

Archived Oregon Common Credentialing Program FAQs

On July 25, 2018, OHA announced the suspension of the Oregon Common Credentialing Program (OCCP). Below, you will find an archive of the FAQs that were available on the the OCCP website as of July 24, 2018.

What is the Oregon Common Credentialing Program

The Oregon Common Credentialing Program, which is mandated by SB 604 (2013), establishes a program and database for credentialing organizations to access the information necessary to credential or re-credential all health care practitioners in the state. The OCCP is intended to simplify the administrative processes related to credentialing, reduce burden on practitioners, and eliminate duplication for credentialing organizations.

I heard the program was going to launch in November 2018 – what changed?

In January 2018, OHA announced a November 5, 2018 mandatory launch date via a temporary rule. Since that time, two things have happened:

1. We're currently in the system testing phase of OCCP, which is designed to test the fully built system and ensure it meets our requirements and performance standards. This phase is taking longer than initially planned, and we are committed to entering user acceptance testing with a system that works well.
2. Over the last several months, program stakeholders have expressed to OHA leadership that they want us to take the time necessary to get the program and launch right. Stakeholders have emphasized the system must be fully tested and ready before their participation is required. They have also requested adequate time to prepare for changes to their current credentialing processes.

Due to those factors, we have decided to postpone the required start date until the pilot phase demonstrates the program is successful.

What is the status of program implementation?

We're currently in the system testing phase of OCCP, which is designed to test the fully built system and ensure it meets our requirements and performance standards. Because this phase is taking longer than initially planned and because we understand the need for proper onboarding time, the November 5, 2018 required start date has been postponed.

Once the system passes OHA system testing requirements and performance standards, OHA will:

1. Conduct user acceptance testing with stakeholders as planned.
2. Allow multiple months of early adoption, where real users with real data use the system from end-to-end and provide feedback. Early adopters will not only make sure the system is working well, but will share their experience with program integration and

workflow changes. We expect this phase to begin in 2018.

3. Announce a new program launch date. Following a successful early adoption phase, we will announce a new start date with at least six months of lead time to allow practitioners and organizations to make changes to their current credentialing processes.

When is the start date for required participation?

The new start date has yet to be determined, but will not be in 2018. OHA will set a new start date after the system is thoroughly piloted by actual users. OHA will announce the new start date with at least six months of lead time to allow practitioners and organizations to make changes to their current credentialing processes. The pilot phase will begin later in 2018.

How will I know when a new start date is announced?

OHA is committed to ensuring you have the latest information available. OHA will announce the new start date in the following ways:

- We will announce on this website.
- Via the OCCP email list serve, which you can sign up for [here](#).
- By rule, which will include public notice
- Through broad outreach via our partner organizations, associations, and health care regulatory boards.

What is credentialing?

Credentialing is the standardized process of inquiry undertaken to validate specific information that confirms a health care practitioner's identity, background, education, competency and qualifications related to a specific set of established standards or criteria.

Why is credentialing important?

It helps protect patients and assure their care. Right now, practitioners are credentialed by each organization they provide patient services to and by each facility (e.g., hospital or ambulatory surgical center) where they provide patient services. Credentialing helps these entities ensure that their patients are receiving care from qualified practitioners.

What are the changes with the current credentialing process?

A practitioner's credentials are the same regardless of which entity works with the practitioner, but each entity separately collects and verifies them. That means a practitioner has to send their credentials and supporting documentation to each entity on a frequent yet staggered basis. Essentially, there is no centralized process, which results in burdens on practitioners. Because there is no centralized process, practitioners bear the burdens of cost and time in submitting their credentials to multiple entities. There is also cost and time associated with redundancies across credentialing organizations.

How does the Oregon Common Credentialing Program help?

The OCCP will have a web-based system that collects and verifies Oregon practitioner credentialing information and passes it on to each of the entities needing to credential the practitioner. Centralized verification of practitioner information such as education and training, licenses and certifications, sanctions and exclusions will be available through the system. Ongoing monitoring of sanctions and expiring credentials will also be included in the OCCP. A centralized system that collects and verifies health care practitioner credentials can provide efficiencies in the credentialing process across multiple entities and attribute to greater patient safety due to collective assurances of credentials.

Who is required to participate?

Health care practitioners who must be credentialed are required to participate in the OCCP. Credentialing organizations must also participate and use the information available in the OCCP system. Credentialing organization definitions are available in Oregon Administrative Rule 409-045-0025 (7).

Practitioners who work on patients in a health care facility and are reimbursed by health plans and are credentialed would be impacted by these rules. Credentialing is the standardized process of inquiry undertaken by credentialing organizations (such as health plans, hospitals, and others) to validate specific information that confirms a health care practitioner's identity, background, education, competency and qualifications related to a specific set of established standards or criteria,

Why is it mandated?

Oregon already has a mandated credentialing application and a single credentialing system was the next step. To fully realize the benefits and efficiencies of a centralized credentialing resource, everyone must participate in the OCCP.

What will the program cost?

For practitioners, there will be a one-time application fee of \$150. There will not be ongoing charges. Credentialing organizations will pay a one-time setup fee for participation in the OCCP and then an annual subscription fee thereafter. Credentialing organization fees will be tiered based on the organization's panel size as a proxy for use of the system. The OCCP fee schedule can be found on the Program's fee development web page.

How does this benefit practitioners?

Rather than sending multiple applications and supporting documentation to numerous credentialing organizations, practitioners can manage their credentialing information in a centralized, web-based system. Practitioners will be required to attest to the accuracy of that information every 120 days. That frequency may be greater than what any one organization requires, but will collectively reduce the workflow on the practitioner by

doing it centrally for multiple organizations. Practitioners can assign a designee to help enter and update information, but will have to complete the final attestation to verify accuracy. Centralization not only creates efficiencies, but also contributes to greater patient safety due to less chance for errors in practitioner data.

How will it benefit credentialing organizations?

Rather than sending applications to each practitioner and conducting verifications of that information at each organization, the centralized system will be available to obtain Oregon health care practitioner credentialing information. The information will be collected and verified according to accrediting entity standards within 30 days of a completed application. This will benefit credentialing organizations by minimizing practitioner back-and-forth communication, individual mailings, and the cost of verifying information.

Has the web-based system been selected?

Yes. Medversant's ProviderSource© and Client Portal is the software that will support the OCCP Program. More detailed information and training materials will be available as the implementation progresses.

What if my organization currently operates credentialing software?

The intention of the program is not to replace credentialing organization systems currently in use. The OCCP will be a centralized source of verified provider information. Rather than collecting this information directly from physicians, credentialing organizations will retrieve the information from the Medversant system. Medversant offers an optional secure extract of information that can be sent to the appropriate credentialing organization so that they may import this information in to their own systems.

OHA understands stakeholders need as much lead time as possible to work with their own vendors to develop system changes and test them thoroughly before the OCCP goes live. We understand that there will be a cost associated with working with vendors and stakeholders will need time to get those budgets approved. Also, we understand that stakeholders' vendors have timelines already set for other improvement work and need time to work these adjustments into their queues. OHA has placed a high priority on getting the Common Credentialing specifications to stakeholders as soon as possible, and will work with stakeholders to ensure that our rollout considers the time needed to adjust their systems.