

Common Credentialing Rules Advisory Committee for SB604

AGENDA

Date: Tuesday, June 20, 2017

Conference Call Number: 1-866-434-5269; Access Code: 7024388

Webinar Link: <https://attendee.gotowebinar.com/register/4994387915679942401>

LOCATION:

Oregon Health Authority, Lincoln Building, Transformation Training Room
421 SW Oak Street, 7th Floor, Portland, Oregon 97204

Time: 3:00pm to 5:00pm

- I. Welcome
- II. Continue Review of Draft Rules
- III. Rulemaking Process Next Steps
- IV. Public Testimony
- V. Adjourn

Meeting Materials:

1. Agenda
2. Draft Rules

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More information on the Oregon Common Credentialing Program can be found at: <http://www.oregon.gov/OHA/OHIT/OCCP>

CHAPTER 409
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS

DIVISION 45
HEALTH CARE PRACTITIONER CREDENTIALING

DRAFT Rule Revisions – June 20, 2017

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-surgical Centers~~ centers

(b) Coordinated ~~Care-care Organizations~~ organizations

(c) Dental ~~pPlan i~~ssuers

(d) Health ~~pPlan i~~ssuers

(e) Hospitals and ~~hHealth s~~Systems

(f) Independent ~~pPhysician a~~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) "Designee" means an individual a health care practitioner designates to assist in completing requirements set forth in 409-045-0055.

~~(910)~~ “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.

~~(1011)~~ “Health care facility” has the same meaning given that term in ORS 442.015.

~~(1112)~~ “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 may includes, but is not limited to, individuals licensed as: the following:

- (a) Acupuncturists
- (b) Audiologists
- (c) Certified Registered Nurse Anesthetists
- (d) Chiropractors
- (e) Clinical Nurse Specialists
- (f) Doctors of Dental Medicine
- (g) Doctors of Dental Surgery
- (h) Doctors of Medicine
- (i) Doctors of Osteopathy
- (j) Doctors of Podiatric Medicine
- (k) Licensed Clinical Social Workers
- (l) Licensed Dieticians
- (m) Licensed Marriage and Family Therapists
- (n) Licensed Massage Therapists
- (o) Licensed Professional Counselors
- (p) Naturopathic Physicians
- (q) Nurse Practitioners
- (r) Occupational Therapists
- (s) Optometrists
- (t) Oral and Maxillofacial Surgeons
- (u) Pharmacists
- (u) Psychologists
- (v) Physical Therapists
- (w) Physician Assistants
- (x) Psychologist Associate
- (xy) Psychologists
- (yz) Registered Nurse First Assistants
- (zaz) Speech Therapists
- Pharmacists

~~(1213)~~ “Health services” has the same meaning given that term in ORS 442.015.

(14) “Health system” means an organization that delivers health care through affiliated that may include financially owned hospitals, facilities or clinics, and medical groups that are under common control or ownership.

~~(1315)~~ “Hospital” has the same meaning given that term in ORS 442.015.

~~(1416)~~ “Originating-site hospital” means a hospital in which a patient is located while receiving telemedicine services.

~~(1517)~~ “Primary source verification” means the verification of an individual [health care](#) practitioner’s reported qualifications by the original source.

~~(1618)~~ “Program” means the Oregon Common Credentialing Program.

~~(1719)~~ “[SolutionSystem](#)” means the Oregon Common Credentialing Program’s electronic system through which credentialing information may be submitted to an electronic database and accessed.

~~(1820)~~ “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 & [OL 2013, Ch. 603](#)~~441.226~~

Stats. Implemented: ORS 441.056, 441.223, 442.015, [441.224](#) & [OL 2013, Ch. 603](#)~~441.226~~

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-System](#) through which health care practitioner credentialing information must be submitted.
- (2) A process by which health care practitioners or designees may access the [Solution-System](#) 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, [441.226](#) & [OL 2013, Ch. 603](#)

Stats. Implemented: OL 2013, Ch. 603

409-045-0035

Oregon Practitioner Credentialing Application

~~(1) The Program 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, & [OL 2013, Ch. 603](#), [441.226](#)

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

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 & OL 2013, Ch. 603

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

409-045-0045

Health Care Regulatory Board Participation

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

(2) A Board that provides information to the SolutionSystem 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 SolutionSystem by ~~January 1, 2018~~ 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 & ~~OL 2013, Ch. 603~~ 441.226

Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~OL 2013, Ch. 603~~ 441.226

409-045-0050

Credentialing Organization Participation

(1) Credentialing organizations shall obtain health care practitioner credentialing information from the SolutionSystem beginning ~~early 2018~~ January 1, 2016, if that information is kept and maintained by the SolutionSystem.

(2) Credentialing organizations may not request credentialing information from a health care practitioner if that information is available through the SolutionSystem. Credentialing

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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) Credentialing organizations shall:

(a) Pay a one-time set up fee at initial enrollment into the Program;

~~(b) Pay an annual subscription fees to the Authority based on health care practitioner panel size at initial enrollment in the Program and every year thereafter.~~

~~(c) Identify health care practitioner panel size using a full count of its credentialed health care practitioners in which a decision to credential the health care practitioner is made by the credentialing organization, and~~

~~(d) Not include in their health care practitioner panel size fully delegated health care practitioners in which a decision is made by a separate credentialing organization.~~

(4) Health systems shall:

(a) Maintain a list of all financially-affiliated or owned credentialing organizations, updated when changes occur but not less than annually.

(b) Provide the list of affiliated or owned credentialing organizations to OHA prior to the first initial enrollment of any such credentialing organization and anytime thereafter upon request from OHA.

~~(b) Not include financially owned organizations that do not credentialing health care practitioners;~~

(c) Ensure each financially-affiliated or owned credentialing organization sets up an individual profile in the OCCP's electronic system; and

(d) Be placed into a collective fee tier based on the sum of each financially-affiliated or owned credentialing organization's health care practitioner panel size as set forth in OAR 409-045-0070.

(5) Delegated credentialing agreements between credentialing organizations may be used to the extent they do not include the collection of credentialing information and verifications available in the OCCP System.

(6) 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;

Commented [A2]: Moved from fee section

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Commented [A4]: As we already define this as applicable to credentialing organizations, this is not necessary.

Commented [A5]: DOJ suggested to specify when delegation agreements are allowed. Goals:
- Ensure the delegator gets the info and verif. from the system to avoid duplication in credentialing
- Not prohibit CO CVOs from doing additional verifications if they need more current ones (e.g., work history verifications done 6 months ago may be too old for some credentialing organizations even though not required by national standards).

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

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

Stat. Auth.: ORS 413.042, 441.056, 441.223, ~~441.226 & OL 2013, Ch. 603~~

Stats. Implemented: ORS 441.056, 441.221 to 441.223, ~~& OL 2013, Ch. 603~~ 441.228 & 441.229

409-045-0055

Health Care Practitioner Participation

~~(1)~~ (1) Health care practitioners required to be credentialed by a credentialing organization shall submit credentialing information and documentation required pursuant to OAR 409-045-0040 to the SolutionSystem beginning on ~~early 2018~~ January 1, 2016 to the extent that correct or current information and documentation is not available ~~to in the SolutionSystem~~ from the Boards. Health care practitioners ~~or their designee~~ may agree to ~~provide submit~~ credentialing information and documentation required pursuant to OAR 409-045-0040 to the SolutionSystem prior to ~~early 2018~~ January 1, 2016.

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~~(1)~~(2) Health care practitioners may assign a designee to submit credentialing information and documentation to the System.

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(2) Health care practitioners must update their credentialing information when changes occur and attest to the accuracy of all credentialing information and documentation submitted by the health care practitioner or their designee in the SolutionSystem.

(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.

(4) Health care practitioners credentialed by only one credentialing organization are not required to reattest every 120 days, but must update their credentialing information when changes occur and attest to the accuracy of all credentialing information and documentation submitted by the health care practitioner or their designee no later than the due date assigned by the credentialing organization for which the health care practitioner must be recredentialed.

(5) Health care practitioners shall pay a one-time application fee to the Authority due at initial application submittal.

(6) Health care practitioners may petition to the Authority for consideration of a waiver from the electronic submission of credentialing information and documentation required in this rule to the extent that a hardware or service constraint or physical impairment exists that impedes the health care practitioner’s ability to use the System. The Authority shall:

(a) -Provide a petition form on the Program’s website at <http://www.oregon.gov/OHA/OHIT/OCCP>.

(b) Review approved waivers at least every two years for validity. The petition for a waiver must include:

(a) The name of the health care practitioner;

(b) The phone number and email address for the health care practitioner;

~~(c) A detailed description of constraint or impairment to electronically submitting information and documentation; and
(d) proposed solutions or workarounds to address the circumstances that impede the health care practitioner's ability to use the System and the timeframe for implementing such solutions or workarounds.~~

Stat. Auth.: ORS 413.042, 441.056, 441.223 & ~~OL 2013, Ch. 603441.226~~
Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~OL 2013, Ch. 603441.228~~

409-045-0060

Use of Health Care Practitioner Information

(1) A credentialing organization that, in good faith, uses credentialing information provided by the ~~SolutionSystem~~ 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 ~~SolutionSystem~~ may only be used for the intended purpose of credentialing.

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

(4) General information used for directories includes health care practitioner:

- (a) Name;**
- (b) Specialty, if any;**
- (c) Practice location; and**
- (e) Practice affiliations**

(5) Public disclosure of general information used for directories may be done for a fee as set forth in as set forth in OAR 409-045-0070 to be charged at the time of OHA review of the request.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & ~~OL 2013, Ch. 603441.226~~
Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~OL 2013, Ch. 603441.226, & 441.228~~

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~~ Authority 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

Commented [A8]: This section still under review by the DOJ. For purposes of the common credentialing program, the information received is exempt from disclosure except for the information identified as "general information used for directories."

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~~ OCCP, including but not limited to the following:

(a) Credentialing industry standards;

(b) Common Credentialing ~~Solution~~ System functionality;

(c) Recommended changes to the Oregon ~~practitioner~~ Practitioner Credentialing and Recredentialing application ~~Applications~~ 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 & OL 2013, Ch. 603 ~~441.226~~

Stats. Implemented: ORS 441.056, 441.221 to 441.223 & OL 2013, Ch. 603 ~~441.232~~

409-045-0070

Imposition of Fees

Beginning ~~July 2018~~ January 1, 2016, the Authority shall impose fees on credentialing organizations ~~and health care practitioners that access the Solution and may impose fees on health care practitioners who submit credentialing information to the Solution~~ pursuant to ORS 441.226. Fees may not exceed the cost of administering the Program.

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(1) Credentialing Organization Fees:

(a) One-time Set Up Fee:

(i) Tier 1 (1-100 practitioners) – \$10 per practitioner

(ii) Tier 2 (101-150 practitioners) – \$1,010

(iii) Tier 3 (151-250 practitioners) – \$1,500

(iv) Tier 4 (251-500 practitioners) – \$2,500

(v) Tier 5 (501-750 practitioners) – \$5,000

(vi) Tier 6 (751-1,500 practitioners) – \$7,200

(vii) Tier 7 (1,501-2,500 practitioners) – \$11,500

(viii) Tier 8 (2,501-5,000 practitioners) – \$14,500

(ix) Tier 9 (5,001-7,500 practitioners) – \$17,000

(x) Tier 10 (7,501-10,000 practitioners) – \$19,500

(xi) Tier 11 (10,001-15,000 practitioners) – \$22,500

(xii) Tier 12 (>15,000 practitioners) – \$26,000

(b) Annual Subscription Fees:

(i) Tier 1 (1-100 practitioners) – \$90 per practitioner

(ii) Tier 2 (101-150 practitioners) – \$9,090

(iii) Tier 3 (151-250 practitioners) – \$13,500

(iv) Tier 4 (251-500 practitioners) – \$22,500

(v) Tier 5 (501-750 practitioners) – \$40,000

(vi) Tier 6 (751-1,500 practitioners) – \$60,000

(vii) Tier 7 (1,501-2,500 practitioners) – \$85,000

(viii) Tier 8 (2,501-5,000 practitioners) – \$110,000

(ix) Tier 9 (5,001-7,500 practitioners) – \$125,000

(x) Tier 10 (7,501-10,000 practitioners) – \$140,000

(xi) Tier 11 (10,001-15,000 practitioners) – \$165,000

(xii) Tier 12 (>15,000 practitioners) – \$195,000

(2) Health Care Practitioner Fee: \$150

(3) Public Records Request Fees:

(a) Individual health care practitioner general directory data record — \$75 each.

(b) Multiple health care practitioner general directory data records — \$75 + \$40.00 per hour

Administrative time.

(4) All Program fees are non-refundable and non-transferable.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & ~~OL 2013, Ch. 603~~[441.226](#)

Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~OL 2013, Ch. 603~~[441.226](#)

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 & ~~OL 2013, Ch. 603~~[441.226](#)

Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~OL 2013, Ch. 603~~[441.226](#)

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 & ~~OL 2013, Ch. 603~~[441.226](#)

Stats. Implemented: ORS 441.056, 441.223, 442.015 & ~~OL 2013, Ch. 603~~[441.226](#)

409-045-0120

Standard List of Credentialing Documents

(1) To become credentialed by an originating-site hospital, a telemedicine health care practitioner or the distant-site hospital must provide, to the extent it is not available in the OCCP system, 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 care practitioner to the extent the documentation is not available in the OCCP system. Verifications that are not provided may be obtained separately by the originating-site hospital.
- (3) Originating-site hospitals may not require either the telemedicine health care 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) or through the OCCP system and is not subject to change.
- (6) To become recredentialed by an originating-site hospital, every two years a telemedicine health care 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 & OL 2013, Ch. 603441.226
Stats. Implemented: ORS 441.056, 441.223, 442.015 & OL 2013, Ch. 603441.226

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

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 & ~~OL 2013, Ch. 603~~

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

409-045-0135

Information Sharing or Use of Data

(1) Telemedicine health_care 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 & ~~OL 2013, Ch. 603~~

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

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