

Update to the Oregon State Legislature
Senate Bill 604 from the 2013 Regular Legislative Session

Common Credentialing in Oregon

February 2014

Overview

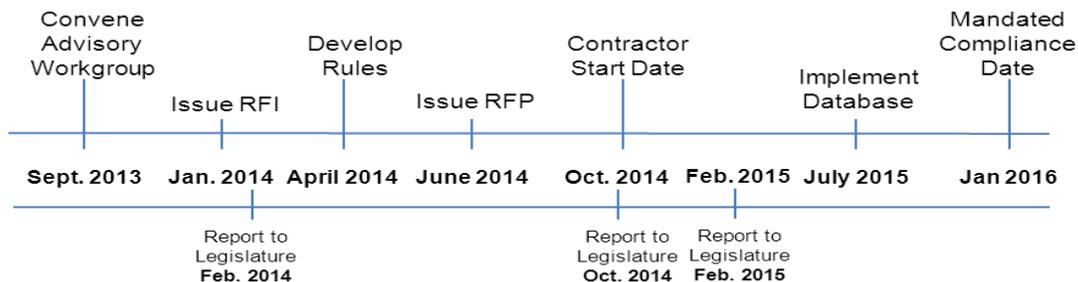
In July 2013, the Oregon State Legislature passed Senate Bill (SB) 604 requiring the Oregon Health Authority (OHA) to establish a program and database to provide credentialing organizations access to information necessary to credential or re-credential all health care practitioners in the state. Credentialing organizations currently credential health care practitioners independently, resulting in a duplication of efforts. While Oregon took the first step in minimizing this administratively burdensome process by mandating the use of a common Oregon Practitioner Credentialing Application, this did not limit the number of systems and processes used to capture and verify information reported in the application. The Executive Committee on Administrative Simplification of the Oregon Health Leadership Council also explored a common credentialing solution for Oregon, but was still in need of community support and an adoption plan.

Legislative Requirements and Timeline

Under SB 604, health care practitioners or their designees will submit necessary credentialing information into a common credentialing solution one time and credentialing organizations will be required to use the solution to obtain that information. While compliance for SB 604 is not mandated until January 1, 2016, a considerable amount of work must be done as part of the implementation process. Below is a timeline that identifies the various stages of implementation.

Specific Senate Bill 604 (2013) Requirements

- Establish a credentialing program and database for Oregon health care practitioners and credentialing organizations.
- Convene an advisory group including credentialing organizations, practitioners, and state health care regulatory boards (HCRBs).
- Develop rules on the submittal and verification of practitioner credentialing information, and fees.
- Issue an RFI to seek input from vendors on capabilities and cost.
- Issue an RFP no later than 150 days after the close of the RFI.
- Report to the Legislature periodically on implementation progress.



Common Credentialing Explained

An efficient common credentialing solution would capture and store credentialing information and documents, perform verifications of select credentialing information, and execute user education. This type of comprehensive solution would significantly reduce redundancy, but would also present some challenges:

- **Change management** for credentialing organizations and their respective accrediting entities
- **Risk and liability** concerns regarding an external entity conducting credentialing verifications
- **Interfacing capabilities** allowing data to be imported or exported into a new system
- **Fee development** for credentialing organizations and providers must be delicately balanced
- **Funding for implementation** has not yet been identified and will need to be secured timely

Unique to Oregon’s common credentialing approach is the inclusion of Health Care Regulatory Boards (HCRB) in the process. HCRBs already collect and verify much of the practitioner information required for credentialing so including them in the solution should create further efficiencies. However, the varying technological capabilities of different HCRBs may also present challenges.

Work Completed to Date

The OHA convened the Common Credentialing Advisory Group (CCAG) that will be responsible for advising the implementation of SB 604 in September 2013. Group membership includes individual practitioners and representatives from urban and rural credentialing organizations, large and small HCRBs, provider practices, and a large malpractice insurance carrier. Meetings for the CCAG have been conducted monthly since October 2013 and have resulted in the development of a list of health care practitioners who would be expected to participate in a common credentialing solution, the identification of accrediting entity requirements for credentialing, and options for solution design that include a *baseline solution* meeting legislative requirements and an ideal *comprehensive solution*. As the CCAG developed the Credentialing RFI, they decided to ask vendors to provide information on a baseline solution, with the option to also describe a sequential approach to the more comprehensive solution. The CCAG approved a final draft of the RFI that was released according to plan on January 17, 2014.

To determine the process in which HCRBs would provide practitioner information to the common credentialing solution, OHA staff has been working with HCRBs to obtain information on what practitioner information is collected, how it is verified, differences in timing of licensing versus credentialing, and challenges related to the differences in technological capability for each of the HCRBs. Oregon malpractice insurance carriers have also been engaged in the SB 604 implementation process for similar reasons.

Related Opportunities

Currently, the OHA is planning for the development of a state-level provider directory that will be a resource for practitioner information including key practitioner information, affiliations to clinics, and provider “addresses” for the electronic exchange of information. The information needed for a state-level provider directory overlaps with information needed for credentialing. Because practitioners are required to regularly attest to their credentialing information, a provider directory that leverages the common credentialing solution can use real-time practitioner data to create further efficiencies and support care coordination, data aggregation and analytics, performance improvement efforts, and health information exchange needs. The OHA is aligning these bodies of work to ensure the two efforts can work together when implemented.

Other legislation in the 2013 regular legislative session focused on the process of credentialing mental health organizations (HB 2020) and providers of telemedicine (SB 569). Health care transformation in Oregon has also led to interest in a centralized registry for traditional health care workers and a centralized way to track prerequisites for health professions students doing clinical placements. Because these efforts could eventually align with a common credentialing solution, the OHA is looking to develop a flexible solution that could easily add additional system components or processes as necessary.

Next Steps

In the coming months, the OHA will continue to work with the CCAG on reviewing RFI responses that are intended to help shape the implementation process moving forward. This includes developing rules and drafting a Request for Proposal for release in June 2014. In summary, the OHA is continuing to collaborate with key stakeholders that are helping to address specific credentialing needs and challenges, resulting in an efficient common credentialing solution that will reduce costs and administrative burdens for the health care industry in Oregon. The OHA will also continue to work to ensure that related opportunities are considered in the process of implementing a comprehensive common credentialing solution and will build from past efforts.

More information on SB 604 and the CCAG can be found at: www.oregon.gov/oha/OHPR/Pages/ccag.aspx.