

HB 2210: Helping Critical Providers Focus on Health Care, Not Paperwork

The Situation:

As part of the federal Medicaid program, every health care provider must undergo a process known as credentialing to ensure they are qualified to perform the services they claim and have not committed fraud or other illegal acts.

For most providers in our state—such as primary care providers—they typically contract with only one or two Coordinated Care Organizations (CCOs). While the credentialing process can be cumbersome (some may call it laborious), it is generally a one-time process with periodic renewals. It may be a hassle, but it is manageable.

However, Oregon has unique and vitally important providers offering specialized services that all CCOs, as well as Open Card/Fee-for-Service programs, rely on for some of the most vulnerable Oregon Health Plan (OHP) members. A prime example is high-needs residential centers that provide integrated behavioral health care or substance use disorder care. These facilities are scarce, and when a child is in crisis and needs access to services, they often must travel across the state.

The Problem:

Because these facilities serve patients statewide, they frequently contract with every CCO in Oregon. As a result, they must complete the credentialing process with each individual CCO, creating an overwhelming administrative burden. Unlike large hospitals, these specialized facilities often lack the administrative workforce necessary to juggle 10-12 separate credentialing processes simultaneously.

The Solution:

While CCOs and the Oregon Health Authority (OHA) have slightly different credentialing processes, they often require very similar information from providers. HB 2210 proposes a centralized credentialing database where these unique providers can submit a single credentialing form. CCOs and the State can then access this information to initiate their credentialing processes—eliminating redundant paperwork.

This bill builds on a 2015 law that aimed to establish a similar credentialing database. However, HB 2210 improves on that model by introducing an oversight board composed of providers, CCOs, and State representatives to ensure greater uniformity in credentialing requirements. The board will also



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explore expanding this system to other multi-CCO providers, such as hospitals and large Federally Qualified Health Centers (FQHCs).

What This Bill Does NOT Do:

Oregon has previously attempted—and failed—to implement Common Credentialing, where a single organization credentials a provider, and that credentialing transfers automatically to all other entities.

HB 2210 does NOT create a Common Credentialing system. Instead, it simply establishes a central hub for credentialing information. Individual CCOs and Open Card will still be responsible for credentialing their providers.

Why This Matters:

By streamlining the credentialing process, HB 2210 will allow providers to spend more time focusing on patients—not paperwork. Additionally, it paves the way for future collaboration between OHA and CCOs to find statewide solutions that improve access and efficiency within the Oregon Health Plan.

Please Vote YES on HB 2210!



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