

## Oregon Common Credentialing Program Suspension FAQ

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**After careful consideration and consultation with health system partners and legislative sponsors, we have decided to suspend the Oregon Common Credentialing Program (OCCP).**

### **Why is OHA suspending the OCCP?**

The Oregon Common Credentialing Program was intended by legislators to simplify credentialing processes, reduce burden on practitioners, and eliminate duplication. While there is broad consensus that the concept of centralizing credentialing information has merit, we have encountered significant challenges that make it difficult to implement a cost-effective program that would benefit all Oregon practitioners.

#### **We find ourselves at a financial crossroads for OCCP.**

The OCCP was intended to be solely fee funded, and no startup funding was allocated. This meant OHA has covered the costs of planning and implementation and planned to recoup these costs through program fees once the program launched. Stakeholders emphasized the importance of taking the time necessary to ensure the OCCP is successful before requiring broad participation. Delaying required participation means OHA will not collect fee revenue this biennium, creating a budget shortfall.

#### **Stakeholder support for the OCCP has changed over time.**

This project ended up being more complex, more expensive, and has taken considerably longer to implement than anyone predicted. OHA encountered significant challenges in designing a program that addressed the complexities of business practices while meeting accrediting entity standards for credentialing. Despite our efforts to mitigate these challenges, we find that support across stakeholders has diminished over time.

#### **Evaluating OCCP and competing priorities.**

To be good stewards of public resources, OHA had to evaluate OCCP costs in light of other near-term budgetary and policy priorities. Suspending the program will avoid further expenditures. Given these priorities, we have made the difficult decision to suspend the program.

### **What does suspension mean?**

In the coming weeks, our team will thoughtfully document current work and preserve knowledge on all aspects of the program. Additionally, OHA will:

- instruct contractors to stop work and reassign OHA staff to other priority work;
- convene the Common Credentialing Advisory Group (CCAG) August 1st as planned, after which CCAG will go on hiatus;
- update the administrative rule to reflect the project suspension; and

- continue to manage the Oregon Practitioner Credentialing Application, which remains in effect, and the Advisory Committee on Physician Credentialing Information will continue to meet annually to evaluate changes to the Application.

After wrapping up current work, OHA will explore lessons learned with stakeholders and assess whether there are other opportunities to reduce practitioner burden related to credentialing. The administrative rule will be updated or repealed but the existing legislation remains. In the future, this program or something similar may resurface as a priority, in which case the lessons learned, program policies, analysis, and requirements developed for the OCCP can be leveraged.

## Why is this decision being made now?

OHA continues to receive varying levels of support from stakeholders, many of whom have expressed significant concerns about the complexities and effort needed to change business practices to work with a centralized system. To mitigate these concerns OHA intended to slow down the rollout of this program, by extending the Early Adoption/pilot phase as long as necessary to ensure the program would be successful, before requiring widespread participation. However, this plan resulted in a budget shortfall, and OHA had to weigh varying levels of stakeholder support coupled with a \$12 million financial request to the Legislature for OCCP against other Agency priorities. Given these priorities, we have made the difficult decision to suspend the program.

## What has changed since the original vision for this program?

The Oregon Common Credentialing Program was intended to simplify credentialing processes, reduce burden on practitioners, and eliminate duplication. What was originally envisioned as a straightforward project ended up being very complex, due to the need to support business practices in a complex environment, while meeting accrediting entity standards related to credentialing.

Original Intent	Anticipated Experience
Reduce duplication, increase efficiency	<ul style="list-style-type: none"> <li>• Practice managers and practitioners in small and independent practices would experience great benefit from a centralized system, including significant efficiencies of having one place to provide credentialing information and reduced time to credentialing due to data being available and verified centrally</li> <li>• Many Oregon practitioners may perceive the OCCP as an added burden: <ul style="list-style-type: none"> <li>○ Many practitioners are unaware of the burdensome process and cost of credentialing as they have staff who currently manage the process; The mandate for the practitioner to log into the OCCP and attest to their information every 120 days would be a new burden</li> </ul> </li> </ul>

Original Intent	Anticipated Experience
	<ul style="list-style-type: none"> <li>○ Practitioners do not currently pay a fee to be credentialed today and some are concerned that credentialing organization OCCP fees would ultimately be passed through to practitioners. Allied health practitioners have raised concerns that the \$150 fee is burdensome.</li> <li>○ The OCCP would not address burden related to additional paperwork requested by credentialing organizations, which use the credentialing process to gather additional information from practitioners unrelated to credentialing (e.g., agreement to organization bylaws, Medicare Surrogacy assignment, billing information)</li> <li>● All credentialing organizations would receive some benefit from having a centralized repository of credentialing information, and centralized verifications. However, some credentialing organizations would experience duplication and/or inefficiencies, including: <ul style="list-style-type: none"> <li>○ Larger organizations and credentialing collaboratives have developed efficient methods to centralize credentialing processes and some view OCCP as a step backward</li> <li>○ National or regional health plans would have to develop a separate credentialing process for Oregon practitioners to comply with OCCP requirements</li> <li>○ Some organizations and practitioners that currently use similar, centralized credentialing information systems (notably CAQH) view the OCCP requirement as duplicative</li> <li>○ Organizations that require more stringent credentialing histories or verifications than accrediting entities require would continue to perform those verifications on their own, adding complexity to their existing processes and minimizing the benefit of the OCCP</li> <li>○ Organizations that currently contract for credentialing verifications report that the OCCP fees are considerably higher than what they are paying now</li> </ul> </li> </ul>
Implemented within 2 years	<ul style="list-style-type: none"> <li>● The project could not meet the anticipated January 2016 implementation date due to: <ul style="list-style-type: none"> <li>○ The complicated credentialing landscape and the need to complete due diligence to develop the program</li> <li>○ The lengthy procurement process as a result of state oversight changes after Cover Oregon, adding complexity, cost, and about one year to the project timeline</li> </ul> </li> <li>● Although credentialing database and verifications contractors exist in the marketplace, bids were consistently much higher than expected, labor costs related to primary source verification within acceptable timeframes were</li> </ul>

Original Intent	Anticipated Experience
	higher than expected, and contracting and system implementation activities required more time than originally planned
Leverage Board Data to seed the OCCP	<ul style="list-style-type: none"> <li>Although Boards verify some of the same data that must be verified for credentialing, most Boards, including the largest Board (Oregon Medical Board), do not primary source verify data elements in a way that is acceptable to accrediting bodies that govern credentialing organizations. This means that OCCP would need to repeat these verifications, adding unanticipated costs to the program</li> </ul>

## What is the current status of the program development?

OHA worked closely with stakeholders since passage of the legislation. The program has many facets of development including policy, rulemaking and implementing the supporting technology. Much of the programmatic policy is developed and rules were recently filed.

OHA has been working on implementation of a commercially available product offered by Medversant Technologies. OHA's vendors completed configuration activities to meet OHA requirements and performance standards and completed system testing--which is designed to test the fully built system and ensure it works well before having users test the system. Suspending the program now means OHA will not begin the User Acceptance Testing phase or the Early Adoption/pilot phase. Both phases would include actual users putting the system through its paces and require significant cost and staff resources to complete.

OHA's contract for OCCP's system implementation is a deliverables-based contract that allows for stopping work and ending the contract at OHA's discretion. OHA does not own the technology and is not obligated to pay for services or software licenses that we will not use.

## How much has been invested in OCCP to date?

The OCCP was established by the Legislature without an allocation of startup funding. OHA has been covering program costs until the system is live. Once live, fees would then be charged to credentialing organizations and practitioners to reimburse the State for expenditures to date and fund the ongoing operations. OHA anticipated about \$10 million to implement the program and about \$6.5 million/year for ongoing operations, although a protracted Early Adoption/pilot phase could result in additional costs. This budget represents a mix of contractor and staff costs.

OHA has spent approximately \$7 million dollars on the program to date. About \$1.5 million has been absorbed by OHA for initial planning and staff costs using agency and grant funds. Without fee revenue this biennium, OHA projected a \$12 million shortfall if the OCCP continued. Ending the program now means we will avoid a \$12 million funding request and instead request \$5.5 million in obligated/spent costs.

## Who is impacted by the OCCP suspension?

Under state law for OCCP, all credentialed practitioners and credentialing organizations would be required to use the OCCP. OHA estimates that there are about 55,000 credentialed practitioners and more than 300 credentialing organizations in Oregon, including hospitals, Ambulatory Surgical Centers, Coordinated Care Organizations, dental plans, health plans, Independent Practice Associations, and other organizations that are required to credential practitioners.

OHA's contractors for OCCP include:

- Peraton – system integrator for three projects – OCCP, Oregon Provider Directory, Clinical Quality Metrics Registry
- Conduent – main sub-contractor to Peraton, managing Medversant implementation and providing help desk services
- Medversant – technology vendor and Credentials Verification Organization
- OneHealthPort – Single Sign On vendor for all three projects
- CSG – OHA's Quality Assurance vendor for all three projects

Since the inception of the legislation in 2013, OHA has depended on the considerable time, dedication, and partnership of our stakeholders, particularly the Common Credentialing Advisory Group members, members of our various Common Credentialing work groups, as well as our association partners and health care regulatory boards.

## How will the Oregon Provider Directory project be impacted?

The Oregon Provider Directory expected a data feed from Common Credentialing as a reputable source for a number of data elements. One of the key issues with maintaining provider directories today is the data can quickly become outdated and inaccurate. A benefit of OCCP is having data that are primary source verified and kept up to date as mandated by the 120-day practitioner attestation.

Without OCCP data, the Provider Directory project will turn to alternate methods to collect and validate data, such as third-party data cleansing services and bolstering Provider Directory data stewardship through its contractor. Because the Provider Directory budget included funding to OCCP for this data, that budget will now be directed to data cleansing and data stewardship services. For more information on the Oregon Provider Directory, please see our website:

<https://www.oregon.gov/oha/HPA/OHIT/Pages/PD-Overview.aspx>

## Who can I contact for more information?

For more information on the history of the program, its rules and laws, and other information please see our website: <https://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx>.

If you have further questions or comments, please contact our OCCP program team at [Credentialing@state.or.us](mailto:Credentialing@state.or.us).