

Oregon Common Credentialing Advisory Group

AGENDA

Date: Tuesday, February 11, 2014

Time: 1:00pm to 3:00pm

LOCATION:

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

#	Time	Item	Materials	Lead
1	1:00 – 1:05	Welcome and Agenda Review	1	Kevin Ewanchyna
2	1:05 – 1:30	Governance Discussion	2,3,4	Becky Jensen/ Melissa Isavoran
3	1:30 – 2:20	Implementation Issues and Options	5,6	Melissa Isavoran
4	2:20 – 2:30	Rulemaking Advisory Group Update	N/A	Melissa Isavoran
5	2:30 – 2:45	Request for Implementation Update	N/A	Scott Gallant
6	2:45 – 3:00	Public Comment	N/A	Public
7	3:00	Next Steps and Adjournment	N/A	Kevin Ewanchyna

Materials:

1. Agenda
2. ACPCI statutes
3. Current Credentialing Rules
4. Governance Options DRAFT
5. Implementation Issues
6. List of Expected Health Care Practitioners

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

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ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION

442.800 Advisory Committee on Physician Credentialing Information; membership; terms. (1) The Advisory Committee on Physician Credentialing Information is established within the Office for Oregon Health Policy and Research. The committee consists of nine members appointed by the Administrator of the Office for Oregon Health Policy and Research as follows:

(a) Three members who are physicians licensed by the Oregon Medical Board or representatives of physician organizations doing business within the State of Oregon;

(b) Three representatives of hospitals licensed by the Oregon Health Authority; and

(c) Three representatives of health care service contractors that have been issued a certificate of authority to transact health insurance in this state by the Department of Consumer and Business Services.

(2) All members appointed pursuant to subsection (1) of this section shall be knowledgeable about national standards relating to physician credentialing.

(3) The term of appointment for each member of the committee is three years. If, during a member's term of appointment, the member no longer qualifies to serve as designated by the criteria of subsection (1) of this section, the member must resign. If there is a vacancy for any cause, the administrator shall make an appointment to become immediately effective for the unexpired term.

(4) Members of the committee are not entitled to compensation or reimbursement of expenses. [1999 c.494 §1; 2009 c.595 §767]

Note: 442.800 to 442.807 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 442 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

442.805 Committee recommendations. (1) The Advisory Committee on Physician Credentialing Information shall develop and submit recommendations to the Administrator of the Office for Oregon Health Policy and Research for the collection of uniform information necessary for hospitals and health plans to credential physicians seeking membership on a hospital medical staff or designation as a participating provider for a health plan. The recommendations must specify:

(a) The content and format of a credentialing application form; and

(b) The content and format of a recredentialing application form.

(2) The committee shall meet at least once every calendar year to review the uniform credentialing information and to assure the administrator that the information complies with credentialing standards developed by national accreditation organizations and applicable regulations of the federal government.

(3) The Office for Oregon Health Policy and Research shall provide the support staff necessary for the committee to accomplish its duties. [1999 c.494 §3]

Note: See note under 442.800.

442.807 Implementation of recommendations; rules. (1) Within 30 days of receiving the recommendations of the Advisory Committee on Physician Credentialing Information, the

Administrator of the Office for Oregon Health Policy and Research shall forward the recommendations to the Director of the Oregon Health Authority. The administrator shall request that the Oregon Health Authority adopt rules to carry out the efficient implementation and enforcement of the recommendations of the committee.

(2) The Oregon Health Authority shall:

(a) Adopt administrative rules in a timely manner, as required by the Administrative Procedures Act, for the purpose of effectuating the provisions of ORS 442.800 to 442.807; and

(b) Consult with each other and with the administrator to ensure that the rules adopted by the Oregon Health Authority are identical and are consistent with the recommendations developed pursuant to ORS 442.805 for affected hospitals and health care service contractors.

(3) The uniform credentialing information required pursuant to the administrative rules of the Oregon Health Authority represent the minimum uniform credentialing information required by the affected hospitals and health care service contractors. Nothing in ORS 442.800 to 442.807 shall be interpreted to prevent an affected hospital or health care service contractor from requesting additional credentialing information from a licensed physician for the purpose of completing physician credentialing procedures used by the affected hospital or health care service contractor. [1999 c.494 §4; 2001 c.900 §180; 2009 c.595 §768]

Note: See note under 442.800.

OREGON HEALTH AUTHORITY
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH

DIVISION 45

PHYSICIAN CREDENTIALING

409-045-0000

Physician Credentialing, Health Care Service Contractors

(1) The Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application, both of which were approved by the Advisory Committee on Physician Credentialing Information (ACPCI) on September 28, 2011, and both of which carry that date, are adopted with respect to hospitals and health care service contractors as Exhibits 1 and 2 to this rule.

(2) Each hospital and health care service contractor shall use the application forms adopted in section (1) of this rule.

(3) This rule is adopted pursuant to the authority of ORS 442.807 for the purpose of enabling the collection of uniform information necessary for hospitals and health care service contractors to credential physicians seeking designation as a participating practitioner for a health plan, thereby implementing ORS 442.800 to 442.807 with respect to hospitals and health care service contractors.

Stat. Auth.: ORS 442.807

Stats. Implemented: ORS 442.800 - 442.807

Hist.: OHP 1-2012(Temp), f. & cert. ef. 1-11-12 thru 6-30-12; OHP 3-2012, f. & cert. ef. 5-1-12

Common Credentialing Governance Options

In accordance with Senate Bill 604, the Oregon Health Authority (OHA) convened an advisory group that has been advising the authority on the implementation of common credentialing. This Common Credentialing Advisory Group (CCAG) has been meeting monthly since October 2013 and will continue a monthly meeting schedule through the implementation process. While the CCAG's role has been determined for this process, it must be determined how the group will operate once a common credentialing solution is operational. In parallel, the OHA manages the Advisory Committee on Physician Credentialing Information (ACPCI) that is responsible for maintaining the Oregon' standard credentialing application which will be used as the foundation for the credentialing solution. At this time, the OHA is attempting to understand and solidify the responsibilities of these groups moving forward in order to effectively govern common credentialing in Oregon.

Below is a comparison of requirements for the ACPCI and the CCAG.

Element	Advisory Committee on Physician Credentialing Information	Common Credentialing Advisory Group
Membership	Nine appointed members as follows: <ul style="list-style-type: none"> • Three licensed physicians • Three health plan representatives • Three hospital representatives 	Individuals who represent: <ul style="list-style-type: none"> • Credentialing organizations • Health Care Regulatory Boards • Health care practitioners
Term of Appointment	Three years	None specified
Convening Frequency	<i>At least once per year</i>	<i>At least once per year</i>
Responsibility	Develop and submit recommendations to the OHA for the collection of uniform information necessary for credentialing. Includes the content and format of a credentialing and recredentialing application form.	Review and advise the OHA on the implementation of common credentialing and on the standard credentialing application used in the state.

Recent discussions have pointed toward two options. One option would be to maintain the two separate groups, but use the CCAG for the purposes of advising the OHA on the collective common credentialing process. The other option would be to discontinue the ACPCI and roll those responsibilities into the CCAG's process. More details on the two options, including pros and cons, are listed below. The CCAG is being asked to advise the OHA on the most effective and efficient process for common credentialing governance.

Option #1: Maintaining Collaborative Groups

Element	Advisory Committee on Physician Credentialing Information	Common Credentialing Advisory Group
Membership	Nine appointed members as follows: <ul style="list-style-type: none"> • Three licensed physicians • Three health plan representatives • Three hospital representatives 	Members who represent: <ul style="list-style-type: none"> • Credentialing organizations • Health Care Regulatory Boards • Health care practitioners
Term of Appointment	Three years	Three Years?
Convening Frequency	<i>At least once per year</i>	Four times per year?
Responsibility	Develop and submit recommendations to the OHA for the collection of uniform information necessary for credentialing. Includes the content and format of a credentialing and	Review and advise the OHA on the implementation of common credentialing and on the standard credentialing application used in the state.

Common Credentialing Governance Options, Continued...

	recredentialing application form.
Process	Both groups will continue. The OHA will continue to manage the ACPCI process on soliciting for necessary changes to the credentialing application and developing recommendations. Recommendations from the ACPCI will be brought to the CCAG for discussion that will help to advise the OHA on how to work through the options. The OHA will also continue to manage the CCAG. However, this group will meet four times per year to discuss common credentialing concerns and industry updates, review vendor performance, and advise the OHA on the credentialing application and the credentialing process collectively.
Pros	<ul style="list-style-type: none"> • The CCAG will act as industry experts to help advise the OHA • No statutory changes required to alter the ACPCI
Cons	<ul style="list-style-type: none"> • Two separate meeting processes to manage • Some individuals will participate on both groups

Option #2: Combine the ACPCI and the CCAG

Element	Common Credentialing Advisory Group
Membership	Required membership includes: <ul style="list-style-type: none"> • Three health plan representatives • Three hospital representatives • Two Health Care Regulatory Board representatives • Three health care practitioners • One provider group practice • One mental health professional
Term of Appointment	Three years
Convening Frequency	Four times per year
Responsibility	Review and advise the OHA on the common credentialing process in Oregon.
Process	The OHA will continue to manage the CCAG will meet four times per year to discuss common credentialing concerns and industry updates, review vendor performance, and advise the OHA on the credentialing application and the credentialing process collectively. This group will include the responsibility of soliciting for necessary changes to the credentialing application and developing recommendations.
Pros	<ul style="list-style-type: none"> • One meeting process to manage • One meeting for individuals to represent the entire credentialing process
Cons	<ul style="list-style-type: none"> • Statutory changes required to alter the ACPCI • More responsibilities in reviewing requests for application changes

Option #3: Formalized Collaborative Process

Element	Advisory Committee on Physician Credentialing Information	Common Credentialing Advisory Group
Membership	Nine appointed members as follows: <ul style="list-style-type: none"> • Three licensed physicians • Three health plan representatives • Three hospital representatives 	Members who represent: <ul style="list-style-type: none"> • Credentialing organizations • Health Care Regulatory Boards • Health care practitioners • The ACPCI
Term of Appointment	Three years	Three Years?

Common Credentialing Governance Options, Continued...

Convening Frequency	<i>At least once per year</i>	Four times per year?
Responsibility	Develop and submit recommendations to the OHA for the collection of uniform information necessary for credentialing. Includes the content and format of a credentialing and recredentialing application form.	Review and advise the OHA on the implementation of common credentialing and on the standard credentialing application used in the state.
Process	This option is a formal approach to the collaborative process in Option #1. Both groups will continue. However, the OHA will use credentialing rules to ensure ACPCI representation of the CCAG and to ensure that ACPCI recommendations to the OHA will be brought through the CCAG for discussion. As in the other options, the OHA will continue to manage the CCAG and the group will meet four times per year to discuss common credentialing concerns and industry updates, review vendor performance, and advise the OHA on the credentialing application and the credentialing process collectively.	
Pros	<ul style="list-style-type: none"> • The CCAG will act as industry experts to help advise the OHA • No statutory changes required to alter the ACPCI • ACPCI representation on the CCAG will be required to create linkages • Technical form detail will be handled by the ACPCI 	
Cons	<ul style="list-style-type: none"> • Two separate meeting processes to manage • Some individuals will participate on both groups 	

Common Credentialing Solution Implementation Issues

for discussion with the Common Credentialing Advisory Group

February 11, 2014

Purpose

While the Common Credentialing Advisory Group (CCAG) has been focused on credentialing information and solution requirements, there is a need to discuss the implementation process. Based on conversations with the CCAG and a group of credentialing subject matter experts the OHA has consulted, the following implementation issues have been highlighted:

- Provider and credentialing organization uptake concerns
- Health Care Regulatory Board technological capabilities
- Primary Source Verification assignment
- Populating the Common Credentialing Solution

Discussions and Implementation Ideas

Discussions have already begun taking place to identify possible ways to tackle each of these issues that will allow the Oregon Health Authority to meet the requirements set forth in Senate Bill 604. Below are brief descriptions of these discussions and ideas. The CCAG is being asked to consider these issues and to advise the authority on how best to proceed with implementation. Once the Group is in agreement on how best to proceed, the OHA will work through the details and bring those back to the group for further discussion.

Allowing Adequate Time for Uptake - The OHA anticipates meeting the legislative mandate to be operational by January 1, 2016. While this is nearly two years away, a considerable amount of work must be done as part of the implementation process. It has been determined that a vendor must be selected by the end of 2015 to allow a vendor adequate time to build a solution or make modifications to a commercial off-the-shelf solution and also allow sufficient time for uptake. A high-level timeline has been set to plan for this work and the CCAG is working to advise the OHA on the implementation process.

Phasing in Health Care Regulatory Boards (HCRBs) – It is understood that HCRBs have varying levels of technological capabilities. This will make it challenging to create numerous interfaces and potentially manual processes for the estimated 14 boards by January 1, 2016. The CCAG has discussed the idea of a sequential approach that will prioritize the HCRBs considering the most critical provider types. Discussions have pointed to the initial inclusion of the Oregon Medical Board and the Oregon Board of Nursing. However, the CCAG must discuss this more thoroughly, along with the possible sequence of phasing in other HCRBs.

Determining How Primary Source Verification will be Completed – The common credentialing solution will collect information from health care practitioners. It will also collect practitioner information collected by the state's HCRBs that is verified through the primary source in the same manner generally required by accrediting entities. It will be important to identify which information will be verified by the HCRB and which information will need to be verified or reverified by the solution. When answering this question, considerations include what information is static and which changes to practitioner information would primary source verification between licensing cycles. In its recent Request for

Information, the OHA included one example of how a collaborative verification process could be structured and asked vendors to provide input on this and other possible options. Vendor input will be summarized and brought back to the CCAG for further discussion.

Populating the Common Credentialing Solution –There are several data sources types and numerous approaches available to populate the Solution with health care practitioner information. However, the approach must be carefully thought through in order to allow for the successful importation of this information with minimal duplication and gap issues. The following are three data source types and a possible population strategy for the CCAG to consider:

1. **Credentialing organizations** - It is assumed that the credentialing organizations would have the most current and complete credentialing records for health care practitioners. However, populating the solution from this data source is not desirable due to the sheer number of credentialing organizations and the likelihood of data duplication and inconsistencies when—as is often the case—a provider has credentialing records with numerous credentialing organizations.
2. **Health care practitioners** - Health care practitioners could be required to populate their own credentialing records from start to finish. However, there may be uptake issues if the solution requires this process. This uptake issue has been witnessed in the Washington credentialing system and even though the solution in Oregon is mandated, practices or clinics with multiple providers may not be able to immediately comply. There is also the issue of inefficiently “starting from scratch” and not having any primary source verification completed.
3. **HCRB practitioner information and documents** – Licensing board databases include most of the health care practitioner information required for credentialing purposes and most of the primary source verification for required credentialing components. Without knowing exactly how primary source verification will be done once the credentialing solution is operational, there will certainly be issues with health care practitioner information being outdated depending on how long ago they were licensed and their information verified.

Proposed approach: Discussions with credentialing subject matters have led to the idea of using the HCRBs to first populate the solution, then having the health care practitioners re-attest to the information and complete the files to ensure that they are current. The solution could then carry out the necessary primary source verifications to ensure that verification timing requirements are mitigated. Providers may be more willing and able to comply with the common credentialing effort if they did not have to populate their files from “scratch” as was mentioned by one large provider practice. The CCAG is being asked to consider this approach and advise the authority on how to proceed.

In Summary

Implementation of the common credentialing solution will be complicated and time consuming. However, the OHA and the CCAG have taken the first step of identifying the issues and possible options to allow for successful implementation. The CCAG is now being asked to advise the authority on the sequencing of HCRB inclusion and the idea of using a combination of the HCRB boards and practitioner reattestations to populate the initial solution with credentialing information. Once a direction is decided, the OHA can continue to work with its subject matter experts on the details that will be brought back to the CCAG for further discussion.

Health Care Practitioners

Senate Bill (SB) 604 defines *health care practitioner* as “an individual authorized to practice a profession related to the provision of health care services in this state for which the individual must be credentialed.” Because this definition is broad, it is necessary to identify the specific practitioners to be included in a common credentialing solution as intended in SB 604. To do this, Oregon Health Authority (OHA) staff reviewed and discussed an initial list of commonly credentialed practitioners with its technical advisory group to further refine that list, and to assess initial needs of the credentialing entities. The following is the list based on that discussion and discussions with the Common Credentialing Advisory Group, and on an assessment of accrediting entity requirements.

Health Care Practitioners:

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Physician Assistants
- Oral Surgeons
- Dentists
- Acupuncturists
- Audiologists
- Licensed Dieticians
- Licensed Marriage and Family Therapists
- Licensed Professional Counselor
- Psychologist Associate
- Speech Therapists
- Physical Therapists
- Occupational Therapists
- Registered Nurse First Assistant
- Advance Practice Registered Nurses
 - Clinical Nurse Specialists
 - Nurse Practitioners
 - Certified Registered Nurse Anesthetist
 - Certified Nurse Midwives
- Psychologists
- Licensed Clinical Social Worker
- Optometrist
- Chiropractor
- Naturopathic Physician
- Licensed Massage Therapists
- Pharmacists
- Registered Radiology Assistant
- Radiology Physician Assistant
- Other practitioners that may require credentialing in Oregon