials are evaluated against the requirements

Credentialing Fee Structure

Discussion Regarding Impacts on the Oregon Common Credentialing Program

December 2014

Purpose

As authorized by Senate Bill (SB) 604 from the 2013 Regular Legislative Session, funding for the Oregon Health Authority (OHA) to administer the newly established Oregon Common Credentialing Program will be supported by fees. To help determine fee structure options, the OHA consulted the agency's technical subject matter expert (SME) workgroup to conduct a more thorough exploration of fee structure options, their potential impact on the OCCP, and provide recommendations. This document highlights workgroup findings and recommendations to the OHA that will be discussed with the CCAG for further advice.

Background

Under SB 604, the OHA is directed to develop a program and a database to provide credentialing organizations access to information necessary to credential and recredential health care practitioners in the state of Oregon. This type of program will create efficiencies by centralizing the capturing, storing and verifying of credentialing information. Fees paid by credentialing organizations and health care practitioners will be collected to support the administration of the program. The program was officially created in July 2014 as the Oregon Common Credentialing Program (OCCP). However, the OHA is still in the process of procuring a vendor to develop the database and administer the program.

Earlier this year, the OHA released a request for information (RFI) to better understand vendor capabilities as well as costs. However, responses to the RFI showed a wide range of costs and numerous fees structure possibilities. While exact costs will be unknown until a request for proposal is released and responses are received, the CCAG reviewed and approved fee structure principles to provide guidance in determining which fee structure options are feasible. The principles identify the need to ensure that fees are balanced for credentialing organizations and practitioners based on the size of the organization and the type of practitioner, respectively. For example, fees for credentialing organizations must consider size and provider panel and fees for practitioners must consider practitioner type, as physicians generally have more complicated credentialing requirements than practitioners such as massage therapists. In addition, fees must equitably distribute costs across credentialing organizations and health care practitioners considering the benefits they may experience and respective resources. The table below identifies acceptable fee structure options under the principles.

Fee Structure Options		
Payee	Fee Structure Options	Considerations
Credentialing Organizations	One-time setup fee	- Must be used to cover implementation costs - Must consider credentialing organization resources and size
	Annual fee	- Must specify the necessity of an annual fee - Must be kept minimal
	Transactional fees (per practitioner record)	- Must specify price differentials for practitioner types - Must specify duration of access through credentialing periods - Must include consideration to economies of scale
	Tiered fees based on panel	- Must justify the feasibility of this approach
Practitioners	One-time setup fee	- Must be used to cover implementation costs - Must consider the ability of practitioners to pay - Must consider practitioner type
	Annual Fee	- Must specify necessity of an annual fee - Must be kept minimal
	No Fee	- Must consider that practitioners do not currently pay fees
Various	Fees for special changes	- Must include any standard fee specifications for modifications
	Fees for special interfaces	- Must specify any standard fee for special interfacing capabilities

Subject Matter Expert Recommendations

Potential fee structures as identified above and the issue of fee structure options for delegation agreements were shared with the OHA’s SME Workgroup. The Workgroup discussed types of fee structures that would align with the principles outlined by the CCAG and considered the potential impact of each fee structure option on the OCCP and its participants. They then made the following recommendations to the OHA.

Payee	Fee Structure Recommendations	Considerations
Credentialing Organizations	<ul style="list-style-type: none"> • One-time setup fees should be used to cover the cost of implementation • Transactional fees at initial credentialing and recredentialing should be used to cover ongoing operations and maintenance costs. • Annual fees to cover ongoing operations and maintenance costs were considered, but were not recommended due to assumed difficulties in determining amounts to be assessed. 	<ul style="list-style-type: none"> • One-time setup fees could be assessed in various ways: <ul style="list-style-type: none"> ○ Flat fee for all credentialing organizations ○ Tiered fee for credentialing organizations based on revenue or practitioner panel size ○ A low flat fee for all credentialing organizations with a portion of the cost amortized to account for credentialing organizations with larger panels ○ One-time setup fees for new incoming credentialing organizations collected after the initial implementation period could be used to help cover ongoing maintenance or new development • Transactional fees could be assessed in various ways: <ul style="list-style-type: none"> ○ Flat fee per practitioner ○ Adjusted fee based on practitioner type ○ Separate fees could be established related to alternative levels of service (those above and beyond accrediting entity requirements)
Practitioners	<ul style="list-style-type: none"> • Initial one-time setup fees should be used to help cover implementation costs • Practitioners should not be charged to support ongoing operations and maintenance costs. 	<ul style="list-style-type: none"> • One-time setup fees for practitioners could be established in various ways: <ul style="list-style-type: none"> ○ Flat fee for all practitioners ○ Tiered fee for practitioners based on practitioner type • One-time setup fees for new incoming practitioners collected after the initial implementation period could be used to help cover ongoing maintenance or new development costs
Delegation Agreements	<ul style="list-style-type: none"> • Delegation agreements should be tracked under the OCCP as they could impact financial viability • Fees should be charged for credentialing through delegation agreements 	<ul style="list-style-type: none"> • Consider the possibility of establishing a capitated fee based on number of practitioners with delegated credentialing

Subject Matter Expert Workgroup Discussion

In general, the Credentialing SME Workgroup felt that one-time fees would be necessary for both credentialing organizations and practitioners to support the implementation of the OCCP. For credentialing organizations, the group discussed various ways of collecting a one-time setup fee, but did not come to consensus on which was the most appropriate option. Discussions included a flat fee for each credentialing organization, but there was also discussion about adjusting the fee based on the size of the organization. A third option developed by the group would include a low one-time flat fee with the remainder of the implementation costs covered by amortized transactional fees over a specific period of time. The amortization would allow for equitable distribution of the costs between larger organizations needing more credentialing records and smaller organizations that do less credentialing due to smaller panel sizes.

For practitioners, the Workgroup agreed that a one-time setup fee or initial application fee would be appropriate to support implementation costs. Two methods were identified for distributing the fees. To

potentially reduce complication the group felt the one-time setup fee or initial application fee could be a flat fee for all practitioners given that the application they have to complete is the same for all practitioners. The other method considered the idea that different practitioner types require credentialing at different levels (e.g., a medical doctor has more credentials to verify than a massage therapist). Therefore, both methods to distribute the one-time fee for practitioners were included in the recommendation to the OHA. For both credentialing organizations and practitioners, the group thought that one-time setup fees collected after the implementation period could be used to cover other ongoing maintenance or new development costs.

Regarding ongoing operations and maintenance, the Credentialing SME Workgroup agreed that credentialing organizations should be charged a fee to access credentialing information, but felt that ongoing fees for practitioners would be an unnecessary burden and could deter some practitioners from accessing the system to update their information. The workgroup agreed that a transactional fee would be the most appropriate for credentialing organizations and further agreed that it should be charged at initial credentialing and at recredentialing. Discussions included the idea of assessing this fee as either a flat fee or a tiered fee based on practitioner type. Some Workgroup members felt small and rural hospitals or insurers would favor a tiered transactional fee structure to reduce the financial impact for these organizations. Other members noted that larger organizations would have established efficiencies and a new credentialing or credentialing process would create a negative financial impact for them. While some members suggested breaking out specific services and having them be considered optional, it was noted that the OCCP would be able to obtain and verify credentialing information and not separate data elements. However, there may be an opportunity for alternative levels of services (services above and beyond accrediting entity requirements) to be identified as optional. The potential of a vendor offering such services will not be known until after request for proposal (RFP) responses have been received. While not preferred, the Workgroup discussed an annual fee as a secondary option that could be assessed based on an organization's revenue or a tiered fee structure based on practitioner panel size.

The Workgroup agreed that delegation agreements between Credentialing Organizations could potentially impact the financial viability of the OCCP and felt that these agreements need to be tracked and addressed in the fee structure. However, members were also cognizant that detailed tracking efforts could increase overall system costs. One suggestion was to have credentialing organizations report their delegation agreements, the agreement types, and how many practitioners are under each agreement at regularly scheduled intervals (e.g., annually). Credentialing organizations could then be charged a capitated rate per practitioner under the agreements. There were no other recommendations and the Workgroup felt the topic needed further discussion.

In Summary

The Credentialing SME Workgroup recommended to the OHA that the agency should establish a one-time setup fee for both credentialing organizations and practitioners under the OCCP. In addition, the workgroup felt that an ongoing access fee at initial credentialing and at recredentialing is necessary for Credentialing Organizations under the OCCP, but recommended various ways in which the fee could be assessed. They even suggested that specific pieces of the credentialing process be separated and charged as optional services. The Workgroup agreed that ongoing fees for practitioners would be an unnecessary burden and could deter some practitioners from accessing the system to update their information. Delegation agreements were addressed and a high-level recommendation to track them was made, but no further recommendations surfaced except for the need for further discussion in this area.

Recommendations from this Workgroup are being considered by the OHA and will be discussed with the CCAG for advice. The agency is still in the early stages of the fee structure discussion and must wait for RFP responses in order for options to solidify based on exact cost information. Stakeholders will continue to be engaged in the process of developing a feasible and equitable fee structure.