An Update on Common Credentialing in Oregon
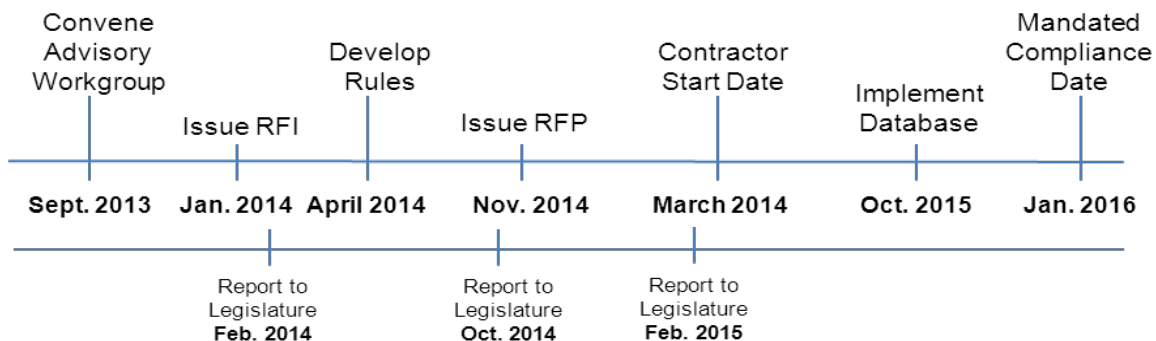*October 1, 2014*

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**
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> - 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.
> - 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 business days after 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 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 from HCRBS
- **Fee development** for credentialing organizations and providers must be delicately balanced

Work Completed to Date

In September 2013, the OHA convened the Common Credentialing Advisory Group (CCAG) that is responsible for advising the implementation of SB 604. Group membership includes individual practitioners and

representatives from urban and rural credentialing organizations, large and small health care regulatory boards, 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 a Request for Information (RFI) that was released according to plan in January 2014. The OHA also worked with stakeholders to develop rules that became permanent on July 1, 2014.

To determine the process in which health care regulatory boards would provide practitioner information to the common credentialing solution, OHA staff has been working with them to obtain information on what practitioner information is collected, how it is verified, and challenges related to technological capabilities. The OHA intends to work with a few of the more advanced health care regulatory boards (e.g., the Oregon Medical Board, the Oregon Board of Dentistry, and the Oregon Board of Nursing) in an effort to leverage their data for initial implementation of common credentialing.

At this time, the OHA is currently working through the state's procurement process in an effort to release a Request for Proposals (RFP) as soon as possible. This process includes a thorough project plan review by the OHA Office for Information Services and the state's Department of Administrative Services Chief Information Office, as well as an RFP review by an information technology quality assurance vendor as required by House Bill 4122 from the 2014 Legislative Session. As the OHA has experienced delays in the procurement process, the RFP will likely not be released until November 2014. This is past the required 150 business days from the close of the RFI which was September 18, 2014. Due to this delay, the OHA may experience difficulty in getting a vendor in place in sufficient time to implement an effective solution. The agency must wait for implementation plans from RFP responses to truly understand the implementation timeframe and whether it is possible for a solution to be operation by January 1, 2016. While the OHA wants to ensure compliance with SB 604, the agency also wants to ensure a successful solution that is not hindered by a rushed effort.

Related Opportunities
The OHA is working on opportunities to align other projects with the common credentialing solution by leveraging health care practitioner data elements that are to be captured. Practitioner data can be used to populate a state-wide provider directory and for Medicaid Provider Enrollment needs. Because practitioner data in the credentialing solution will be required to be attested to every 120 days, the information will be a real-time reliable source of information for provider directories where maintaining accurate up-to-date information is a constant struggle. Practitioner data in the credentialing solution is also very similar to that required for Medicaid Provider Enrollment and new Affordable Care Act requirements are pushing for revalidation of all Medicaid providers by March 2016. Because these and other 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 build from past efforts and work with the CCAG on the implementation process moving forward. This includes working toward an RFP release in November 2014 and possible contingency planning in the event the January 1, 2016 operational date is determined no longer feasible. The OHA will also continue to collaborate with various other key stakeholders 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.

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