

May 6, 2015

TO: The House Health Care Committee
Representative Mitch Greenlick, Chair
Representative Cedric Hayden, Vice-Chair
Representative Rob Nosse, Vice-Chair
Representative Knute Buehler
Representative Brian Clem
Representative Bill Kennemer
Representative Alissa Keny-Guyer
Representative John Lively
Representative Jim Weidner

FROM: Susan Otter Director of Health Information Technology, Oregon Health Authority

SUBJECT: Senate Bill 594 – Change in the assignment of an operational effective date for the Oregon Common Credentialing Program

Chair Greenlick and members of the committee, my name is Susan Otter, and I am the Director of Health Information Technology for the Oregon Health Authority (OHA), and serve as the administrator for the Office of Health Information Technology which resides within OHA's Health Policy and Programs. I am pleased to present testimony today in support of Senate Bill (SB) 594, which will allow flexibility in the implementation date of the Oregon Common Credentialing Program. I'd like to talk first about what the Common Credentialing Program is, touch briefly on the progress OHA has made to date, and then identify why OHA supports the bill.

The Oregon Common Credentialing Program

Stemming from legislation in the 2013 Regular Legislative Session (SB 604), OHA created the Oregon Common Credentialing Program (OCCP) to simplify and centralize the administrative processes associated with credentialing health care practitioners. This bill was sponsored by Senator Alan Bates and Senator Elizabeth Steiner-Hayward; both practicing physicians. It was also supported by the Oregon Medical Association, the Oregon Association for Hospitals and Health Systems, and the Oregon Health Leadership Council among others.

The Program will require health care practitioners or their designees to submit necessary credentialing information into an electronic web-based common credentialing solution. The Program will include a process to verify primary source documents submitted by practitioners. Credentialing organizations (e.g., hospitals, health insurers, and ambulatory surgical centers) will be required to use the solution to obtain that information when credentialing practitioners. Overall, the Program will reduce the considerable duplication that exists today, where practitioners must submit their information to each of their contractor health plans, hospitals, and health system, and each organization must separately collect and verify that information.

Over the last year, OHA created a required Common Credentialing Advisory Group (CCAG) and has engaged other stakeholders to establish the Program. Activities completed to date include:

- Developing and analyzing a request for information on vendor capabilities and cost,

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- Determining necessary common credentialing solution functionality and credentialing requirements based on national accrediting entity and Medicare credentialing standards,
- Finalizing rules for the Program, and
- Preparing to procure a vendor to deliver the technology and operational solution, including developing a Request for Proposals.

SB 594 and the Need for Flexibility in the Implementation Date

SB604 requires the Program to become operational on January 1, 2016. SB 594 removes this date and replaces it with a notice of the implementation date to be established by rule. SB 604 requires OHA to procure a solution through an RFP process. This requires OHA to go through a refined IT Stage Gate process managed by the Department of Administrative Services and to procure separate quality assurance services to assess project risks and requirements. This work has taken more time than anticipated. SB 594, also Sponsored by Senator Alan Bates, provides flexibility to the mandated timeline. In particular, SB 594 sets forth the following:

- Health care practitioners will not be required to submit credentialing information to the Program until the OHA has established an electronic system and until the date the OHA requires it by rule.
- OHA must consult the Common Credentialing Advisory Group about the implementation date.
- Notice of the adoption of a rule establishing an implementation date must be provided to credentialing organizations and Health Care Regulatory Boards at least six months before the effective date.
- OHA must report to the Legislature on or before February 1, 2016.

Flexibility in the implementation date will ensure that a sufficient amount of time is allowed for the common credentialing solution to be methodically implemented. In addition, SB 594 will ensure credentialing organizations and health practitioners have ample time to provide feedback and are thoroughly informed of program requirements prior to the implementation date. Without flexibility in the operational date, the implementation of common credentialing in Oregon will be more condensed, and more complex, and OHA risks failure of the technology component of this Program.

Thank you for your consideration of SB 594. In the coming months, OHA will continue to work with the Common Credentialing Advisory Group on the implementation process moving forward. This includes working toward an RFP release. 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 health care stakeholders in Oregon.