

Common Credentialing Advisory Group

Meeting Summary

April 1, 2014 from 2:00-4:00pm

Committee Members in Attendance

Debra Bartel (By Phone)

Nancy DeSouza

William Donlon (By Phone)

Erick Doolen

Jim Dorrigan (By Phone)

Larlene Dunsmuir (By Phone)

Tooba Durrani (By Phone)

Kevin Ewanchyna

Stephen Godowski (By Phone)

Kathleen Haley

Rebecca Jensen

Shannon Jones

Laurence Sharp (By Phone)

Joan Sonnenberg

Committee Members Not in Attendance

Mike Bond

Denal Everidge

Andre Fortin

Michelle Murray

Jean Steinberg

Staff

Melissa Isavoran, OHA

Margie Fernando, OHA

Also in Attendance

Scott Gallant, Gallant Policy Advisors

Tracy Humphreys, OIS (By Phone)

Terry Bequette, OHIT (By Phone)

Kim Fisher, Oregon Medical Board

Kevin Ewanchyna welcomed everyone to the meeting and reviewed the agenda.

Melissa introduced Terry Bequette, the Interim Implementation Director from the OHA's Office of Health Information Technology (OHIT). He has been brought on board to carry forward Information Technology initiatives for the State. He will assist this group with getting the credentialing solution through the technology and contracting phase.

Request for Information Analysis Review and Discussion

Melissa produced a detailed analysis of the responses from the RFI. There were twelve RFI respondents. One vendor was a provider directory focused vendor, offering the capability to contract with credentialing organizations. Some were certified as Credentialing Verification Organizations (CVOs), and those that were not would plan to partner with a CVO. Others would have systems in place that are in complete compliance with accreditation organizations.

The analysis was broken down into key areas of interest that were identified when the RFI was sent out. Melissa also added a summary of considerations to be used in the development of the Request for Proposal. The RFP will need to be in place by July 2014 in order to get a contractor by October 2014.

The group discussed each key area and the considerations:

Vendor Profile

- Vendors should be CVOs or have “deemed status.” The group decided that a vendor should be a CVO, partner with a CVO, or be in the process of obtaining CVO certification. CMS policy and requirements for Authorizing Organizations obtaining deemed status is available here: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Accreditation.html>

Functionality, Data Access, and Quality

- System should have separate components with account management of each function
- Dr. Ewanchyna suggested keeping the three main elements of functionality (functionality, data access, and quality) as the main criteria for a solution, like the triangle for the triple aim.
- The solution should include the following functions:
 - Document imaging and management functions that will support a more efficient PSV process and ensure success in obtaining practitioner information from HCRBs
 - Automated notification for expiring credentials as well as change notifications, and
 - Detailed requirements for concurrent review and data validation.

Technology and Security

- Melissa asked the group to recommend technology experts from their organizations that may be able to assist in the RFP development.

Primary Source Verification

- Vendors should be able to perform all primary source verifications.
- Need to be clear in the RFP that if a HCRB has done the PSV and it has been entered into their database, then the vendor MUST use that verification if it meets accrediting entity requirements (e.g., timing, appropriate source, etc.).
- The number of data interfaces may be too much for a vendor to deal with
- If we phase it in, the vendor can work with a few HCRB's at a time.
- For confirmation of Professional Liability Insurance Claims and Liability Claims and Losses information, we need to be clear in the RFP how this will be verified to make it more efficient. Do we need to do it on an as requested basis or a data dump?

Fee Structure, things to consider:

- Variety of ways fees can be structured
- Need to be considerate and balanced based on size of credentialing organizations
- If fee per practitioner, then there needs to be a scale
- Could there be an annual establishment fee?
- OHA fees and implementation costs
- Should we charge practitioners? From an economic perspective this has to be balanced with whether the hospital or health systems that employs the practitioner, saves money by not

having a credentialing organization doing this for the practitioner. The reverse is true for the practitioner, who is providing a service and wants to be credentialed efficiently.

- Are CVO's saving money by participating in a Common Credentialing solution?
- The fee structure should cover costs of annual maintenance fees of OHA's administration fees
- Should the vendor collect the fee or OHA collect the fee?
- Our Common Credentialing system includes all the credentialing entities in the State so the vendor cannot treat us as providing a solution the same way as they would a health system

Provider Directory Capabilities

- No comments on these optional considerations were included in the analysis.

Kevin asked the group to reflect on all these key areas and give Melissa and Scott specific feedback as these are very important considerations for formulating the RFP.

Draft Credentialing Rules Review

Kim Fisher reviewed the draft Health Care Practitioner Credentialing Rules 409-045-000. The group made edits to the draft. Melissa will take the revised draft back to the RAC's next meeting scheduled for Thursday, April 10, 2014.

Request for Proposal Development Process

Send comments to Melissa by Friday April 18, 2014 so that she can get a draft summary completed before the next meeting on May 9, 2014.

Public Comment

There was no public comment at this meeting.

Next Steps and Adjournment

Meeting ended at 4:00pm

Next meeting will be held on May 9, 2014 in Portland.