

MINUTES

Advisory Committee on Physician Credentialing Information

Meridian Park Hospital
Community Health Education Center Room 107
19300 SW 65th Avenue, Tualatin, Oregon 97062
September 29, 2015
10:00-12:00 pm

Members Present: Rebecca Jensen, CPMSM CPCS, *Chair*, Leah J Asay, CPCS, Manny Berman, Mark A Bonanno, JP, MPH, Gwen M Dayton, JD, (joined late) Valery Kriz, CPMSM, (joined late), Victor B Richenstein, MD, (joined late), Joan A Sonnenburg, RN HCA, Nicholetta Vlandis, CPCS (joined late).

Staff Present: Melissa Isavoran, MS; Nick Kramer

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:08 am.

Minutes Review

The September 15th and 23rd 2014 ACPCI meeting Minutes. There was no discussion.

MOTION: To accept the September 15th and 23rd 2014 Minutes. MOTION CARRIES: 5-0.

New Member Introductions

Melissa Isavoran introduced Mark Bonanno, new Physician Organizations Representative from the Oregon Medical Association and Leah Asay, new Health Care Services Organization Representative from Trillium Community Health Plan. Victor Richenstein a Physician Organization Representative on the Committee will be staying with the group until his term expires January 2017. Dr. Richenstein had previously agreed to step down from his position in order to allow Kathryn Lueken from WVP Health Authority to take over this position by Dr. Lueken was unable to participate in the committee.

Melissa Isavoran informed the committee that the work on common credentialing and the work done by the ACPCI would be transferred from the Office for Health Policy and Research to the Office of Health Information Technology (OHIT) starting in January 2016. Susan Otter, Director of OHIT, and Rachel Ostroy, Implementation Director, were both introduced to the group but were unable to join the meeting in person.

Current Member Expirations

The committee discussed current member expirations. Four positions will become vacant in January 2016.

Melissa Isavoran outlined the process for maintaining committee membership including the possible need to go through a solicitation for new applicants. The upcoming vacancies include one Physician Organization Representatives, two

Hospital Representatives, and one Health Care Service Organization. Rebecca Jensen noted that in the past the group has allowed for members to continue to remain on the Committee as long as they are willing and able since ACPCI only meets once a year and needs experienced members.

Manny Berman and Joan Sonnenburg agreed to remain on the committee as Hospital Representatives. Gwen Dayton agreed to remain on the committee as Physician Organization Representative. Nicholetta Vlandis expressed some concern at being able to continue on the ACPCI as a Health Care Service Organization Representative but agreed to follow up with Melissa Isavoran and Rebecca Jensen.

Common Credentialing Update

Melissa Isavoran provided the common credentialing update. Melissa highlighted the importance of getting all of the necessary changes to the Oregon Practitioner Credentialing Application (OPCA) and the Oregon Practitioner Recredentialing Application (OPRA) in place prior to the common credentialing implementation. ACPCI had expected last year's form changes to be implemented in the new common credentialing solution, the new form was approved but not mandated. The common credentialing work is still underway due to procurement issues. Melissa noted the heightened sensitivity for IT procurements within the state and the common credentialing project was not going to meet the original release date of January 2016 that was mandated in Senate Bill (SB) 604 (2013).

A Request for Information has been released and OHA asked the legislature for additional flexibility in the solution release date. SB 594 (2015) grants OHA the flexibility to establish the common credentialing solution release date by rule but credentialing organizations would be given six months' notice prior to the release. The current anticipated release date of the solution is January 2017. OHA and its vendor would use all of 2016 to procure and configure the solution and conduct outreach and marketing, rule development or revisions to prepare for the release.

Melissa Isavoran also informed the group that the common credentialing project has been bundled with other HIT projects in the OHIT. A prime vendor, Harris Corporation, would be responsible for the system integration, project management, separate competitive procurement and oversight for the implementation of common credentialing, provider directory, and clinical quality metrics registry. Harris is OHA's current vendor for Oregon's Health Information Exchange solution, Care Accord. A list of interested vendors has already been established and will be forwarded on to Harris for the procurement process. OHA currently anticipates having a Harris contract completed shortly and then would anticipate having the common credentialing vendor on board in the beginning of 2016.

The group discussed and agreed to the importance of getting all of the necessary changes added to the OPCA so that this information is available to configure within the planned common credentialing solution.

Leah Asay asked if Harris was selected as the prime vendor and system integrator because of the company's previous relationship and work for OHA and asked about the overall process for procuring a common credentialing vendor.

Melissa Isavoran confirmed that this was the case and outlined the OHA's process for issuing a special procurement notice that allowed other vendors who had an interest in bidding on the contract to provide information about their qualifications. The special procurement notice also established a mechanism for OHA to conduct an expedited Request for Proposals process. There were no protests brought by the vendor community for OHA's approach to use Harris as the prime contractor and system integrator. As part of the requirements Harris will propose an open and competitive process for selecting the common credentialing vendor.

Melissa Isavoran also outlined the next steps for the work that would be done through the Common Credentialing Advisory Group including updating the rules, establishing fees information and other activities that will be completed through a stakeholder process. A full update will be issued six months prior to the initial solution release.

Provider Data Systems Alignment

Melissa Isavoran facilitated a conversation with the ACPCI members about exploring the group's interest in revisiting additional data elements in the common credentialing solution that are collected in OPCA addendums and for other business purposes (e.g., provider directories, network adequacy, etc.). These additional data elements would not necessarily be included in the OPCA but would allow practitioners to provide additional data elements, not necessarily required for credentialing practitioners (e.g. foreign languages spoken, office hours, etc.)

Manny Berman thought there was value but also risk in including additional data elements based on how many data elements were included. He proposed two portals, one for the essential credentialing information and a second portal that the practitioners could enter in or manage elective additional data elements.

Gwen Dayton asked if the provider directory would have broad uses beyond comment credentialing and discussed Kaiser's ability and interest to opt out of the common credentialing solution and also noted that Kaiser might be interested in exploring their option to opt out of the provider directory solution.

Melissa Isavoran clarified that one proposed solution for the additional data elements would have the provider accessing the common credentialing solution to answer a certain number of optional extra questions beyond providing the required OPCA information necessary for credentialing.

Manny Berman and Gwen Dayton discussed the exception process for opting out from participating in the common credentialing solution. Melissa Isavoran clarified that a pre-paid group health plan that serves at least 200,000 members in the state can petition the OHA Director for an exception from the solution.

Joan Sonnenburg highlighted the importance of allowing for flexibility in collecting practitioner information especially as the delegation of collecting information would be allowable.

Rebecca Jensen noted that Melissa Isavoran was not asking for a specific proposal from the group, but rather was interested in reintroducing this topic to the group. Melissa noted that there are opportunities to expend the common credentialing

solution to handle additional data elements. Melissa reiterated that the goal was not necessarily to change the OPCA form.

Joan Sonnenburg agreed that it would be ideal to have one external facing portal to allow providers to enter their data for credentialing purposes and also collect additional data elements. Leah Asay agreed that there was value in collecting this additional information especially office hours and languages spoken. Nicholetta Vlandis agreed with Leah and noted that this option could be a solution for new Medicare regulations related to provider data reporting. Joan and Valery Kriz also agreed that it is worth exploring collecting additional data elements in the common credentialing solution.

Melissa Isavoran agreed to send out a questionnaire to the group on the subject of additional data elements that are commonly collected or needed by members of the group.

Review Solicited Suggestions

ACPCI reviewed most of the recent application and suggestions submitted by interested parties. See Attachment A for the specific conclusions of the committee.

MOTION: To accept the 2015 recommendations as amended; use the accepted 2015 recommendations as amended 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: 9-0.

Public Comment

There was no public comment.

Next Steps

Recommendations will be sent to OHA Director, Lynne Saxton for approval. OHA will then bring the ACPCI recommendations to the CCAG for discussion. Final approval of OPCA recommendations will be made by OHA. This group will meet again in September 2016.

Adjournment

The meeting was adjourned at 11:59 am.



Oregon

Kate Brown, Governor

Office for Health Information Technology

Human Services Building
500 Summer Street
Salem, OR 97301
(503) 373-7859
FAX (503) 378-6705

Advisory Committee on Physician Credentialing Information (ACPCI)

Members

Chair

Rebecca L Jensen, CPMSM CPCS
Quality Manager
Kaiser Permanente
500 NE Multnomah St, Ste 100
Portland, OR 97232
Office: (503) 813-3798
Fax: (503) 813-3815
Health Care Service
Organization Representative
Term expires: January 2017
Rebecca.L.Jensen@kp.org

Leah J Asay, CPCS
Credentialing Specialist
Trillium Community Health Plan
P.O. Box 11756
Eugene, Oregon 97440
Office: (541) 302-6267
Health Care Svc Organization
Representative
Term expires: January 2018
leaha@ipsoregon.com

Manny Berman
President and Chief Executive Officer
Tuality Healthcare
335 S.E. 8th Ave.
Hillsboro, Or, 97123
Office: (503) 681-1177
Hospital Representative
Term expires: January 2016
manny.berman@tuality.org

Mark A. Bonanno, JD, MPH
General Counsel & Director of
Health Policy
The Oregon Medical Association
11740 S.W. 68th Parkway, Suite 100
Portland, OR 97223-9038
Office (503) 619-8000
Fax (503) 619-0609
Physician Organization
Representative
Term expires: January 2018
mark@theoma.org

Gwen M. Dayton, JD, CHC
Exec. Vice President & Legal Counsel
Oregon Health Care Association
11740 SW 68th Parkway, Suite 250
Portland, OR 97223
Office (503) 726-5260
Fax (503) 726-5259
Physician Organization
Representative
Term expires: January 2016
gdayton@ohca.com

Valery Kriz, CPMSM
Medical Staff Coordinator
Providence Portland Med Center
4805 NE Glisan Street
Portland, OR 97213
Office: (503) 215-3468
Fax: (503) 215-6051
Hospital Representative
Term expires: January 2017
valery.kriz@providence.org

Victor B Richenstein, MD
Psychiatrist
NWMHA Board Member
44 Club Road, Suite 110
Eugene, OR 97401
Office: (541) 343-2569
Fax: (541) 343-0058
Physician Organization
Representative
Term expires: January 2017
vrichenstein@mac.com

Nicholetta Vlandis, CPCS
Credentialing & PDM Supervisor
FamilyCare, Inc.
PO Box 1271 MS/E9B
Portland, Oregon 97207-1271
Office: 503 450-1749
Fax: (888) 335-3002
Health Care Svc Organization
Representative
Term expires: January 2016
nikki@familycareinc.org

Staff

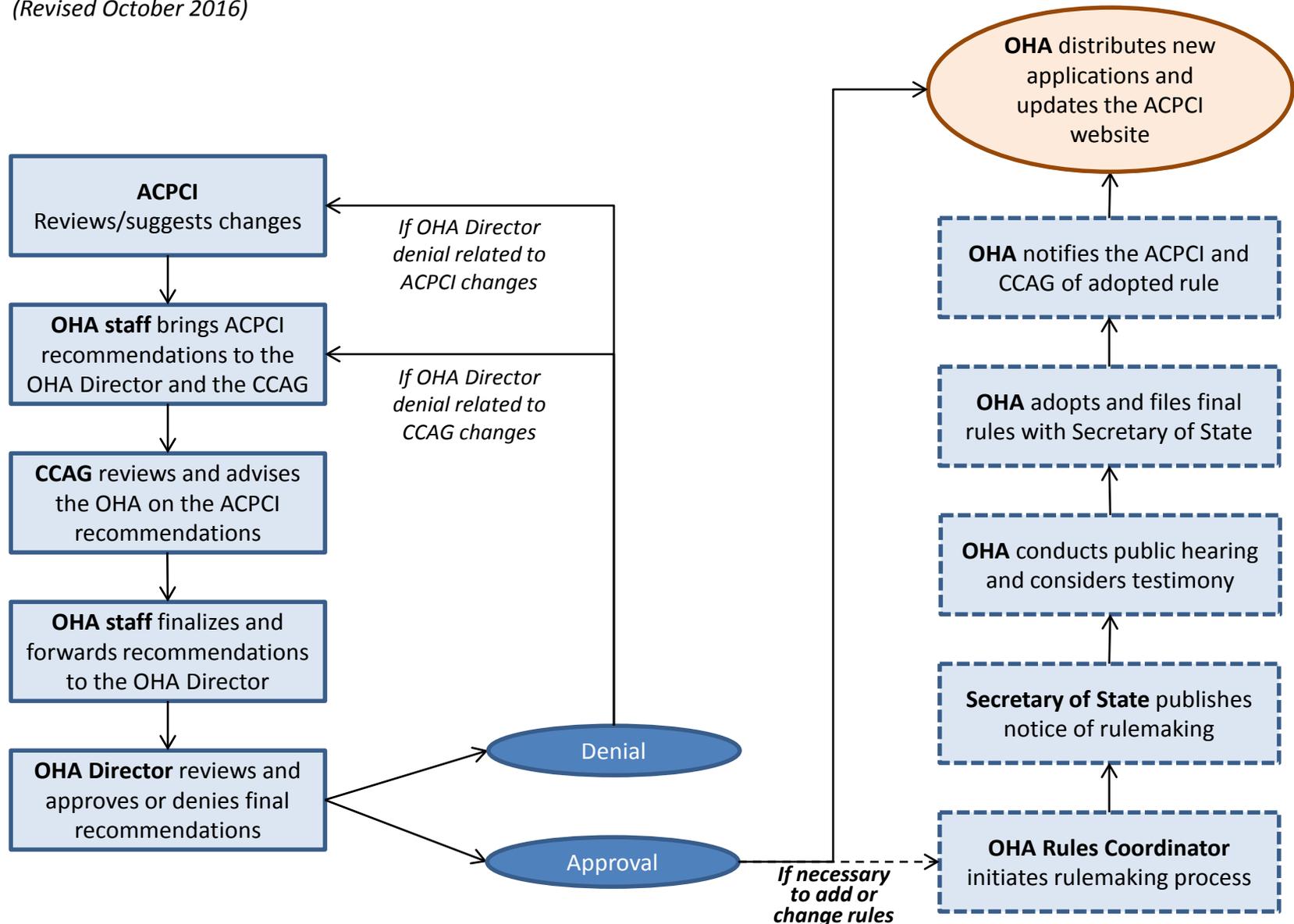
Melissa Isavoran
Common Credentialing Program Mgr.
500 Summer Street
Salem, OR 97301
Office: (503) 559-7886
Email: melissa.isavoran@state.or.us

Luke Glowasky
Business Analyst
500 Summer Street
Salem, OR 97301
Office: (503) 576-9041
Email: luke.a.glowasky@state.or.us

ADVISORY COMMITTEE FOR PHYSICIAN CREDENTIALING INFORMATION (ACPCI)

PROCESS FLOWCHART FOR AMENDING THE OREGON PRACTITIONER CREDENTIALING/RECREREDENTIALING APPLICATIONS

(Revised October 2016)



CHAPTER 409
OREGON HEALTH AUTHORITY
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH
DIVISION 45
HEALTH CARE PRACTITIONER CREDENTIALING

409-045-0025

Definitions

The following definitions apply to OAR 409-045-0025 to 409-045-0135:

- (1) "Accreditation" means a comprehensive evaluation process in which a health care organization's systems, processes and performance are examined by an impartial external organization (accrediting entity) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.
- (2) "Advisory Group" means the Common Credentialing Advisory Group.
- (3) "Authority" means the Oregon Health Authority.
- (4) "Board" means a health care regulatory board or other agency that authorizes individuals to practice a profession in Oregon related to providing health care services for which the individual must be credentialed.
- (5) "Credentialing" means a 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.
- (6) "Credentialing information" means information necessary to credential or recredential a health care practitioner.
- (7) "Credentialing organization" means a hospital or other health care facility, physician organization or other health care provider organization, coordinated care organization, business organization, insurer or other organization that credentials health care practitioners. This includes, but is not limited to the following:
 - (a) Ambulatory Surgical Centers.
 - (b) Coordinated Care Organizations.
 - (c) Dental Plan Issuers.
 - (d) Health Plan Issuers.
 - (e) Hospitals and Health Systems.
 - (f) Independent Physician Associations.
- (8) "Delegated credentialing agreement" means a written agreement between credentialing organizations that delegates the responsibility to perform specific activities related to the credentialing and recredentialing of health care practitioners. For telemedicine credentialing, delegated credentialing agreement has the same meaning given that term in ORS 442.015.

(9) "Distant-site hospital" means the hospital where a telemedicine provider, at the time the telemedicine provider is providing telemedicine services, is practicing as an employee or under contract.

(10) "Health care facility" has the same meaning given that term in ORS 442.015.

(11) "Health care practitioner" means an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed. This includes, but is not limited to the following:

- (a) Acupuncturists.
- (b) Audiologists.
- (c) Certified Registered Nurse Anesthetist.
- (d) Chiropractor.
- (e) Clinical Nurse Specialist.
- (f) Doctor of Dental Medicine.
- (g) Doctor of Dental Surgery.
- (h) Doctor of Medicine.
- (i) Doctor of Osteopathy.
- (j) Doctor of Podiatric Medicine.
- (k) Licensed Clinical Social Worker.
- (l) Licensed Dieticians.
- (m) Licensed Marriage and Family Therapists.
- (n) Licensed Massage Therapists.
- (o) Licensed Professional Counselor.
- (p) Naturopathic Physician.
- (q) Nurse Practitioner.
- (r) Occupational Therapists.
- (s) Optometrist.
- (t) Oral and Maxillofacial Surgeons.
- (u) Psychologists.
- (v) Physical Therapists.
- (w) Physician Assistants.
- (x) Psychologist Associate.
- (y) Registered Nurse First Assistant.
- (z) Speech Therapists.

(12) "Health services" has the same meaning given that term in ORS 442.015.

(13) "Hospital" has the same meaning given that term in ORS 442.015.

(14) "Originating-site hospital" means a hospital in which a patient is located while receiving telemedicine services.

(15) "Primary source verification" means the verification of an individual practitioner's reported qualifications by the original source.

(16) "Program" means the Oregon Common Credentialing Program.

(17) "Solution" means the Oregon Common Credentialing Program's electronic system through which credentialing information may be submitted to an electronic database and accessed.

(18) "Telemedicine" means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.223, 442.015 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

Credentialing Requirements for Health Care Practitioners

409-045-0030

Oregon Common Credentialing Program

The Oregon Common Credentialing Program is established within the Authority for the purpose of providing a credentialing organization access to information necessary to credential or recredential a health care practitioner. The Program shall include, but is not limited to the following:

(1) An electronic solution through which health care practitioner credentialing information must be submitted.

(2) A process by which health care practitioners or designees may access the Solution to submit information necessary for credentialing.

(3) A process by which credentialing organizations may input, access, and retrieve health care practitioner credentialing information.

(4) A process by which Boards may input and access health care practitioner credentialing information.

(5) Coordination with Boards and the process of primary source verification of credentialing information.

Stat. Auth.: ORS 413.042 & 2013 OL Ch. 603

Stats. Implemented: 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0035

Oregon Practitioner Credentialing Application

(1) Credentialing organization shall use the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application, both approved by

the Authority based on recommendations from the Advisory Committee on Physician Credentialing Information. The Authority approved applications are available at the on the Committee's website at <http://www.oregon.gov/OHA/OHPR/ACPCI/Pages/index.aspx>.

(2) Each credentialing organization shall use the application forms listed in section (1) of this rule for the purpose of credentialing and recredentialing health care practitioners.

(3) The Program shall use the application forms listed in section (1) of this rule as the template for health care practitioner credentialing information.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0040

Credentialing Information Verifications

(1) The Program shall accept all Board verifications of credentialing information as provided in accordance with OAR 409-045-0055 and shall supplement those verifications, if necessary, to ensure compliance with national accrediting entity standards.

(2) Methods for conducting primary source verification of credentials include direct correspondence, documented telephone verification, secure electronic verification from the original qualification source or sources that meet accrediting entity requirements.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0045

Health Care Regulatory Board Participation

(1) A Board that licenses health care practitioners shall provide practitioner information and documentation to the Solution in a format and frequency as agreed by the Board and the Authority beginning January 1, 2016. A Board may agree to provide practitioner information and documentation to the Solution prior to January 1, 2016.

(2) A Board that provides information to the Solution must also provide an annual attestation to the Authority that clearly identifies the Boards specific practices related to the process of primary source verification of health care practitioner information.

(3) Use of practitioner information provided by Boards shall be authorized through data use agreements that define the rights to use or disclose the practitioner information and any limitations to that use.

(4) A Board unable to provide information to the Solution by January 1, 2016, may submit a petition to the Authority director for consideration of a waiver from the requirements of section (1). The Authority shall review the waivers at least every two years for validity. The petition for a waiver must include:

(a) The name of the Board;

- (b) The phone number and email address for the Board contact person;
- (c) A description of specific barrier to submitting information and documentation;
- (d) Efforts or ideas to address the barrier and the timeframe for doing so; and
- (e) The identification of support, including funding, needed to accomplish the efforts or ideas.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0050

Credentialing Organization Participation

(1) Credentialing organizations shall obtain health care practitioner credentialing information from the Solution beginning January 1, 2016, if that information is kept and maintained by the Solution.

(2) Credentialing organizations may not request credentialing information from a health care practitioner if that information is available through the Solution. Credentialing organizations may request additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures as required by the credentialing organization.

(3) A prepaid group practice health plan that serves at least 200,000 members in Oregon and that has been issued a certificate of authority by the Department of Consumer and Business Services may petition the Authority director to be exempt from the requirements of this section. The director may award the petition if the director determines that subjecting the health plan to this section is not cost-effective. If the director grants an exemption, the exemption also applies to any health care facilities and health care provider groups associated with the health plan which refers to financial ownership and does not include services associations. Exemptions may be reviewed by the Authority every two-years for validity. The petition for exemption must include:

(a) The name of the prepaid group practice health plan petitioning the Authority and the associated health care facilities and health care provider groups to be covered under the exemption;

(b) The phone number and email address for the health plan contact person;

(c) A description of the prepaid group practice health plan;

(d) A brief description of the prepaid group practice health plan's current credentialing practices; and

(e) A justification of why the Solution is not cost-effective.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0055

Health Care Practitioner Participation

(1) Health care practitioners required to be credentialed by a credentialing organization shall submit information and documentation required pursuant to OAR 409-045-0040 to the Solution beginning on January 1, 2016 to the extent that information is not available to the Solution from the Boards. Health care practitioners or their designee may agree to provide information and documentation required pursuant to 409-045-0040 to the Solution prior to January 1, 2016.

(2) Health care practitioners must attest to all credentialing information in the Solution.

(3) Attestation of credentialing information must occur within 120 days once the complete initial credentialing application information is submitted. Re-attestation must occur within 120 days from the date of the initial attestation and every 120 days thereafter. If credentialing information is updated and attested to by a provider outside of this 120 day re-attestation cycle, the next required re-attestation shall be due 120 days from the most recent attestation.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0060

Use of Health Care Practitioner Information

(1) A credentialing organization that, in good faith, uses credentialing information provided by the Solution for the purposes of credentialing health care practitioners is immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information.

(2) Health care practitioner information obtained by Credentialing Organizations through the Solution may only be used for the intended purpose of credentialing.

(3) All health care practitioner information that is received, kept, and maintained in the Solution, except for general information used for directories, is exempt from public disclosure under ORS 192.410 to 192.505.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0065

Common Credentialing Advisory Group

(1) The Authority establishes the Common Credentialing Advisory Group. Members of the Advisory Group shall be appointed by the director and shall include members who represent:

- (a) Credentialing organizations;
- (b) Health care regulatory boards;
- (c) Health care practitioners; and

(d) The ACPCI.

(2) All members appointed shall be knowledgeable about national standards relating to health care practitioner credentialing.

(3) The term of appointment for each member is three years. If, during a member's term of appointment, the member no longer qualifies to serve, the member must resign. If there is a vacancy for any reason, the director shall appoint a new member which is effective immediately for the unexpired term.

(4) The Authority and the Advisory Group shall meet at least once per year.

(5) The Advisory Group shall advise the Authority on the credentialing process, including but not limited to the following:

(a) Credentialing industry standards;

(b) Common Credentialing Solution;

(c) Recommended changes to the Oregon practitioner credentialing application pursuant to ORS 442.221 to 441.223; and

(d) Other proposed changes or concerns brought forth by interested parties.

(6) Committee members may not receive compensation or reimbursement of expenses.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0070

Imposition of Fees

Beginning January 1, 2016, the Authority shall impose fees on credentialing organizations that access the Solution and may impose fees on health care practitioners who submit credentialing information to the Solution. Fees may not exceed the cost of administering the Program.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0075

Complaints

Complaints regarding the Program and the Program's activities shall be submitted to Authority for evaluation through the Program's website. The Authority shall provide a response to each complaint within two weeks of receiving the complaint.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.221 - 441.223 & 2013 OL Ch. 603

Hist.: OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

Credentialing Requirements for Telemedicine Providers

409-045-0115

General Applicability

(1) These rules apply to all:

(a) Telemedicine health care practitioners who provide telemedicine services from any distant-site hospital in Oregon to patients in originating-site hospitals in Oregon.

(b) Originating-site hospitals located in Oregon that credential telemedicine health care practitioners located at distant-site hospitals in Oregon.

(2) Completion of credentialing requirements does not require a governing body of a hospital to grant privileges to a telemedicine health care practitioner and does not affect the responsibilities of a governing body under ORS 441.055.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.223, 442.015 & 2013 OL Ch. 603

Hist.: OHP 10-2013(Temp), f. 12-31-13, cert. ef. 1-1-14 thru 6-30-14; OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0120

Standard List of Credentialing Documents

(1) To become credentialed by an originating-site hospital, a telemedicine healthcare practitioner or the distant-site hospital must provide the following information and documentation to the originating-site hospital:

(a) A completed current (within the past 6 months) Oregon Practitioner Credentialing Application (OPCA) and the following documents:

(A) A copy of state medical license;

(B) Drug Enforcement Agency certificate;

(C) State approved foreign education equivalency certificate or report, if applicable; and

(D) Certification of professional liability insurance.

(b) Attestation by medical staff at the distant-site hospital that they have conducted primary source verification of all materials of the OPCA except for:

(A) Hospital affiliations other than to the distant-site hospital;

(B) Work history beyond the previous five years.

(2) Originating-site hospitals may request documentation of all the verifications above from the distant-site hospital or the telemedicine health practitioner. Verifications that are not provided may be obtained separately by the originating-site hospital.

(3) Originating-site hospitals may not require either the telemedicine healthcare practitioner or the distant-site hospital to provide the following documentation for the purposes of credentialing or privileging a telemedicine provider:

(a) Proof of Tuberculosis Screening;

(b) Proof of vaccination or immunity to communicable diseases;

(c) HIPAA training verification;

(4) Originating-site hospitals may not require a telemedicine provider to attend physician and staff meetings at the originating-site hospital.

(5) Originating-site hospitals may not request credentialing information if the credentialing information was made available under OAR 409-045-0120(1) and is not subject to change.

(6) To become recredentialed by an originating-site hospital, every two years a telemedicine healthcare practitioner or the distant-site hospital must provide a completed current Oregon Practitioner Recredentialing Application and all other information required in OAR 409-045-0120(1).

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.223, 442.015 & 2013 OL Ch. 603

Hist.: OHP 10-2013(Temp), f. 12-31-13, cert. ef. 1-1-14 thru 6-30-14; OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0125

Distant-Site Hospital Agreements

Hospitals may use delegated credentialing agreements instead of the requirements in OAR-409-045-0120 to stipulate that the medical staff of the originating-site hospital shall rely upon the credentialing and privileging decisions of the distant-site hospital in making recommendations to the governing body of the originating-site hospital as to whether to credential a telemedicine provider, practicing at the distant-site hospital either as an employee or under contract, to provide telemedicine services to patients in the originating-site hospital. If a delegated credentialing agreement is in place the originating-site hospital is not limited to the information and documents prescribed by the Authority in OAR 409-045-0120.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.223, 442.015 & 2013 OL Ch. 603

Hist.: OHP 10-2013(Temp), f. 12-31-13, cert. ef. 1-1-14 thru 6-30-14; OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0130

Hold Harmless Clause

Originating-site hospitals that use credentialing information provided by distant-site hospitals are immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.223, 442.015 & 2013 OL Ch. 603

Hist.: OHP 10-2013(Temp), f. 12-31-13, cert. ef. 1-1-14 thru 6-30-14; OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

409-045-0135

Information Sharing or Use of Data

(1) Telemedicine healthcare practitioners must provide written, signed permission that explicitly allows the sharing of required documents and necessary evidence by a distant-site hospital with originating-site hospitals, including but not limited to any release required under HIPAA or other applicable laws.

(2) Dissemination of information received under these rules shall only be made to individuals with a demonstrated and legitimate need to know the information.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 2013 OL Ch. 603

Stats. Implemented: ORS 441.056, 441.223, 442.015 & 2013 OL Ch. 603

Hist.: OHP 10-2013(Temp), f. 12-31-13, cert. ef. 1-1-14 thru 6-30-14; OHP 3-2014, f. 6-30-14, cert. ef. 7-1-14

**Suggestions for the Oregon Practitioner Credentialing Application
ACPCI Considerations and Recommended Actions - October 2016**

No.	Received	Suggestor	Suggestions	Action	Notes
1	8/15/2016	Sarah Ayers, NaraNW	<p>Page 5 Section VIII Undergraduate Education and Section IX Graduate Education</p> <p>Suggest including box for start date in addition to graduation date in these two sections.</p>		
2	8/15/2016	Danielle Coates, Tuality	<p>Page 8 Section XVI Hospital and Other Health Care Facility Affiliations</p> <p>Suggest adding box for "Professional Liability Carrier" to each affiliation, in addition to having that box for Work History section entries. This way providers would really get to thinking about all the policies that should be listed on the malpractice page.</p>		
3	8/24/2016	Steve Godowski, Therapeutic Associates	<p>"What providers have expressed needing is a way to know which sections are applicable to their specific profession. A sheet that would list the sections most applicable to their profession—this would be helpful to providers that are needing to fill out the form for the first time and need some guidance."</p> <p>Suggest adding a sheet that lists the sections most applicable to different health care professions.</p>		

No.	Received	Suggestor	Suggestions	Action	Notes
4	8/30/2016	Catherine Jensen, Willamette Ear Nose & Throat	<p>1) Throughout Word version of application you are unable to tab between fields. For example, pressing tab in Last Name just highlights Middle Name and doesn't actually go to the entry field like in the 2012 Word application.</p> <p>Suggest correcting this issue, so tab works like it did in 2012 application (s). This simply requires restricting editing priveleges to "Filling in Forms" in Word, or publishing only PDF versions.</p>		
			<p>2) The check boxes do not work. You should be able to click on yes or now and have the field fill.</p> <p>Suggest correcting this issue. This simply requires restricting editing priveleges to "Filling in Forms" in Word, or publishing only PDF versions.</p>		
			<p>3) When entering phone numbers on the document you cannot tab from the area code to the next entry point. It takes you to the next set of information to be entered.</p> <p>Suggest correcting this issue. This simply requires restricting editing priveleges to "Filling in Forms" in Word, or publishing only PDF versions.</p>		

No.	Received	Suggestor	Suggestions	Action	Notes
5	9/6/2016	Elizabeth McLaughlin, FamilyCare Health	<p>1) Page 2 Section II Practitioner Information and Page 7 Section XIV Health Care Licensure, Registrations, Certificates & ID Numbers</p> <p>Suggest moving NPI and Medicaid and Medicare Numbers to the Page 2 Section II Practitioner Information section.</p>		
			<p>2) Page 2 Section II Practitioner Information</p> <p>Suggest adding field for Languages Spoken to Page 2 Section II Practitioner Information section.</p>		
			<p>3) Page 3 Section VI Practice Information</p> <p>Suggest adding field for Office Hours to Page 3 Section VI Practice Information section.</p>		
6	9/9/2016	Catherine Drexler, Principal Life Insurance Company	<p>1) Page 2 Documents to attach to application section</p> <p>Suggest adding "Specialty Training Certificate (if applicable)" to the list of current documents submitted with application.</p>		
			<p>2) Page 7 Section XIV Health Care Licensure, Registrations, Certificates & ID Numbers</p> <p>Suggest changing "Individual NPI Number" field text to "Entity Type 1 (Individual) NPI Number". This would clarify that the form doesn't want Entity Type 2 (organization) NPI numbers.</p>		