

Oregon Common Credentialing Advisory Group

AGENDA

Date: Monday, March 3, 2014

Time: 2:00pm to 4:00pm

LOCATION:

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

#	Time	Item	Materials	Lead
1	2:00 – 2:10	Welcome and Agenda Review	1	Erick Doolen
2	2:10 – 2:20	Health Care Regulatory Boards Discussions	N/A	Scott Gallant
3	2:20 – 2:40	Rules Advisory Committee Update	2	Melissa Isavoran
4	2:40 – 3:20	Preliminary Review of Request for Information Responses	3	Melissa Isavoran
5	3:10 – 3:45	Fee Structure Principles	4	Melissa Isavoran
6	3:45 – 4:00	Public Comment	N/A	Public
7	4:00	Next Steps and Adjournment	N/A	Erick Doolen

Materials:

1. Agenda
2. SB 604 RAC members list
3. RFI Preliminary Review Summary
4. Fee Structure Principles

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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**409-045 Common Credentialing
Rules Advisory Committee (RAC) members**

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Oregon Common Credentialing Request for Information #3707

Summary of Responses

March 3, 2014

Purpose

On January 17, 2014, the Oregon Health Authority (OHA) released a Request for Information (RFI) to seek vendor input on solutions available to meet Oregon's Common Credentialing Solution requirements as set forth in Senate Bill 604 from the 2013 Regular Legislative Session. The OHA intends to use responses to the RFI to shape a successful Request for Proposal (RFP) in the coming months that will result in the procurement of a vendor to carry out common credentialing for all health care practitioners in Oregon. Below is a preliminary review of the RFI responses the agency received.

Respondents

There were 12 respondents in total. While the RFI focused on common credentialing, there were optional questions pertaining to the ability of vendors to also work with or develop a provider directory solution. Most respondents were well positioned credentialing solutions that had some experience with using their data for directories. However, one vendor's main experience was provider directories with some experience pertaining to credentialing, but no current credentialing solution. Respondents are as follows:

1. CACTUS Software w/ Gemini Diversified Services, Inc.
2. CAQH
3. CredentialSafe
4. CredentialSmart
5. GLSolutions
6. Harris Corporation
7. HealthLine Systems
8. Intellisoft Group
9. Medkinetics
10. OneHealthPort w/ Medversant
11. Vergesolutions, LLC
12. Vistar Technologies

Highlights

Focusing on the key areas identified in the RFI and by past conversations with the Common Credentialing Advisory Group, the OHA was able to glean the following information:

- Technology and Functionality - Most of the vendors currently offer a web-based solution capable of easy interfacing with various types of systems. Almost all vendors would be able to accept manual, paper, or flat file data sources. This translates into the ability for practitioners to submit credentialing information in numerous formats and flexibility of

vendors to work with entities that have varying levels of technological capabilities. Many of the vendors use Secure Sockets Layer encryption for information security purposes.

- Data Access and Quality – Most vendors have data validation processes, ensure adequate bandwidth during peak hours, and have account management functions. One vendor specifically mentioned their management of a provider practice module. In addition, a handful of vendors indicated the ability of multiple users to view the same record concurrently with date/time stamp functionality to ensure data integrity. Almost all vendors indicated the functionality of both predefined and ad hoc reporting. Most of the vendors also mentioned business continuity plans.
- Primary Source Verification - All vendors claimed to be able to do primary source verification (PSV). However, some vendors focused primarily on electronic verifications and a few of them claimed they would or could partner with a CVO to carry out this task. Several vendors agreed that the PSV example provided in the RFI is an acceptable approach and there was only one vendor that offered a different approach. That approach simply reorganized the example to only use static information from health care regulatory boards for initial credentialing and recredentialing. Most vendors, however, indicated flexibility in how PSV will be required to be completed.
- Fee Structure - The fee structure question in the RFI received various responses. While a handful of the vendors decline to respond without further information, the other vendors offered suggestions pertaining to implementation costs and fees for both health care practitioners and credentialing organizations. Most of the fees focused on size of provider panel and practitioner type. One vendor indicated a separate fee for sanctions monitoring and another vendor indicated first year costs with annual maintenance fees thereafter. One vendor mentioned that providers would view the common credentialing solution as similar to other smaller repositories currently in use and “free of charge,” which led them to believe it is not as appropriate to now charge them a fee for a similar service.

Next Steps

This document serves as a preliminary review of the 12 responses received for RFI #3707 for common credentialing in Oregon. Within the next month, the OHA will thoroughly review and assess the responses to formulate an analysis that will become a tool for the decision making process for credentialing rules and, as indicated above, for the development of an RFP for the creation of an efficient common credentialing solution that will reduce costs and administrative burdens for the health care industry in Oregon.

Fee Structure Principles

Below are DRAFT fee structure principles developed by the OHA in consultation with credentialing subject matter experts and stakeholders. This document is being presented to the Common Credentialing Advisory Group for discussion. CCAG members will be asked to confirm the validity and appropriateness of each principle and whether to include additional principles.

SB 604 Fee Language - Section 3(2)(g)

“...the authority shall adopt rules for the operation of the electronic system, including:...The imposition of fees, not to exceed the cost of administering..., on health care practitioners who submit credentialing information to the database and credentialing organizations that access the database.”

DRAFT Fee Structure Principles

- Fee development for credentialing organizations and providers must be delicately balanced considering the benefits they may experience and their respective resources
- Ensure that costs are not a barrier to participation
- Fees should be equitably balanced between different provider types considering their required level of credentialing
- Fees for credentialing organizations should be equitably balanced consider the size and types of its health care practitioner panel
- A specific portion of the fees should be specifically allocated for information technology and operational quality assurance activities
- Be efficient and economical to administer, ensuring a simplified billing approach
- Fees should be transparent and justifiable in how they are developed
- Fees should be stable (not vary considerably year to year) and predictable with changes based only on scope adjustments, CPI increases, and increases in participants
- Fees should produce a predictable income to support the costs of operating common credentialing as required
- Ensure that costs of specific, individually requested processes that are not of general application should be borne by those making such requests