HOUSEKEEPING ITEMS

- Your phones are muted.
- Please be sure to enter your AUDIO PIN
- To communicate with speakers, please use the “chat” function; you may ask questions at any time.
- This webcast will be recorded.
- A copy of today’s slides and a link to the webcast recording will be provided after the webcast.
AGENDA

- Background leading to Senate Bill (SB) 604
- Common Credentialing Advisory Group
- Oregon Common Credentialing Program
- Current progress and timeline
- Programmatic details
- Moving forward and engagement
- Q&A
GOAL FOR TODAY

To inform hospital credentialing staff and hospital leaders on the progress of a statewide common credentialing solution (SB 604) and to provide them with a platform for continued engagement in its development.
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The Oregon Common Credentialing Program

An Update on the Implementation of Senate Bill 604

September 30, 2015

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Background
Background on Oregon Credentialing

• Credentialing is currently done independently by health care delivery systems/carriers resulting in duplication

• Oregon created a common credentialing form for use by all health plans and hospitals established by the Advisory Committee on Physician Credentialing Information

• The Oregon Health Leadership Council’s Executive Committee on Administrative Simplification began assessing and building support for common credentialing

• SB 604, Sponsored by Senators Alan Bates and Elizabeth Steiner-Hayward, passed in 2013 mandating OHA to develop a common credentialing program and database
Main tasks of SB 604

- Establish a program and database to provide credentialing organizations (COs) access to information necessary to credential or recredential health care practitioners
- Convene an advisory group to review and advise the authority on the implementation
- Develop rules on application and submittal requirements, the process of verification, and fees
- Issue a Request for Information and Request for Proposals
- Report to the Legislature on progress
SB 594: Implementation date flexibility

SB 594 (2015), sponsored by Senator Alan Bates, provides implementation date flexibility with these provisions:

• Health care practitioners will not be required to submit information to the Program until an electronic system is established and until the date the OHA requires it by rule.

• OHA must consult the Common Credentialing Advisory Group.

• Notice of the implementation date to credentialing organizations and Health Care Regulatory Boards must be provided at least six months prior.

• OHA must report to the Legislature by February 1, 2016.

Passed and signed into law in June 2015.
Common Credentialing Advisory Group

- 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.

- Meets monthly to advise the Authority on the implementation of common credentialing which includes:
  - Credentialing application and submittal requirements,
  - The process by which credential organizations access the system,
  - Standards for the process of verifying credentialing information, and
  - The imposition of fees.
Common Credentialing Program
Common Credentialing goals

• Reduce time practitioners spend on credentialing applications and responding to requests for information
• Reduce the time carriers and other organizations spend on redundant credentialing processes
• Leverage Health Care Regulatory Board information
• Build from past efforts to simplify credentialing
• Establish a fair and equitable fee structure
Common Credentialing Program

The Program will include…

• A centralized web-based electronic solution that will collect, store, and maintain practitioner credentialing information
• A process for collecting and verifying credentialing information
• A process for practitioners or designees to access the Solution to submit information necessary for credentialing upon initial application, providing attestations every 120 days
• A process for credentialing organizations to input, access, and retrieve practitioner credentialing information
• A process for Health Care Regulatory Boards to input and access practitioner credentialing information

The Program will **NOT** include:

• The decision to credential a practitioner
• The process of privileging a practitioner
Baseline solution diagram

Information received from:
- Health Care Practitioners
- HCRBs (PSV)

Select information provided to:
- Health Care Practitioners
- Credentialing Organizations (PSV)

Health Care Practitioner

HCRB application

Credentialing Organization

Data Notifications

OPCA

Practitioner data and verifications

Practitioner data changes and liability claims Info
Implementation challenges

• State IT procurement process has contributed to implementation delays
• Change management for participants
• Risk and liability concerns regarding verifications process
• Interfacing capabilities for the use of HCRB data and other interoperability
• Collecting fees from credentialing organizations and practitioners must be delicately balanced
Current Progress and Timeline
Current progress

- Established a Common Credentialing Advisory Group
- Engaged other subject matter experts for advice
- Developed clarifying definitions for “Credentialing Organization” and “Health Care Practitioner”
- Identified accrediting entity requirements
- Determined common credentialing solution functionality
- Developed and released a Request for Information
- Established fee structure principles and guidelines
- Finalized credentialing rules on July 1, 2014
- Developed baseline solution and program requirements
Timeline for the Oregon Common Credentialing Program (OCCP)

Sept 2013

- Convened the Common Credentialing Advisory Group
- 1/17 Request for Information Issued

Q1 2014

- 2/1 Report to Legislature

Q2 2014

- 7/1 Developed Rules

Q3 2014

- 10/1 Report to Legislature

Q4 2014

- 2/1 Report to Legislature

Q1 2015

- 2/5 SB 594 Introduced

Development & Implementation Plan

Q2 2015

- 2/8 – 6/30 Rulemaking Process

Q3 2015

- 5/29 SB 594 Passed

Q4 2015

- 2/1 Report to Legislature

Q1 2016

- 10/1 Report to Legislature

Q2 2016

- 3/1 – 3/31/17 Marketing and Outreach

Q3 2016

- 12/31 Final Report

Q4 2016

- Go Live Date

1st Qtr 2017

- Requirements and Contract
- Planning and Sub-Vendor
- Implementation
- Prime Contract Amendment
- Common Credentialing Vendor Contract
- 1st Qtr 2017
Programmatic Details
Common Credentialing rule provisions

- Definitions to clarify participants and concepts
- *Practitioner/designee requirements* (includes 120 day attestations)
- Health Care Regulatory Boards to provide data with waiver option
- Credentialing Organization requirements to use data available in the solution
- Advisory Group membership and responsibilities
- Practitioner information uses (hold harmless language)
- Intention to impose fees (will be adjusted later)
Credentialing Organizations Defined

“Credentialing Organization” (CO) means a hospital or other health care facility, physician organization or other health care provider organization, coordinated care organization, business organization, insurer or other organization that credentials health care practitioners. This includes, but is not limited to the following:

- Independent Physician Associations
- Ambulatory Surgical Centers
- Hospitals and Health Systems
- Health Plan Issuers
- Coordinated Care Organizations
- Dental Plan Issuers
Expected health care practitioners

“Health care practitioner” means an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed. This includes, but is not limited to the following:

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Physician Assistants
- Oral and Maxillofacial Surgeons
- Dentists
- Acupuncturists
- Audiologists
- Licensed Dietitians
- Licensed Marriage & Family Therapists
- Licensed Professional Counselor
- Psychologist Associate
- Speech Therapists
- Physical Therapists
- Occupational Therapists
- Registered Nurse First Assistant
- Advanced Practice Registered Nurses
- Psychologists
- Licensed Clinical Social Worker
- Optometrist
- Chiropractor
- Naturopathic Physician
- Licensed Massage Therapists
Accrediting Entity Requirements

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“PSV” means Primary Source Verification.
Use Case Development

With stakeholder input, OHA developed 11 high-level use case for the basic business functions of the OCCP’s solution, including:

• Practitioner credentialing/recredentialing information entered into the system;
• Primary source verification of practitioner information;
• Credentialing organization review and download of practitioner information; and
• Practitioner information received from Health Care Regulatory Boards.
Contracting Approach

- OHA will first procuring a single “prime” vendor that will partner with the agency to procure and coordinate the Common Credentialing Solution and related health IT projects (e.g., Provider Directory)
- Prime vendor will work with OHA to competitively procure a common credentialing vendor that is also certified as a credentials verification organization
- CCAG members and other stakeholders will be involved in developing evaluation criteria and vendor demonstrations

*OHA will continue to have ownership over the work*
Fee Structure Principles

CCAG members and other stakeholders agreed fees should:

- Be delicately balanced considering benefits and resources
- Ensure that costs are not a barrier to participation
- Be equitably balanced between different provider types
- Be equitably balanced for COs based on panels
- Include allocations for IT security and quality assurance
- Be efficient and economical to administer
- Be transparent and stable from year to year
- Produce a predictable income to support operational costs
- Ensure special processes are borne by the requestor
Fee Structure Preferences

Stakeholders have outlined fee structure preferences…

Credentialing Organizations
- One-time set-up fee
- Transactional fees ongoing
- Optional expedite fee

Practitioners
- One-time application fee
- NO ongoing fees
Moving forward and engagement
Moving Forward

• Finalize prime vendor contract
• Procure a common credentialing vendor
• Implementation process begins and will include:
  o Contract negotiations
  o Quality assurance planning and reviews
  o Build out of the solution and system testing
  o Policy development and outreach/marketing strategies
  o Population by select Health Care Regulatory Boards/practitioners
  o Go live date established by rule (anticipated by 1st quarter 2017)
Stakeholder Engagement

- Stakeholder outreach to be conducted continuously
- Rulemaking hearing opportunity to voice concerns/support
- Marketing/outreach at least six months prior to go live date
- Public CCAG meetings conducted at least bi-monthly
- User testing and early adopter opportunities

More information can be found at: www.oregon.gov/oha/OHPR/occp
QUESTIONS & ANSWERS
Thank you.