MINUTES

Advisory Committee on Physician Credentialing Information
Oregon Health Authority – Lincoln Building
Suite 875 Conference Room
421 SW Oak Street, Portland, OR 97209
December 14, 2017
1:00 – 3:00PM

Members Present: Valery Kriz, CPMSM, *Chair*; Mark Bonanno, JD, MPH (Phone); Danielle Coates, CPCS (Phone); Khen T Lau, CPCS, MBA (Phone); Cindy Madden; Eric Novak (Phone); Dorothy-Jane O'Keeffe; Sarah Wickenhagen, DNP, FNP-C.

Staff Present: Luke Glowasky; Melissa Isavoran, MS.

Valery Kriz, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 1:03PM.

Minutes Review
The October 26, 2016 ACPCI meeting Minutes were reviewed. There was no discussion.

MOTION: To accept the October 26, 2016 Minutes as amended. Five members abstained from voting. MOTION CARRIES: 3-0.

New Member Introductions
Luke Glowasky introduced Khen Lau, a new health care services organization representative from Kaiser Permanente; Cindy Madden, a new health care practitioner organization representative from Baker Allergy, Asthma and Dermatology; Eric Novak, a new hospital representative from St. Charles Health System; Dorothy-Jane O'Keeffe, a new health care services organization representative from FamilyCare Health; and Sarah Wickenhagen, a new health care practitioner organization representative from the Oregon State Board of Nursing.

Current Member Expirations
The Committee discussed current member expirations. Two positions will become vacant in January 2018.

Luke outlined the process for maintaining Committee membership including the possible need to go through a solicitation for new applicants. The upcoming vacancies include Mark Bonnano, a health care practitioner organization representative, and Leah Asay, a health care services organization representative. Melissa Isavoran noted that in the past the Committee has allowed for members to continue to remain on the ACPCI if they are willing and able since the group only meets once a year and needs experienced members. Members not seeking re-appointment may provide a recommendation for

their replacement. Barring any objections and ensuring the replacement fulfills the statutory requirements for organizational representation on the Committee, the recommendations will be made to the Oregon Health Authority's (OHA's) director or designee for a final decision. If recommendations are not received from retiring members, current members may propose recommendations. If the Committee cannot agree on their own recommendations, then there will be a formal call for applicants to fill those spots via OHA director or designee appointment.

Mark Bonnano agreed to remain on the Committee. Leah Asay will not renew her term when it expires in January 2018. No recommendations for a replacement were proposed by Leah Asay or ACPCI members. OHA staff will solicit the public for nominations for a new member and recommend a candidate to the OHA director or designee for appointment before the 2018 Committee meeting.

Common Credentialing Update
Melissa Isavoran provided an update on the Oregon Common Credentialing Program (OCCP). OHA is required to implement a mandated program for the collection and verification of credentialing information per Oregon Revised Statute § 441.226 (Senate Bill 604 - 2013). This legislation also required the creation of the Common Credentialing Advisory Group (CCAG) to advise OHA on the OCCP planning and implementation effort.

The OCCP has been developed via diverse stakeholder input and will include:
- A centralized web-based electronic system;
- Practitioner/designee access to submit credentialing information and attest every 120 days;
- The collection and verification of credentialing information
- Credentialing organization access to retrieve credentialing information;
- The leveraging of Health Care Regulatory Board data;
- Credentialing organization and practitioner fee collection; and
- Quality assurance in program activities and systems.

The program will not include:
- The decision to credential a practitioner, or
- The process of privileging a practitioner.

To do the project work on the OCCP, OHA contracted with a prime vendor, Peraton. An Request For Proposals for the OCCP technology solution vendor was awarded in 2017 to Conduent partnered with Medversant technologies. Conduent will be the primary teammate for overall OCCP services and tier one help desk support and Medversant will be responsible for the Credentials Verification Organization system. OneHealthPort will be utilized as the Single Sign On platform for practitioner/designee access to the OCCP system.

Melissa provided an OCCP progress update, summarized here:
- All vendors are onboard and working on implementation.

- Administrative Rule development wrapping up with final rules filed by January 1, 2017.
- Continuing technical development of solution.
- Other programmatic activities underway include:
    - Drafting credentialing and operational policies,
    - Consulting with accrediting entities to ensure buy-in,
    - Developing program marketing and outreach design,
    - Building a compliance process,
    - Working with the Oregon Medical Association on measurement of practitioner Return on Investment, and
    - Engaging a technical advisory group for ad hoc assistance with system development and user acceptance testing.

OCCP work activities moving forward include:

- Finalizing OCCP fees and administrative rules;
- Activating the adoption plan, including early adoption and marketing pieces;
- Ensuring quality via stakeholder input, vendor accountability, and alignment with national credentialing standards and health information technology policy; and
- Continuing stakeholder engagement through the CCAG Committee, subject matter experts, professional associations, and general outreach efforts.

Melissa provided an overview of the intersection of the OCCP and the OPCA/OPRA applications. The current (2017 version) OPCA application is the basis for the information collected in the Common Credentialing system. The OPRA will be retired once OCCP is operational, as practitioners will re-attest to their entire OCCP application in the system every 120 days and organizations will access the practitioner information needed for recredentialing in the centralized system. The OCCP will replace use of the paper OPCA form, except for cases where OHA grants a practitioner a waiver from using the electronic system due to hardware or service constraint or physical impairment. In these cases, the practitioner will be able to submit a paper OPCA for entry into the OCCP system.

- Question: Will OCCP be mandatory for all nurses practicing in Oregon?
    - Answer: No. Per Oregon Administrative Rule 409-045-0025 and 0055, only individuals authorized to practice a profession related to the provision of health care services in this state for which they must be credentialed will be required to participate in OCCP. Registered Nurses are typically not credentialed, whereas advanced practice nurses may be credentialed and required to participate.

- Question: Will there be penalties to practitioners for not attesting at least every 120 days in OCCP?
    - Answer: No. However, certain verifications performed by the system and needed by credentialing organizations are triggered by attestations, so a lapsed practitioner's information may not be sufficient enough for an organization seeking to credential or recredential them.

ACPCI Process
Luke provided an overview of the ACPCI and its process in 2017. ACPCI develops the uniform applications used by credentialing organizations to credential and recredential health care practitioners in the State of Oregon, the OPCA and OPRA. The Committee meets at least once every calendar year to review and confirm that the applications comply with current credentialing standards. The Committee has solicited the public for application change recommendations in previous years. Any Committee OPCA/OPRA change recommendations are brought to the Common Credentialing Advisory Group (CCAG) for input and then to the OHA Director for approval.

This process slightly changed in 2017, as there was no public solicitation for suggested changes to the current (2017) OPCA/OPRA applications. A number of factors influenced this decision, including: the current OPCA is already the basis for the information collected in the OCCP system, which is well into the system configuration phase towards a 2018 operational date; a solicitation related to paper forms may be confusing to credentialing organizations, office managers, and practitioners given the online OCCP system will replace the paper applications; and any ACPCI recommended changes approved by the OHA Director may not be able to be incorporated into the OCCP by the go-live date (unless a substantive and necessary change is needed to meet new accreditation requirements). At this meeting the ACPCI will review a handful of change suggestions received by OHA staff over the last year and allow members to introduce recommendations for the Committee's consideration.

Review Solicited Suggestions
The Committee reviewed change suggestions to the Oregon Practitioner Credentialing and Recredentialing Applications submitted by interested parties and Members. ***See Attachment A for the specific conclusions of the Committee.***

MOTION: To accept the 2017 recommendations as amended; use the accepted 2017 recommendations as amended to revise the credentialing and recredentialing applications; new applications shall be used as the basis for the credentialing information gathered within the Common Credentialing solution and only be mandated for use when the recommended revisions have been implemented in the operational OCCP solution. MOTION CARRIES: 8-0.

Public Comment
There was no public comment.

Next Steps
Recommendations will be brought to the CCAG for their review and discussion, and then sent to the Director of the OHA for final approval. The Committee will meet again in late 2018.

Adjournment
The meeting was adjourned at 3:04pm.

Suggestions for the Oregon Practitioner Credentialing & Recredentialing Applications
ACPCI Considerations and Recommended Actions - December 2017

No.	Received	Source	Suggestions	Action	Notes
1	7/1/2017	OHA Staff	OPCA Page 12 Authorization and Release of Information Form, Item 7: *"For hospital or medical staff membership/clinical privileges, I acknowledge that I have been informed of, and hereby agree to abide by, the medical staff bylaws, rules, regulations and policies."* Concern that this item may be confusing to a practitioner that is just applying for participation in a health plan (not for staff membership/clinical privileges). Is it clear that this question does not apply to them? Suggest adding clarifying text.	Not Accepted	Group members representing hospitals mentioned that they have practitioners sign a separate form (in addition to the OPCA release) confirming receipt of hospital bylaws and regulations, but were not sure if this is the case for all hospitals and health systems Group agrees that current language in OPCA release makes it clear that this item only applies to practitioners that are applying for hospital or medical staff membership/clinical privileges.
2	6/6/2017	Cristi Skye, Asante Rogue Regional Medical Center	OPRA Page 9 Section XVI Attestation Question N Wording is confusing. Suggest the following rewording to ensure it's clear that the OPRA is only asking for Claims details for the last 5 years: *"In the last five (5) years have any professional liability claims or lawsuits* ~~*ever*~~ ***been*** *closed and/or filed against you?..."*	Not Accepted	Group noted that the OPRA will no longer be used once the Common Credentialing program is operational so changes to the OPRA should not be made.
3	12/14/2017	Cindy Madden, Baker Allergy, Asthma and Dermatology	Amend OPCA gender question to match 2017 HB 2673 (i.e., add a third, "other," response option in addition to "male" and "female" if needed to comply with HB 2673).	Accepted	Sarah Wickenhagen noted that board of nursing did change their licensure applications to add an "other" option under gender. OHA staff will research HB 2673 to identify any compliance issues with the current OPCA gender question.

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4	12/14/2017	Dorothy-Jane O'Keeffe, FamilyCare Health	OPCA Page 7 Section XVI Hospital and Other Health Care Facility Affiliations A. Current Affiliations The current OPCA only asks a blanket question at the end of the current affiliation section - "If you do not have hospital admitting privileges, check here: □," but credentialing organizations want to know whether a practitioner has admitting privileges at each hospital/facility they are affiliated with. Suggest adding the following field to each entry in the Current Affiliations section: "Do you have admitting privileges at this facility? Yes □ No □"	Accepted	Group unanimously agrees and approves this change recommendation, with the following comments for the record: -A health plan representative noted that their organization currently verifies admitting privileges at each current affiliation, collecting this information from the practitioner outside of the OPCA. -The Group noted that admitting privileges are listed on NAMSS pass verifications at the affiliation level.
5	12/14/2017	Cindy Madden, Baker Allergy, Asthma and Dermatology	OPCA Page 6 Section XIV Health Care Licensure, Registrations, Certificates & ID Numbers "DMAP number," a question in this section of the OPCA, is no longer the official term for the Oregon Medicaid identifier number. This question should be changed to match the correct identifier terminology.	Accepted, as Amended	Group members were uncertain of whether "DMAP number" was an obsolete term, and what its replacement is. Group accepts this suggestion, with the amendment that OHA staff will investigate and determine whether DMAP number is an acceptable term, and if not, a change should be made to the correct term.

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