

Common Credentialing Advisory Group

April 6, 2016, 2:00 – 4:00 pm

Oregon State Library, 250 Winter Street NE, Room 103, Salem, Oregon 97301

Members	Organization	Title
Debra Bartel, FACMPE	Clinic Administrator	Portland Diabetes & Endocrinology Center PC
William C. Donlon, DMD, MS	Oral & Maxillo-Facial Surgeon	Retired
Erick Doolen*	Chief Operations Officer	Pacific Source Health Plans
Larlene Dunsmuir	Family Nurse Practitioner	Oregon Nurses Association/Nurse Practitioners of Oregon
Michael Duran, MD	Psychiatrist	Oregon State Hospital
Tooba Durrani, ND, MSOM, LAc	Naturopathic Doctor	Oregon Association of Acupuncture & Oriental Medicine
Denal Everidge	Medical Staff Coordinator	Oregon Health & Sciences University
Kevin Ewanchyna, MD*	Chief Medical Officer	Samaritan Health Plans/Intercommunity Health Network
Stephen Godowski	Credentialing Coordinator	Therapeutic Associates, Inc. & NW Rehab Alliance
Kelli L. Fussell, BS, CPMSM, CPCS	Medical Staff Services Mgr	Salem Hospital
Ruby Jason, MSN, RN, NEA-BC	Executive Director	Oregon Board of Nursing
Joanne Jene, MD	Anesthesiologist/Retired	Oregon Medical Association/Society of Anesthesiologists
Rebecca L. Jensen, CPCS, CPMSM	Manager	Kaiser Permanente
Shannon Jones	Human Resources Manager	Willamette Dental Group
Ann Klinger, CPCS	Credentialing Supervisor	Providence Health Plans
Kecia Norling	Administrator	Northwest Ambulatory Surgery Center
Shelley Sneed	Executive Director	Board of Optometry
Joan A. Sonnenburg, RN	Director Medical Staff Svcs	Mercy Medical Center
Jennifer Waite, CPCS	Credentialing Manager	Central Oregon IPA
Richard Ulbricht	Credentialing Manager	Portland IPA

Time	Topic and Lead	Materials
2:00 pm	Welcome and Introductions – Kevin Ewanchyna (Co-Chair)	NA
2:10 pm	CCAG Membership and Charter – Melissa Isavoran	<ul style="list-style-type: none"> Current Roster/Terms Final CCAG Charter
2:25 pm	Procurement Update – Alison Bellair	<ul style="list-style-type: none"> Harris Procurement Notice
2:40 pm	Fee Structure Development – Melissa Isavoran, Susan Otter <ul style="list-style-type: none"> Recap of fee structure principles and options Fee structure tier development progress Emergency Department Information Exchange Fee Structure 	<ul style="list-style-type: none"> Fee structure principles Fee structure Options and Considerations
3:15 pm	Programmatic Details – Melissa Isavoran, Kim Mounts <ul style="list-style-type: none"> Marketing and Outreach Roadmap Adoption Plan Outline 	<ul style="list-style-type: none"> Marketing and Outreach Roadmap Matirx (DRAFT)
3:45 pm	Public Comment	NA
4:00 pm	Next Steps and Adjournment	NA

Next Meeting: June 1, 2016, 2:00 – 4:00 p.m.

421 SW Oak Street, Suite 775 - Transformation Center Training Room, Portland, OR 97204

Staff Contacts: *Melissa Isavoran*; (503) 559-7886 melissa.isavoran@state.or.us *Susan Otter*; (503) 378-1817 susan.otter@state.or.us *Margie Fernando*; (503) 373-1927 margie.fernando@state.or.us

More Information on the Oregon Common Credentialing Program can be found at: www.oregon.gov/oha/OHPRA/occp

Common Credentialing Advisory Group

Members Name	Title	Organizational Affiliation	City	Expertise	Term
Debra Bartel, FACMPE	Clinic Administrator	Portland Diabetes & Endocrinology Center PC	Portland	As a clinic administrator and an Oregon Medical Group Management association member, Deb Bartel represents the health care practitioner interest and group	July 1, 2014 - June 30, 2017
William C. Donlon, DMD, MS	Oral & Maxillo-Facial Surgeon	Retired	Ashland	Oral & Maxillo-Facial Surgeon and a previous Joint Commission physician surveyor, Dr. Donlon represents dual license practitioner interests and the	July 1, 2014 - June 30, 2015
Erick Doolen	Chief Operating Officer	PacificSource Health Plans	Springfield	As COO of PacificSource, co-chair of the OHLC's Administrative Simplification Committee, and chair of the HITOC, Erick Doolen represents larger credentialing	July 1, 2014 - June 30, 2016
Larlene Dunsmuir	Family Nurse Practitioner	Oregon Nurses Association/Nurse Practitioners of Oregon	Oregon City	As a nurse practitioner and a representative of the Nurse Practitioner's Association, Larlene Dunsmuir represents the interests of nurse practitioners.	July 1, 2014 - June 30, 2016
Michael Duran, MD	Psychiatrist	Oregon State Hospital	Salem	Dr. Duran represents practitioners, the Oregon State Hospital, and the credentialing process as a whole considering he is also a Joint Commission	December 1, 2014 - June 30, 2017
Tooba Durrani, ND, MSOM, LAc	Board Member	Oregon Association of Acupuncture and Oriental Medicine (OAAOM)	Portland	As a Board member of the OAAOM, Tooba Durrani represents the interest of allied health care practitioners.	July 1, 2014 - June 30, 2017
Denal Everidge	Medical Staff Coordinator	Oregon Health & Sciences University	Portland	As Medical Staff Coordinator at OHSU, Denal Everidge represents the interests of hospitals and hospital-based practitioners.	July 1, 2014 - June 30, 2016
Kevin Ewanchyna, MD	Chief Medical Officer	Samaritan Health Plans/Intercommunity Health Network CCO	Corvallis	AS Chief Medical Officer of a health plan and CCO, Dr. Ewanchyna represents the interests of these organizations and further represents the interests of	July 1, 2014 - June 30, 2017
Stephen Godowski	Credentialing Coordinator	Therapeutic Associates, Inc. & NW Rehab Alliance	Portland	As credentialing coordinator of NW Therapeutic Associates, Inc. and NW Rehab Alliance, Stephen Godowski represents the interest of allied health	July 1, 2014 - June 30, 2017
Kelli L. Fussell, BS, CPMSM, CPCS	Medical Staff Services Manager	Salem Hospital	Salem	As Medical Staff Services Manager at Salem Hospital, Kelli Fussell represents the interests of hospitals and hospital-based practitioners.	December 1, 2015 - June 30, 2018

Ruby Jason, MSN, RN, NEA-BC	Executive Director	Oregon Board of Nursing	Portland	Ruby Jason represents the interests of nurses and large health care regulatory boards.	March 1, 2016 - June 20, 2019
Joanne Jene, MD	Physician/Anesthesiologist/Retired	Oregon Medical Association/Oregon Society of Anesthesiologists	Portland	As a retired anesthesiologist and an active member of the Oregon Medical Association, Dr. Jene represents the interest of health care practitioners.	Dec 1, 2014 - June 30, 2016
Rebecca L. Jensen, CPCS, CPMSM	Manager	Kaiser Permanente	Portland	As a manager at Kaiser Permanente, Becky Jensen represents the interests of health plans, hospitals, and employed practitioners.	July 1, 2014 - June 30, 2016
Shannon Jones	Human Resources Manager, Dentist Relations and Recruitment	Willamette Dental Group	Portland	As a Human Resources Manager for Willamette Dental Group, Shannon Jones represents the interests of dental care organizations and dentists.	July 1, 2014 - June 30, 2017
Ann Klinger, CPCS	Credentialing Supervisor	Providence Health Plans	Beaverton	As a Credentialing Supervisor for Providence Health Plans, Ann Klinger represents the interests of health plans.	December 1, 2014 - June 30, 2017
Kecia Norling	Administrator	Northwest Ambulatory Surgery Center	Portland	As Administrator of an ambulatory surgical center and member of the Oregon Association of Ambulatory Surgical Centers, Kecia Norling represents the	Dec. 1, 2014 - June 30, 2017
Shelley Sneed	Executive Director	Board of Optometry	Portland	Shelley Sneed represents the interests of optometrists and small health care regulatory boards.	July 1, 2014 - June 30, 2017
Joan A. Sonnenburg, RN	Director Medical Staff Services	Mercy Medical Center	Roseburg	As Director of Medical Staff Services at Mercy Medical Center, Joan Sonnenburg represents the interests of hospitals and hospital-based practitioners.	July 1, 2014 - June 30, 2017
Jennifer Waite, CPCS	Credentialing Manager	Central Oregon IPA	Bend	Jennifer Waite represents the interests of smaller, more rural IPA's and delegating entities in rural areas.	December 1, 2014 - June 30, 2016
Richard Ulbricht	Credentialing Manager	Portland IPA	Portland	As Credentialing Manager at Portland IPA, Rich Ulbricht represents larger, more urban IPAs. He also has experience in credentialing IT systems.	December 1, 2015 - June 30, 2018

CHARTER - Common Credentialing Advisory Group (Updated April 2016)

Authority

The passage of Senate Bill (SB) 604 (2013) requires the Oregon Health Authority (OHA) to establish a program and database for the purpose of providing credentialing organizations access to information necessary to credential all health care practitioners in the State of Oregon. Under SB 604, OHA must convene an advisory group at least annually that consists of individuals representing credentialing organizations, health care practitioners and health care regulatory boards (HCRBs), including representatives from large health care entities. This group will advise the Authority on the implementation of SB 604. In July 2015, the Oregon State Legislature passed SB 594 allowing OHA to identify an operational date via rule provided OHA notifies participants at least six months in advance. Legislative requirements are highlighted below.

Legislative Requirements

SB 604 (2013)

- Establish a program and database to provide credentialing organizations access to credentialing information
- Convene an advisory group to advise OHA
- Develop rules on submittals, verifications, and fees
- Issue an RFI to seek input from potential contractors on capabilities and cost structures associated with the scope of work required to establish and maintain the electronic system
- Report to the Legislature on implementation progress in 2014 and 2015

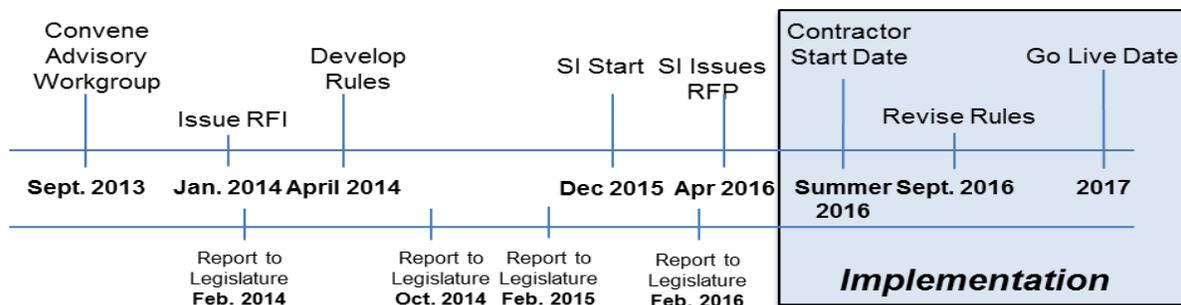
SB 594 (2015)

- OHA to establish implementation date by rule, with at least six months’ notice
- Report to the Legislature on implementation progress in 2016

Advisory Group Scope

The CCAG will be responsible for advising the OHA on credentialing application and submittal requirements, the process by which credential organizations may access the system, and the imposition of fees. This includes the standards for the process of verifying credentialing information. Group membership includes individual practitioners and representatives from urban and rural credentialing organizations, large and small HCRBs, provider practices, ambulatory surgical centers, and Independent Physician Associations.

Timeline



“SI” means systems integrator, which refers the prime vendor responsible for procuring and overseeing a portfolio of OHA Health Information Technology products (e.g., common credentialing, provider directory, and clinical quality metrics registry).

Membership, Roles & Responsibilities

CCAG Co-Chairs

Erick Doolen - Chief Operations Officer, Pacific Source Health Plans

Kevin Ewanchyna, MD, - Chief Medical Officer, Samaritan Health Plans/Intercommunity Health Network CCO

CCAG Members

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

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

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

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

Michael Duran, MD - Psychiatrist, Oregon State Hospital

Ann Klinger, CPCS – Credentialing Supervisor, Providence Health Plans

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

Kecia Norling - Administrator, Northwest Ambulatory Surgery Center

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

Shelley Sneed - Executive Director, Board of Optometry

Kelli Fussell, BS, CPMSM, CPCS – Medical Staff Services Manager, Salem Hospital

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

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Ruby Jason - Executive Director, Oregon Board of Nursing

Jennifer Waite, CPCS – Credentialing Manager, Central Oregon Independent Practice Association

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

OHA Staff

Melissa Isavoran, Project Director, Office of Health Information Technology

Susan Otter, Director, Office of Health Information Technology

Margie Fernando, Project Assistant, Office for Oregon Health Policy and Research

Meeting Schedule

First Meeting: October 2, 2013 from 2:30pm to 4:30pm.

Subsequent meetings conducted either monthly or bimonthly through implementation and bi-annually thereafter.

Harris Procurement Notice

As described in Request for Special Procurement no. 776-15 issued on July 27, 2015, the Oregon Health Authority (OHA) has contracted with Harris Corporation to serve as OHA's System Integrator that will deliver three (3) Health Information Technology solutions to include a Common Credentialing system, a Clinical Quality Metrics Registry (CQMR) and a Provider Directory. Harris will maintain a single contract with the State and subcontract for the best solutions based on OHA's business requirements, including services for operations.

The following announcement provides notification and instruction to vendors interested in responding to the upcoming Request for Proposals for OHA's Common Credentialing System. Subsequent announcements will be posted for CQMR and Provider Directory.

RFP Announcement

Update 3/29/16: The RFP release schedule for the Oregon Health Authority's Common Credentialing solution has been delayed. We apologize for any inconvenience this creates. The revised schedule is below.

Harris will manage the acquisition and competitive procurement process for a credentialing solution and post a Request for Proposal (RFP) on behalf of the Oregon Health Authority (OHA). Harris, will request Proposals from qualified vendors to provide a commercial (or modified) off-the-shelf (COTS) system for a statewide common credentialing solution (CCS) and services that will be part of the Oregon Common Credentialing Program (OCCP). In collaboration with OHA and key common credentialing stakeholders around the State of Oregon, Harris will select a Common Credentialing solution that best meets the requirements of the State. Detailed requirements will be described in the actual RFP.

Please plan on the following updated schedule for the RFP process:

- **RFP Release Date:** April 29, 2016
- **Q & A Period:** April 29 – May 6
- **RFP Response Due Date:** May 13, 2016
- **Potential Demonstrations:** May – June 2016
- **Vendor Selection:** August 2016

Minimum Qualifications

Harris seeks responses from vendors with well-established Credentialing COTS solutions and programs that are already compliant with accrediting entity requirements and with built-in features aligning with OCCP needs. This should translate to only minimal modifications being needed, resulting in a less costly solution. In addition to the proposal evaluation criteria categories (which will be available in the RFP), Harris and OHA have created a minimum qualification list for vendors to review before responding to the RFP. These qualifications must be met in order for a vendor to be a viable candidate. The minimum qualifications are listed below:

1. Vendor's solution must have at least one successful production installation of a common credentialing solution for a period of at least **two** years. Client contact information including at least one end user's contact information must be supplied.
2. Vendor must be able to demonstrate the common credentialing solution if requested.
3. Vendors who offer hosted solutions are required to host the solution and production data within the United States. Any non-US citizen vendor team members are restricted from accessing production data and system servers.
4. Vendor must be a Credentials Verification Organization (CVO) or must partner with a 3rd party CVO as part of the proposed submission and overall solution.

Interested Vendors

Vendors interested in the State of Oregon's Common Credentialing RFP should request an account as soon as possible by sending your contact information (Name, Company, email) to:

OregonCCprocurement@harris.com

Once received, Harris will send additional instructions to establish an account within the Harris acquisition website.

Accounts may be requested through the 1st week of the posting of the RFP (by May 6, 2016).

Once an account is requested, the vendor will receive email instructions to establish a username and password on the Harris acquisition website. When the RFP is released, vendors who successfully created an account will receive the RFP through the email established during registration. The Harris website will then be used for a Question & Answer forum and will display any pertinent RFP announcements. Vendors will also submit their final responses through this website.

Any questions or concerns can be directed to **OregonCCprocurement@harris.com**

Fee Structure Principles

Below are fee structure principles developed by the OHA in consultation with credentialing subject matter experts and stakeholders. These principles were presented to the Common Credentialing Advisory Group on March 3, 2014 and have been finalized based on that discussion.

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 practitioners 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 which should include allocations for information technology and operational quality assurance activities and security.
- Ensure that costs of specific, individually requested processes that are not of general application should be borne by those making such requests.

**Oregon Common Credentialing Program
Fee Structure Options and Considerations**

As mandated by Oregon Senate Bill 604 (2013), the Oregon Common Credentialing Program has been established by The Oregon Health Authority (OHA) as a new program that will provide credentialing organizations access to information necessary to credential and recredential health care practitioners. The cost to administer the Program will be covered by fees charged to credentialing organizations and health care practitioners. Below is a table identifying fee structure options and considerations as determined through extensive analysis of Request for Information responses, an environmental scan, discussions with the Common Credentialing Advisory Group (CCAG) and other stakeholders, as well as other operational assumptions and principles. Although exact costs to administer the Program are still unknown, preferences for the fee structure have been identified. All stakeholder discussions, considerations, and preferences will be taken into consideration by OHA in the finalization of a fee structure once the exact cost is known.

TYPE OF FEE	DESCRIPTION	STRUCTURE	BENEFITS	CHALLENGES	CONSIDERATIONS
Credentialing Organizations					
One-Time Setup Fee	One-time setup fee charged to each credentialing organization (CO) that: - Supports account set-up - Allows 24 hour access to a centralized repository for practitioner credentialing information - Allows access to profile reports - Supports 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 (some ASCs have just one practitioner on the panel) - 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 (generally preferred)	- 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 (preferred by majority CCAG) - 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 - Can be based on revenue, but would need to determine how to capture this information
		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
Transactional Fee (ongoing operations and maintenance costs)	Transactional fee at initial credentialing: - Allows 24 hour access to purchased practitioner files through the recredentialing period - Supports primary source verification of records to national standards - Supports notifications of changes to practitioner credentialing information - Allows access to standardized and ad hoc reports reporting capabilities	Flat Fee (generally preferred)	- 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) - Difficulty in defining allied practitioner	Not preferred
Annual Subscription Fee (ongoing operations and maintenance costs)	Annual fee for credentialing organizations: - Allows access to practitioner files through the recredentialing period - Supports primary source verification of records to national standards - Supports notifications of changes to practitioner credentialing information - Allows access to standardized and ad hoc reports reporting capabilities	Tiered Fee; based on Oregon practitioner panel size and on revenue for hospitals	- Easier fee structure to administer - Eliminates concerns about excessive delegation agreements - Hospital revenue tiers ensure critical access hospitals are no disadvantaged and that telemedicine - Tiers based on practitioner panel size ensure small credentialing organizations (e.g., ambulatory surgical centers) are not disadvantaged	- Initial difficulty in determining the appropriate tiers - Must rely on self report of practitioner panel size	- Even though self reporting of panel size presents some unknowns, actual use will allow some tracking for accuracy assurances
Expedited Credentialing Fee	Fee established to allow COs to request established for alternative levels of services	Flat Fee	- 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
Health Care Practitioners					
Initial Application Fee	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 by the CCAG 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
Data Users					
Data Use Fee	Fee for data use outside the scope of credentialing (e.g., provider directory, Medicaid provider enrollment, etc.)	Undetermined	- Would ensure the cost of sharing information is supported - Could help support general solution maintenance	- May be difficult to determine cost of sharing the data	- Type and extent of use may be different for each type of use or use partner - Will need to coordinate multiple state user fees (e.g., common credentialing and provider directory fees)

Oregon Common Credentialing Program Outreach and Marketing Roadmap Matrix

DRAFT - April 6, 2016

Key Audiences	Key Messages	Contact Methods	Contact Avenues	Timing					Spokespersons/ Champions	Tools/Tactics
				2016			2017			
				2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr		
<ul style="list-style-type: none"> - Practitioners - Credentialing Organizations - Policy Makers 	<ul style="list-style-type: none"> - OCCP is a mandated program - Value and benefits - Administrative simplification - Practitioners must submit credentialing information - Practitioners attest every 120 days - Credentialing orgnaizaitons must use the system for credentialing - Opportunities for early adoption - How to use the system - Fees structure and obligations 	Direct	<ul style="list-style-type: none"> - One:one communications - Direct mailings 			?		?	OHA, CCAG, OMA, OAHHS	<ul style="list-style-type: none"> - Direct mail - Brochures - Fact sheets - Newsletter articles - Webinar series - Website content
		Presentations	<ul style="list-style-type: none"> - Professional associations - Professional Groups (e.g., Coalition for a Healthy Oregon, Oregon Health Leadership Council) 			?		?	OHA, OMA, OAHHS	<ul style="list-style-type: none"> - PowerPoints - Brochures - Fact sheets - Other handouts
		Peer to Peer	<ul style="list-style-type: none"> - Medical staff meetings - Professional groups 			?		?	CCAG Members, other champions	<ul style="list-style-type: none"> Toolkit of materials : - PowerPoint slides - Brochure - Fact sheets - Talking points - Newsletter articles