

# Oregon Common Credentialing Advisory Group

## AGENDA

**Date:** Wednesday, February 4, 2015

**Time:** 10:00 am – 12:00 pm

## LOCATION:

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

#	Time	Item	Materials	Lead
1	10:00 – 10:05	Welcome and Agenda Review	1	Erick Doolen
2	10:05 – 10:15	RFP Process Update	2	Terry Bequette
3	10:15 – 10:30	Legislation Update	NA	Scott Gallant
4	10:30 – 11:15	Fee Structure Discussion Continued	3,4	Melissa Isavoran
5	11:15 – 11:45	Common Credentialing Auditing Process	5	Melissa Isavoran
6	11:45 – 12:00	Public Testimony	NA	Public
7	12:00 – 12:00	Next Steps and Adjournment	NA	Erick Doolen

### Materials:

1. Agenda
2. CC Implementation Timeline
3. CC Fee Structure Recommendations
4. CC Fee Structure Discussion Table
5. CC Verification Requirements

**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/occp](http://www.oregon.gov/oha/OHPR/occp)

### Credentialing Staff Contacts:

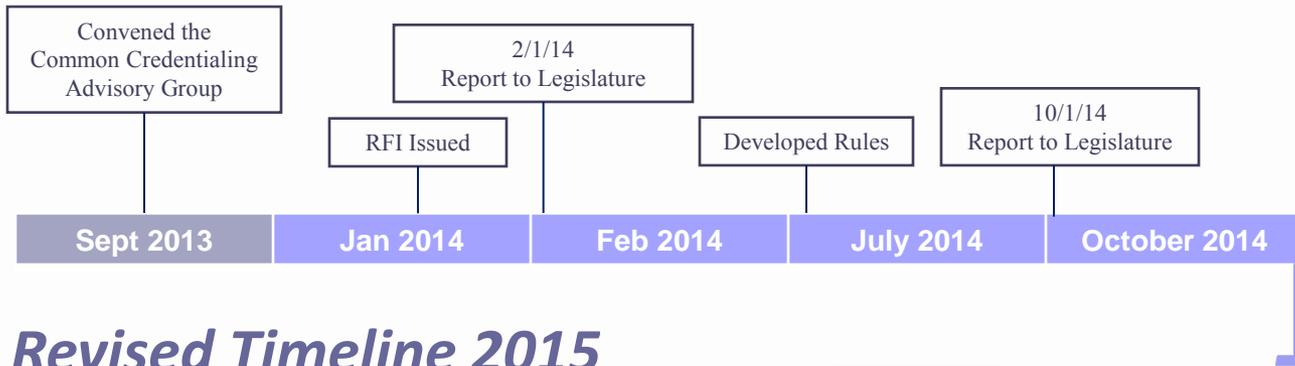
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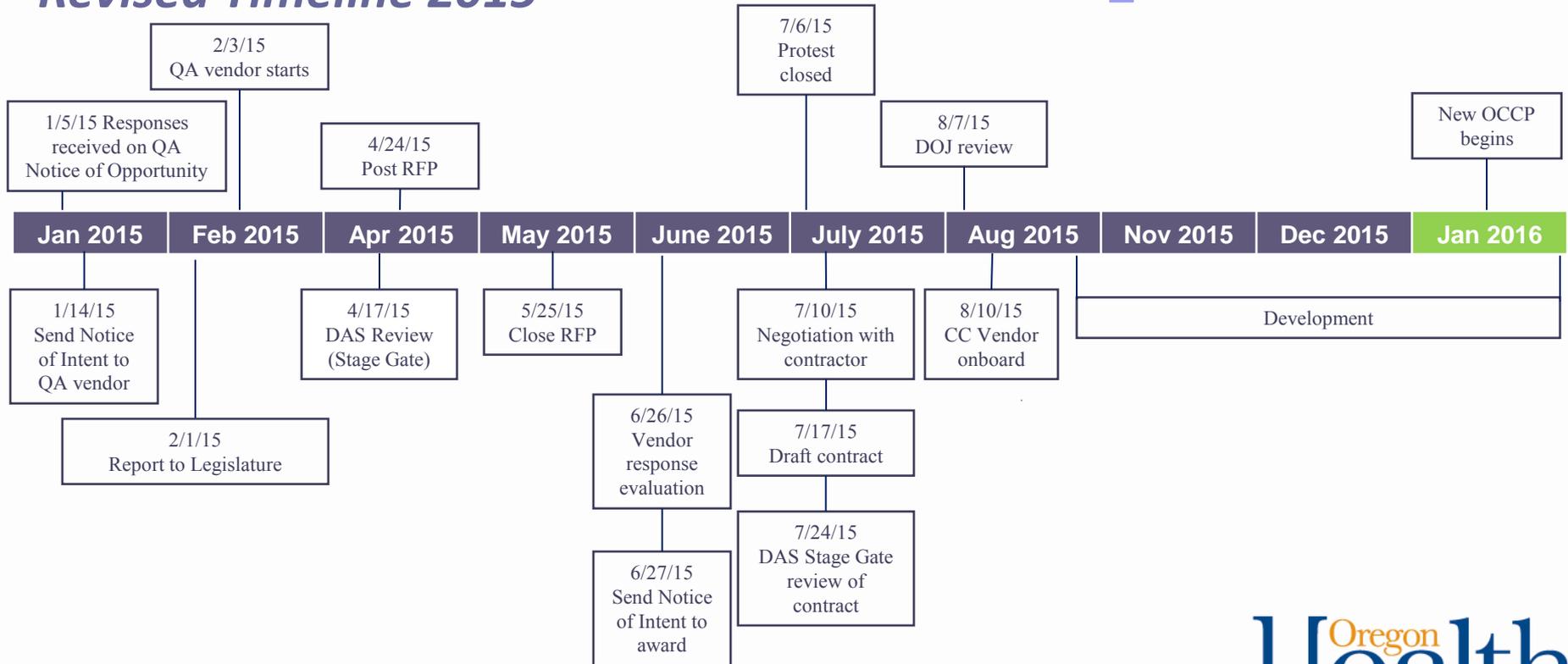
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# Timeline for the Oregon Common Credentialing Program (OCCP)



## Revised Timeline 2015



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

**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.

**Common Credentialing Fee Structure - Implementation**  
**Credentialing Technical Subject Matter Expert Workgroup**

TYPE OF FEE	DESCRIPTION	STRUCTURE	BENEFITS	CHALLENGES	CONSIDERATIONS
<b>Credentialing Organizations</b>					
<b>One-Time Setup Fee</b>	One-time setup fees charged to each credentialing organization (CO) that will be used to cover the cost of implementation	Flat Fee	- Simpler billing administration - All COs signing up for the same service	- Would not account for large vs. small COs - COs will have different level of benefit and therefore shouldn't have to cover an equal amount of the cost	-If implementation cost is low enough, this would be the preferred method. - Simplest way to administer a one-time setup fee as it does not require an analysis of credentialing organizations panel size or revenue
		Tiered Fee	- Accounts for a differential rate for large vs. small COs	- Difficulty in determining the appropriate amount (e.g., determine by practitioner panel, membership, or revenue)	-If implementation cost is moderate, this would be the preferred method. - Tiers can be determine using a formal with the total number of expected health care practitioners as the denominator and the credentialing organizations panel size as the numerator.
		Flat Fee, + Amortization	- Would account for large vs. small COs	- Difficulty in determining appropriate amount to amortize (e.g., determine by practitioner panel, membership, or revenue)	-If implementation cost is high, this would be the preferred method - Would need an actuary's opinion/analysis to determine amount to be amortized and for how long
<b>Transactional Fee</b>	Transactional fees at initial credentialing and recredentialing should be used to cover ongoing operations and maintenance costs	Flat Fee	- Practitioners are all using the same application	- Would not account for practitioners that have different levels of credentialing requirements	- A flat fee is preferred to distribute the costs - Recredentialing cost should be same as initial credentialing - Could assess a higher fee for those with accrediting bodies requiring more extensive reviews - Could assess a higher fee for more complicated cases
		Tiered Fee; based on Practitioner Type	- Would account for different levels of credentialing requirements - Two tiers could be physician vs. allied health practitioner	- Difficulty in determining the appropriate amount (e.g., physician vs. allied health practitioner)	Not preferred
<b>Specialty Fees</b>	Fees established for alternative levels of services	Expedited Credentialing	- Would allow for a way expedite credentialing verifications if needed	- Cost would be above and beyond scope, relying on vendor to set this fee amount and procedures.	Identified as necessary
<b>Health Care Practitioners</b>					
<b>Initial Application Fee</b>	Initial application fee charged to each health care practitioner that will be used to cover the cost of implementation	Flat Fee	- Simpler billing administration - All practitioners use the same credentialing application	- Would not account for different levels of credentialing requirements	- Preferred due to the application need being the same across all providers
		Tiered Fee; based on Practitioner Type	- Would account for practitioners that have different levels of credentialing requirements - Two tiers could be physician vs. allied health practitioner	- Difficulty in determining the appropriate amount (e.g., determine by practitioner panel, membership, or revenue)	-If cost is low, a tiered fee would not be necessary
<b>Delegation Agreements</b>					
<b>Capitated Fee</b>	Capitated fee charged to each organization with a delegation agreement	Annual Capitated Fee	- Would ensure the sharing of the solution costs and protect its financial viability	- May be burdensome to track how many practitioners are under each agreement	- Need to do more work on this fee approach to ensure the cost correlates with the reduced workload attributable to the agreements

## SUMMARY OF CREDENTIALING VERIFICATION REQUIREMENTS

*Includes standards for accrediting entities, CMS, and Oregon's Highest Standards*

Credentialing Data Element	TJC	NCQA	DNV	URAC	AAHC	CMS	OR
Identifying/Practitioner Information	x						x
Foreign Medical Education	PSV	PSV	PSV	PSV			PSV
Medical Specialty Information	x	x	x	x			x
Board Certification/Recertification	x	PSV		PSV	PSV	PSV	PSV
Medical/Professional Education	PSV	PSV	PSV	PSV	PSV	PSV	PSV
Internship, Residency, Fellowship	PSV	PSV	PSV	PSV	PSV	PSV	PSV
State Licensing Information	PSV	PSV	PSV	PSV	PSV	PSV	PSV
Drug Enforcement Administration		x	x	x	x		x
Hospital/Health Care Facility Affiliations	x	x		x	x		x
Practice/Work History	x	x - 5 yrs	x	x	x	x	x - 10 yrs
Peer References	x		x		x		
Continuing Medical Education	x		x				
Professional Liability Insurance	x	x	x	x	x	x	PSV
Sanctions, Discipline, Convictions	x	PSV		x			PSV
Liability Claims/Lawsuits	PSV	PSV - 5 yrs	x	PSV	x	PSV	PSV - 5 yrs

**VERIFICATION REQUIREMENTS FOR ACCREDITING ENTITIES, CMS, AND OREGON'S HIGHEST STANDARDS**

Credentialing Data Element	TJC	NCQA	DNV	URAC	AAHC	CMS - Medicare	Oregon Standards
Identifying/Practitioner Information	Valid Picture ID						Valid Picture ID
Gender							
Address Information							
SSN and/or TAX ID							
Citizenship and Alien Status							
Immigrant Visa Information/Type							
Foreign Medical Education Equivalent Evaluation	PSV	PSV	PSV	PSV			PSV
Medical Specialty Information	x	x	x	x			x
Board Certification/Recertification	x (PSV if required in bylaws, rules, and policies)	PSV		PSV	PSV	PSV	PSV
Practice Information							
Practice Call Coverage							
Undergraduate Education							
Graduate Education							
Medical/Professional Education	PSV (State Licensing Boards or Board cert. can be used)	PSV (Highest level of edu./training/board cert.; state licensing Boards)	PSV	PSV (Highest level of edu./training/board cert.; state licensing Boards)	PSV	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 (AMA, AOAP)	PSV (Boards can be used)	PSV	PSV (Highest level of edu./training/board cert.)	PSV	PSV (Highest level of edu./training/board cert.)	PSV (Boards can be used)
State Licensing Information	PSV (State Licensing Board)	PSV (State Licensing Board)	PSV	PSV (State Licensing Board)	PSV	PSV (State Licensing Board)	PSV (State Licensing Board)
Drug Enforcement Administration (DEA) Registration Number		x (copy of DEA)	x	x (copy of DEA)	x		x (copy of DEA)
Controlled Substance Registration (CSR) Number		x (copy of CSR)		x (copy of CSR)	x		x (copy of CSR)
Hospital/Health Care Facility Affiliations	x	x		x	x		x
Practice/Work History	x	x (5 yrs min.)	x	x	x	x	x (10 yrs)
Peer References	x		x		x		
Continuing Medical Education (CME)	x		x				
Professional Liability Insurance Information	Verified as required by medical bylaws	x (attestation or certificate of insurance)	x	x (attestation or certificate of insurance)	x	x (attestation or certificate of insurance)	x (attestation or certificate of insurance)
Disclosure of Sanctions, Discipline, Convictions	x	PSV (State LB, FSMB, NPDB)		x			PSV (State LB, FSMB, NPDB)
Liability Claims/Lawsuits	PSV (NPDB)	PSV (5-year hist. - NPDB or carrier)	x	PSV	x	PSV (NPDB or carrier)	PSV (5-year hist. - NPDB and carrier)
Individual National Provider Identifier (NPI) Number							