

**Advisory Committee on Physician Credentialing Information
Session 1 and 2 Combined Minutes**

Session 1

**Meridian Park Hospital
Community Health Education Center Room 104
September 15, 2014**

Members Present: Rebecca Jensen, CPMSM CPCS, Chair; Valery Kriz, CPMSM CMSR, Julie McCann, CPCS; Nicholetta Vlandis; Gwen Dayton, JD; Joan Sonnenburg, RN HCA; Manny Berman; Victor B. Richenstein, MD.

Staff Present: Melissa Isavoran, MS; Daphne Peck

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:04 am.

Old Committee Business

Membership Update

Julie McCann's term expires January 2015. McCann announced her resignation and respectfully recommended Ann Klinger, CPCS, Credentialing Supervisor at Providence Health Plan. One physician representative position is still vacant. Members were asked to forward names of interested and qualified persons to ACPCI staff. Staff will post a recruitment letter to govDelivery and on the website for the two vacant committee positions.

One physician representative position is still vacant. Members were asked to forward names of interested and qualified persons to ACPCI staff. Staff will also continue to post a recruitment letter to govDelivery and on the website.

Minutes Review

The September, 2013 minutes were reviewed. There was no discussion.

MOTION: To accept the September 2013 Minutes. MOTION CARRIES: 8-0.

New Committee Business

Process Flow Chart

Staff revised the flow chart outlining steps for amending the application. Steps involving forwarding ACPCI recommendations to other agencies were deleted as they are not required by statute. In addition, a step was added to allow for the OHA Director to review ACPCI recommendations with the Common credentialing Advisory Group prior to decision to the OHA making a final determination. The changes were reviewed and accepted. The revised flowchart can be found on the ACPCI's website:

<http://www.oregon.gov/OHA/OHPR/ACPCI/docs/FlowChart.pdf>

Common Credentialing and Telemedicine Discussion

Melissa Isavoran and gave an update on the common credentialing process and telemedicine rules. Since last September, the OHA has worked with stakeholders to develop a list of health care practitioners 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.

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.

In terms of telemedicine, the OHA worked with stakeholders to develop rules that outline what credentialing information must be provided from an originating site hospital to a distant site hospital. Delegation agreements are defined and allowed under these rules. Telemedicine credentialing rules were temporary from January 1, 2014 through June 30, 2014 and were made permanent with the common credentialing rules on July 1, 2014.

Rules for both projects can be found on the Common Credentialing website at <http://www.oregon.gov/oha/OHPR/occp>.

Review Solicited Suggestions

The Committee reviewed most of the recent application and suggestions submitted by interested parties and tabled the rest for a second session due to timing. **See Attachment A for the specific conclusions of the committee.**

Session 1 Adjournment

The meeting was adjourned at 12:02 pm.

Session 2

**Oregon Health Policy and Research
1225 Ferry Street SE, Bachelor Butte Conference Room
September 23, 2014**

Members Present: Rebecca Jensen, CPMSM CPCS, Chair; Valery Kriz, CPMSM; Nicholetta Vlandis, CPCS; Gwen Dayton, JD; Joan Sonnenburg, RN HCA; Manny Berman.

Staff Present: Melissa Isavoran, MS; Daphne Peck

Members Absent: Julie McCann, CPCS; Victor B. Richenstein, MD.

Review Solicited Suggestions

The Committee reviewed the remainder of the recent application and suggestions submitted by interested parties. **See Attachment A for the specific conclusions of the committee.**

The Committee also review 2013 accepted suggestions and reaffirmed last year's decisions to accept.

MOTION: To accept the 2014 recommendations as amended; use the 2014 accepted as amended recommendations and all accepted 2013 recommendations to revise the credentialing and recredentialing applications; new forms shall be used for the common credentialing solution and only be mandated for use when common credentialing is operational. MOTION CARRIES: 6-0.

Next Steps

Recommendations will be sent to the Office for Oregon health Policy and Research. The OHA will then bring them to the Common Credentialing Advisory Group for discussion. The OHA will then decide how best to move forward. This group will meet again next September.

Session 2 Adjournment

The meeting was adjourned at 2:30 pm.

Suggestions for the Oregon Practitioner Credentialing Application
ACPCI Considerations and Recommended Actions - September 2014

No.	Received	Suggestor	Suggestions	Action	Notes	Votes
1	2/4/2014	Gwen Dayton, OMA	<p>One of our physicians brought the following provision in the standard credentialing form to our attention as a problem:</p> <p><i>"F. In the last three (3) years has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review? YES NO"</i></p> <p>The problem is that this seems to include such organizations as the AMA. If a physician elects to resign from membership in the AMA or similar organization such as a specialty society they must answer yes and explain, even though the voluntary resignation has nothing to do with professional competence. Do you agree with this interpretation? If so, we should talk about limiting this provision to only organizations that relate to clinical training or competence.</p>	Accepted	<p>Change language in credentialing and recredentialing forms under Section XX(F) to read...<i>voluntarily relinquished while under investigation , not renewed while under investigation , involuntarily relinquished, or is any such ...</i></p> <p>Change language in credentialing and recredentialing forms under Section XX(C) to read...<i>voluntarily relinquished while under investigation , not renewed while under investigation , involuntarily relinquished, or is any such...</i></p>	<p>- Joan motion to change language in initial form, Gwen friedly change to motion to make change to recredentialing application as well, Manny 2nd. 7-1 (Nikki - Nay)</p> <p>- Manny motion to change language for (C) in credentialing and recredentialing application, Joan 2nd. 7-1 (Nikki - Nay)</p>
2	6/3/2014	Beth Trierweiler, Credentialing Specialist at the Oregon State Hospital	<p>1) Initial Application: Add state picture ID or current hospital picture ID to the required submissions. This is a Joint Commission requirement.</p> <p>2) Both Applications: Add website and/or e-mail for at least liability information, if not also affiliations.</p>	<p>Not accepted</p> <p>Accepted with revisions</p>	<p>Health plans do not require this.</p> <p>Too detailed to expect providers to have this information</p>	<p>Nikki motion not to accept, Valarie 2nd, 8-0</p> <p>-Nikki motion not to accept for liability, Valarie 2nd, 8-0</p> <p>- Joan motion not to accept for affiliations. 6-2 (Becky and Nikki opposed)</p> <p>- Manny motion to add email contact, if available on page 7 for affiliations, (Gwen, Becky, Julie, Joan, Dr. Reichenstein opposed)</p> <p>- Manny motion to add fax #, if available on page 10 for liability, 8-0</p>
3	6/4/2014	Doreen Neilson, Curry Health	<p>I think the one thing I might suggest is to remove the parenthesis and dash below the phone and fax number requests in all areas. While I understand the benefit of these, it is rare that people / providers write small enough to fit those parameters where if the space was open, they would have more room to write the full phone or fax numbers.</p> <p>Under Professional Practice / Work History, it would be beneficial to underline the sentence "Please explain in section B any gaps great than two (2) months" and continue it for the next sentence</p>	<p>Not accepted</p> <p>Not accepted</p>	<p>not necessary</p> <p>Too many underlining</p>	<p>Nikki motion to not accept, Joan 2nd, 8-0</p> <p>Nikki motion to not accept, Joan 2nd, 8-0</p>
4	6/5/2014	Rose Burke	<p>1) The phone/fax space 'box' in some areas do not allow you to type the entire area code and phone number. If you do not put dashes between the numbers you have enough space on some of them.</p> <p>2) Two of my practitioners have said that they're unable to 'save' changes to the application. They receive a message stating 'if you save this document you will lose your changes' something along that line. One practitioner had to retype her entire application since it would not save her changes.</p> <p>3) When I save the document one time it will work and it lets me save it and the next time it will only give you the option to do a 'save as' and this must be related to the document since no other 'word' documents I use give that option.</p> <p>4) Work history - back to when the practitioner graduated. When you have doctors that have been out of school for 20+ years it becomes difficult to acquire accurate information even from the practitioner. The Joint Commission does not require this and I am not sure if it's an OAR requirement or a provider requirement, but I would like to see a limit on the application on how far back the work history needs to go.</p> <p>5) In regards to finding ways to streamline individual credentialing with the providers I think this application assists in that process since you can send it to multiple providers at one time.</p>	<p>Not accepted</p> <p>Not a suggestion</p> <p>Not a suggestion</p> <p>Not accepted</p> <p>Not a suggestion</p>	<p>Carry forward similar motion and vote to not accept in Neilson suggestion above</p> <p>Generally a user error; Daphne Peck has attempted to make changes to intructions on website and occasionally walks individuals through the process, but not much more this group can do to assist.</p> <p>Same as above</p> <p>Work history for NCCQA is five years, hospitals collect 10 years, instructions request all.</p> <p>NA</p>	<p>Nikki motion to not accept, Joan 2nd, 8-0</p> <p>NA</p> <p>NA</p> <p>- Julie motion to not accept, Valarie 2nd, 7-0 (Nikki dropped)</p> <p>NA</p>

**Suggestions for the Oregon Practitioner Credentialing Application
ACPCI Considerations and Recommended Actions - September 2014**

No.	Received	Suggestor	Suggestions	Action	Notes	Votes
			6) Most of my credentialing concerns are with the CAQH website process versus the State application.	Not a suggestion	NA	
5	6/20/2014	Ann Klinger, Providence	1) An area to list the supervising physician for a Physician Assistant and also a place for the Physician Assistant to note their NCCPA certificate number because this number is required to verify their certification. 2) A box for foreign languages spoken, or languages fluently spoken by practitioner. Also a box for languages fluently spoken by office staff.	Accepted in part Not accepted	- PA Spv. Phys. is needed and is also verified as part of licensure verifications - NCCPA information can be captured in other areas in the applications. Can be added to bottom of Section II. However, this question is ambiguous and does not truly identify what fluent means and whether the language is written or spoken, and whether office staff speak the language as well. This ambiguity has prevented this form being included in the past and it is also not required for credentialing. This is required for Medicaid.	Joan motion to accept in part and add to Sec. XIV...Physician Assistant Supervising Physician, if applicable and Oregon Medical License Number, Julie 2nd, ?-0- Julie motion to not add NCCPA or #, Manny 2nd, 7-0 Manny motion to not accept, Dr. Reichenstein 2nd, 6-0 (Gwen dropped)
		SECOND SESSION	In attendance...	Becky, Manny, Gwen, Valerie, Nikki, Joan, Daphne, Melissa		
			3) Areas as shown below to note admit privileges, or admit plan. We need a bigger area than the small check box, which most providers miss, that is currently on the Oregon applications. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>A. Inpatient Coverage Plan (for those without admitting privileges) Does Not Apply <input type="checkbox"/></p> <p>Name of Admitting Physician/Practice/Clinic/Group: _____ Hospital Where privileged: _____</p> <p>_____</p> <p>_____</p> <p>Can you admit / follow clients of your primary, secondary, other practice locations? Does Not Apply <input type="checkbox"/></p> <p><input type="checkbox"/> Primary practice admits only <input type="checkbox"/> Secondary Practice admits only <input type="checkbox"/> can admit to for all locations</p> </div>	Not accepted	Physician should not know this and hospital would have to confirm. There is a box on page 12 asking whether they "do not have admitting privileges."	Nikki motion not to accept, Valerie 2nd, 6-0
6	7/2/2014	Hope Heckendorn, PrimeCare	1) Page 2 III. Specialty Information under the subheading "Category of professional activity, check all boxes that apply:" SUGGEST adding (explain) after the Part Time box so it reads: Part Time (explain). The thought behind this request is to make sure of the practitioner's availability, specifically for PCPs. With the advent of CCOs that require PCP selection, it doesn't benefit the patient if the PCP is working 1-day a week. -2) Page 6 XIV. Health Care Licensure, Registration, Certifications & ID Numbers. SUGGEST adding Group NPI Number (adding a box between "Individual NPI Number" and "Medicare Number"). The reason for the request is simple, if this was collected upfront, it would eliminate additional paperwork that currently is sent with an application. When collected on the application it will ensure that it is communicated to the health plans at the time of the initial notification. This will avoid delays in claims payments and extra work for applicants, delegates and health plans.	Not accepted Not accepted	Amount of part time is not a credentialing issue, but is a contractual issue. Most physicians do not know their group NPI #.	Nikki motion to not accept, Joan 2nd, 6-0 Joan motion to not accept, Nikki 2nd, 5-0 (Gwen dropped)

CI Recommendations for the Oregon Practitioner Credentialing Application		
Updated Suggestions from 2013		
Suggestions	Action	Notes
I am writing to suggest that no changes be made to the current credentialing/recredentialing forms unless significant changes are being recommended. From the provider office perspective updating these forms can be time consuming . If only minor changes are being suggested it would be nice to put those changes into next year's queue and leave the forms the same for now.	Agree	
Page 1- I. Instructions 5th bullet- Instruction to "Identify the health care related organization(s) to which this application is being submitted in the space provided below." This is most likely the least followed instruction. Of all the state applications that our CVO reviews and processes, Oregon's is the only one that has this requirement. Too often we must request that the names of the organizations be added and that that page be returned to us prior to the processing. - Suggestion: Eliminate the requirement and have the release general enough to be all encompassing.	accepted	delete this instruction and the "I'm applying to....for:..." 2 lines near the bottom of the page
Page 1- I. Instructions 7th bullet- "If a section does not apply to you, please check the provided box at the top of the section." Again this is a completely overlooked instruction and is not needed. Suggestion: Write "N/A" instead and eliminate the boxes.	accepted	change bullet 7 to : "check the "does not apply" box instead of "provided" "
Page 1- I. Instructions 8th bullet- "Mail application to the requesting organization(s). Suggestion: Change to Email, fax or mail	accepted	change "mail" to "submit" in 8th bullet
Page 4- X. Medical/ Professional Education (two sections) Complete Medical I Professional School Name and Street Address - Most individuals do not know the street address of the schools that they attended much less the correct address for the registrar's office. Anyone that performs verifications will have email addresses and/ or fax numbers for the institutions. Additionally, many institution now use a verification service (e.g., National Student Clearinghouse). Suggestion: Change to "Medical I Professional Institution Name and city, state.	accepted	section X. Remove street address. Fax number needs to stay. From and to month year needs to stay. No change to the placement of the ECFMG box
Page 9- Professional Liability Insurance - Suggestion: Add email address for broker I carrier	accepted	add when forms are next changed
<i>The universal credentialing applications were created as a convenience for practitioners in Oregon. There is a redundancy on the applications requiring practitioners to initial and date each page and attest to the entire application by signing and dating an acknowledgement statement on the Attestation page. The following revisions would simplify the process further for practitioners when completing the applications. Suggestions:</i>		
a. Oregon Practitioner Credentialing Application requested revisions:		
Pages 1- 12: Remove the sections at the bottom of each page for Initials and Date.	accept in part	Remove from pages 11, 12
b. Oregon Practitioner Recredentialing Application requested revisions:		
Pages 1 - 10: Remove the sections at the bottom of each page for Initials and Date.	accept in part	Remove from pages 9, 10