

Oregon Common Credentialing Advisory Group

AGENDA

Date: Monday, July 7, 2014

Time: 1:30pm to 3:30pm

LOCATION:

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

#	Time	Item	Materials	Lead
1	1:30 – 1:35	Welcome and Agenda Review	1	Erick Doolen
2	1:35 – 2:10	Joint Commission Presentation and Discussion	2	Marc Crafton
3	2:10 – 2:40	CCAG Membership Discussion	3,4	Melissa Isavoran
4	2:40 – 2:50	Final Credentialing Rules	5	Melissa Isavoran
5	2:50 – 3:10	Request for Proposal Development Update	6	Terry Bequette
6	3:10 – 3:15	Outreach Update	7	Scott Gallant
7	3:15 – 3:30	Public Comment	NA	Public
8	3:30	Next Steps and Adjournment	NA	Erick Doolen

Materials:

1. Agenda
2. Joint Commission Handout
3. CCAG Membership Discussion Document
4. CCAG External Membership Roster
5. Final Credentialing Rules
6. CC RFP Process and Governance Document
7. Organizations Identified for Outreach

Public Comment: Common Credentialing Advisory Group meetings are open for the public to attend. However, public comment or testimony will be limited to 15 minutes at the end of each meeting. Due to the time limitations, individuals can submit public comment or testimony by visiting the Common Credentialing website at www.oregon.gov/OHA/OHPR/CCAG/index.shtml.

Credentialing Staff Contacts:

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Margie Fernando, OHA, Office of Health Policy and Research; (503) 373-1927; Margie.Fernando@state.or.us

Jeanene Smith, OHA, Office of Health Policy and Research; (503) 373-1625; Jeanene.Smith@state.or.us

Considerations and Discussion Points Regarding Oregon's Common Credentialing Concept

Common Credentialing Advisory Group

Portland, OR

July 7, 2014

1. Joint Commission-accredited organizations that delegate primary source verification activities should have confidence in the completeness, accuracy, and timeliness of the information upon which they base decisions. To achieve this confidence, Joint Commission-accredited organizations should evaluate the agencies providing the information initially and then periodically as appropriate, using the 10 principles of Credentials Verification Organization evaluation in the Joint Commission manual.
2. Joint Commission-accredited organizations cannot delegate credentialing or privileging decisions to third parties.
3. Credentialing of licensed independent practitioners must occur at least every two years, unless there is superseding state law or regulation.
4. Ongoing Professional Practice Evaluation (OPPE) data and Focused Professional Practice Evaluation (FPPE) data must be collected, reviewed and acted upon periodically, not just at the time of reappointment.
5. Joint Commission-accredited organizations must be able to confirm practitioner license renewal prior to its expiration date, not just at the time of appointment and reappointment.
6. The National Practitioner Data Bank must be queried when privileges are initially granted, upon renewal, and whenever a new privilege is requested.
7. Joint Commission-accredited organizations need to ensure that the major components of the credentialing process are included in the medical staff bylaws. However, the detailed, step-by-step procedures of the credentialing process can be located in policies and/or rules and regulations.

Contact:

Mark Crafton, MPA, MT(ASCP)

Executive Director, Communications & External Relations

The Joint Commission

mcrafton@jointcommission.org

CCAG Membership Discussion Document

Purpose

Credentialing rules under Oregon Administrative Rule 409-045-006 (See Page #2) establish the Common Credentialing Advisory Group (CCAG) and will be effective June 30, 2014. This group will be responsible for advising the Oregon Health Authority (OHA) on the credentialing process which will include credentialing industry standards, the Common Credentialing Solution, recommended changes to the Oregon Practitioner Credentialing Application, and other proposed changes or concerns brought forth by interested parties. Prior to this rule, the OHA convened a CCAG that has been operating in this capacity, but the work has been focused on the implementation of common credentialing and the OHA must determine how to move forward with this group.

Current CCAG Membership

The current CCAG was established in September 2013 and its membership was developed based on necessary representation from interested parties, such as hospitals, health plans, provider practices, health care regulatory boards, stakeholder groups (i.e., the Advisory Committee on Physician Credentialing Information and the Oregon Health Leadership Council), and individual practitioners. Consideration was also made to individuals with specific credentialing experience and community influence. As the OHA moves past the Request for Proposal (RFP) and implementation stages, there may be a need to adjust the CCAG membership based on needs and member interest in the ongoing operations and success of the Common Credentialing Program.

Discussion Points

Below are more details to start discussions on how to move forward with CCAG membership. The OHA is asking this group for input in the following areas:

- **Representation Adjustments:** Since the CCAG was established, the group lost one member from a mental health and substance abuse provider perspective. In addition, ambulatory surgical centers are not represented and are included in the legislative intent as credentialing organizations. These interests should be considered for representation on the CCAG and the OHA will accept recommendations from current members on necessary representation.
- **Individual Interest:** Once the RFP has been released or when the implementation phase has ended on December 31, 2015, some current CCAG members may not wish to continue their membership. Current CCAG members are encouraged to express their interest in maintaining their membership and should consider the possible time commitments and working moving forward past implementation. While the time commitment may continue to be monthly meetings and miscellaneous reviews of information throughout the implementation phase, there may be less of a time commitment past this phase which may be more desirable for some current members.
- **Staggered Terms:** Draft credentialing rules establish three year terms for CCAG members. The OHA would like to avoid a complete membership turn over at the end of three years and would like to propose staggered terms. Current CCAG members are encouraged to express their individual level of interest in respect to staggered three year terms.

Next Steps

Discussion related to CCAG membership will be taken into consideration by the OHA in the development of a permanent Advisory Group. Every attempt will be made to ensure the most appropriate and value-added representation for the purpose of implementing and maintaining a successful common credentialing solution in Oregon.

CHAPTER 409
OREGON HEALTH AUTHORITY
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH

DIVISION 45
HEALTH CARE PRACTITIONER CREDENTIALING

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 & OL 2013, Ch. 603

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

Oregon Common Credentialing Advisory Group Members

Debra Bartel, FACMPE - Clinic Administrator, Portland Diabetes & Endocrinology Center PC

Dennis Baughman - Assistant Program Manager for Outpatient and Crisis Services, Lifeways, Inc.

Mike Bond - President and CEO, PrimeCare, Inc.

Nancy DeSouza - Executive Director, Oregon Board of Optometry

William C. Donlon, DMD, MS - Oral & Maxillo-Facial Surgeon

Erick Doolen - Chief Information Officer/SVP of Operations, Pacific Source Health Plans *(Co-Chair)*

Jim Dorigan – Senior Vice President & Regional Operating Officer, The Doctor’s Company

Larlene Dunsmuir - Family Nurse Practitioner, Oregon Nurses Association/Nurse Practitioners of Oregon

Tooba Durrani, ND, MSOM, LAc - Oregon Association of Acupuncture and Oriental Medicine (OAAOM)

Denal Everidge - Medical Staff Coordinator, Oregon Health & Sciences University

Kevin Ewanchyna, MD, - Chief Medical Officer, Samaritan Health Plans/Intercommunity Health Network CCO *(Co-Chair)*

Andre Fortin - Manager, Provider Relations, LifeWise Health Plan of Oregon

Stephen Godowski - Credentialing Coordinator, Therapeutic Associates, Inc. & NW Rehab Alliance

Kathleen Haley, JD - Executive Director, Oregon Medical Board

Rebecca L. Jensen, CPCS, CPMSM - Manager, Kaiser Permanente

Shannon Jones - Human Resources Manager, Dentist Relations and Recruitment, Willamette Dental Group

Michelle Murray - Legacy Health Manager, Pharmacy Clinical Services/Residency Program Director, Legacy Health

Laurence M. Sharp, DO - CEO, Credentialing Chair, DCIPA

Joan A. Sonnenburg, RN - Director Medical Staff Services, Mercy Medical Center

Jean G. Steinberg, CPMSM, CPCS – Director Medical Staff Services, St. Charles Health Systems

**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 & OL 2013, Ch. 603

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

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 & OL 2013, Ch. 603
Stats. Implemented: OL 2013, Ch. 603

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 & OL 2013, Ch. 603
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 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, 2015.

- (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 & OL 2013, Ch. 603

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

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 & OL 2013, Ch. 603

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

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 OAR 409-045-0040 to the Solution prior to January 1, 2015.
- (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 & OL 2013, Ch. 603

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

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 & OL 2013, Ch. 603

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

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 & OL 2013, Ch. 603

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

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 & OL 2013, Ch. 603

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

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

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

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

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

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 & OL 2013, Ch. 603

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

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 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 & OL 2013, Ch. 603

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

CCAG Meeting – July 7, 2014

Implementation Management – Procurement and Implementation Governance

- Implementation Management Topics
 - Goals of Implementation Management
 - State of Oregon Procurement and Governance Model
 - Procurement Strategy – Systems Integrator
 - OHA/OHIT Project Portfolio Governance
 - Conclusion; Discussion

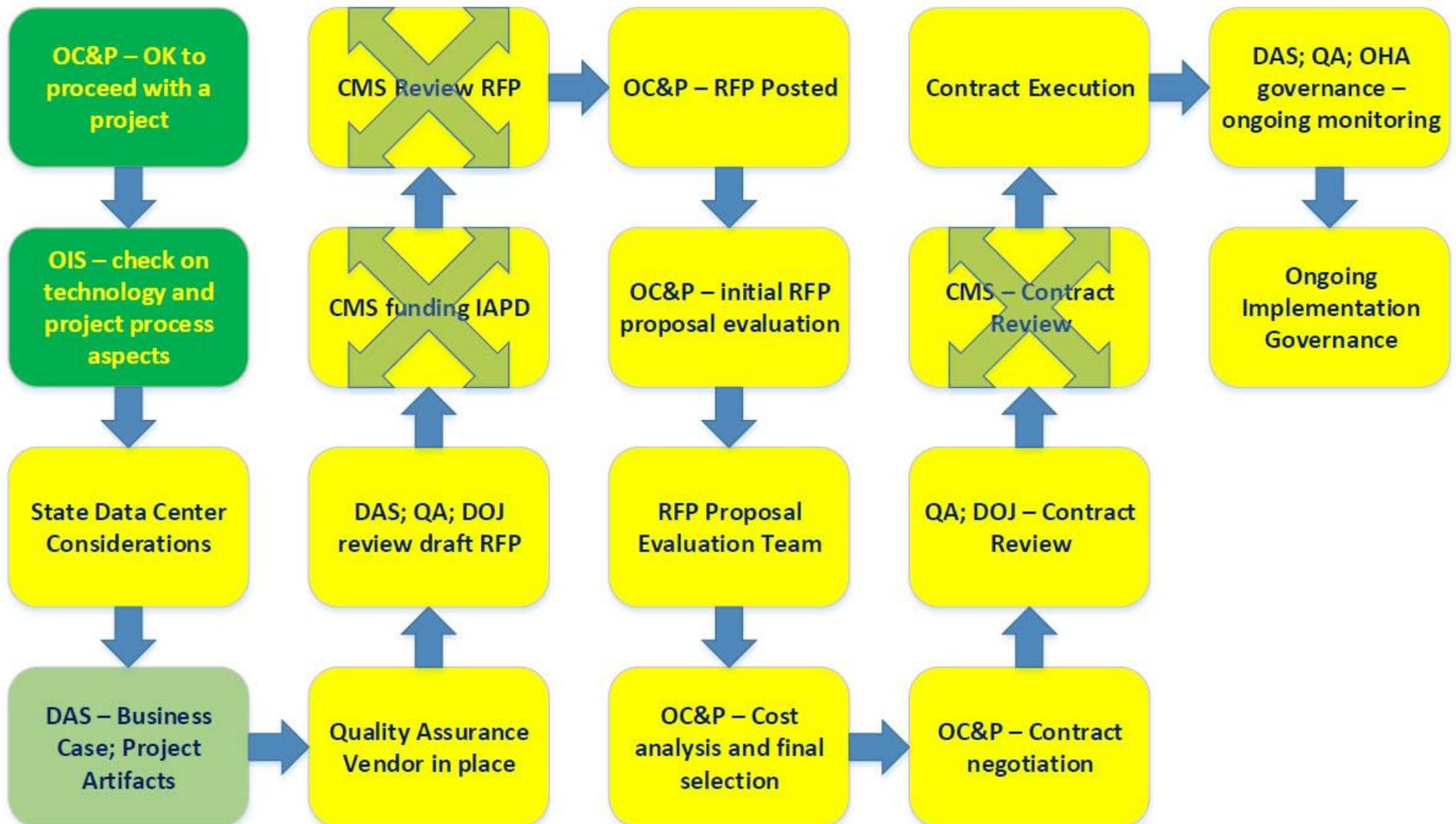
- Goals of Implementation Management
 - Follow State of Oregon best practices for procurement and project management
 - ✦ Project Stage gates; Change and Risk Management; Governance
 - Leverage Systems Integrator for overall portfolio risk management
 - Establish Portfolio Governance
 - ✦ Establish OHIT Project Portfolio Governance
 - ✦ Establish Implementation Team
 - ✦ Manage Scope, Schedule and Resources
 - Achieve Phase 1.5 Project Implementations
 - ✦ Critical dates:
 - January 1, 2016 Common Credentialing in operation – SB 604
 - May 1, 2015 CQMR implemented for three quality measures in support of CCO performance reimbursements

- State of Oregon Procurement Guidance
 - Guidance and Reviews come from:
 - ✦ State IT (Enterprise Technology Services)
 - ✦ DAS (Department of Administrative Services)
 - ✦ SDC (State Data Center)
 - ✦ OC&P (Office of Contracts & Procurement)
 - ✦ OIS (Office of Information Services)
 - ✦ DOJ (Department of Justice)
 - ✦ CMS also reviews proposed RFP and contract documents
 - ✦ QA (Quality Assurance)
 - ✦ Handout: Procurement Yellow Brick Road

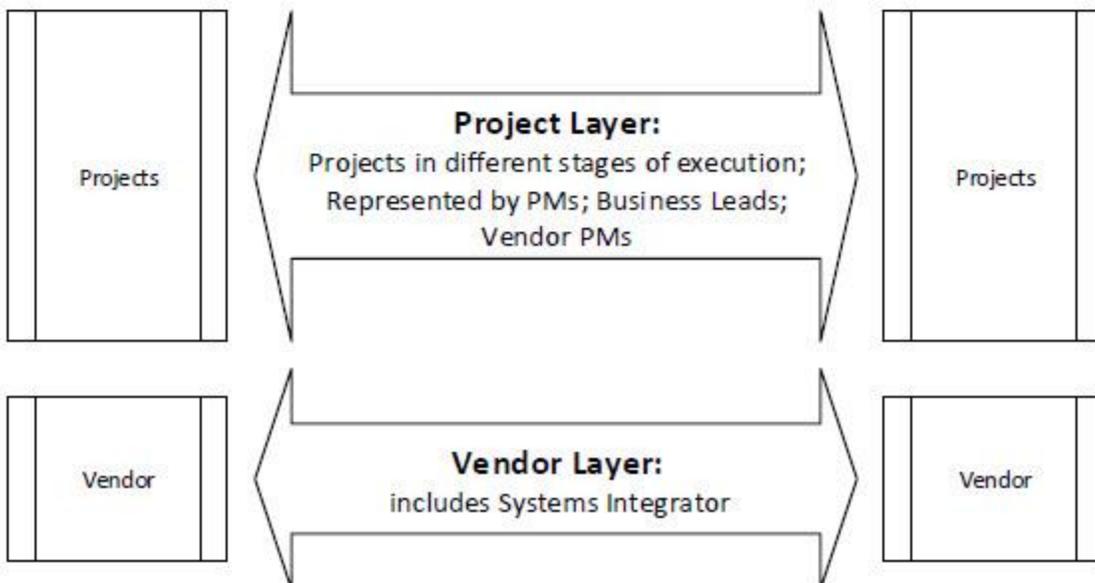
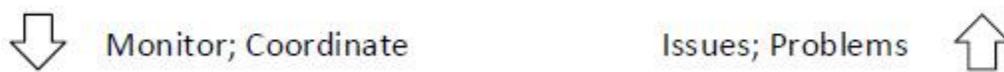
- Systems Integrator Approach
 - Benefits
 - ✦ Risk Management
 - ✦ Reduced Scale of procurement, contract, and vendor management
 - ✦ Focused quality assurance
 - ✦ Higher probability of desired outcomes
 - Drawbacks
 - ✦ Complicated procurement
 - ✦ Expands timeframe (but maybe not in reality)
 - ✦ Adds to cost (but again, maybe not in reality)
 - Scope of SI consideration

- ✘ Common Credentialing will proceed on its own procurement path – driven by the legislative startup date
 - SI could potentially be involved at a later stage – e.g., implementation
 - ✘ Provider Directory, Clinical Quality Metrics Registry, and Patient-Provider Attribution are within the scope of a SI procurement
 - P-PA may not be a project but we will cover it in a SI procurement so that it can be added without an additional RFP process
 - Option A: Procure an SI to obtain and deliver solutions for PD; CQMR; and P-PA, with possible option to manage CC implementation
 - ✘ One contract
 - ✘ One vendor relationship
 - ✘ SI chooses other vendors, so some vendors would likely not be able to compete, including Oregon vendors
 - Option B: RFP for SI, PD, CQMR, and P-PA considerations
 - ✘ Select SI first
 - ✘ Use SI to negotiate other selected vendors and manage all implementations
 - ✘ Open field for any and all vendors to compete for one, multiple, or all of the solutions
 - ✘ Complicated procurement
 - Option C: Special Procurement
 - ✘ Issue an RFI describing the work we are trying to achieve through a procurement;
 - ✘ Use the RFI to engage the vendor community to respond with their ideas and approaches;
 - ✘ Anticipate the process would include questions/responses and probably a meeting or presentation;
 - ✘ Use the responses to craft an RFP solicitation that would be limited to the vendors who responded to the RFI
- OHIT Project Portfolio Governance
 - See attached handout
- Conclusion
 - Complicated Procurements
 - Challenging timeline
 - Risk Mitigation
 - ✘ Follow State of Oregon required and recommended processes
 - ✘ Establish an Implementation Team
 - ✘ Establish a Project Portfolio Governance Model
 - ✘ Engage a Systems Integrator
 - ✘ Questions / Comments

The Yellow Brick Road of Oregon Procurement Common Credentialing



HIT Governance: High Level Context Diagram



Oregon Common Credentialing: Organizations Identified for Outreach

July 2014

Purpose

The Oregon Health Authority (OHA) is in the process of implementing a common credentialing program as a result of Senate Bill (SB) 604 from the 2013 Regular Legislative Session. While the agency has been working with various stakeholders since October 2013, there is need for outreach to communicate the current progress and expectations more broadly.

Stakeholder Outreach

Key stakeholders involved in this legislation include all health care practitioners that must be credentialed and all credentialing organizations. Outreach to health care practitioners can be coordinated through professional associations and HCRBs. However, credentialing organizations can be best engaged through robust group forums, such as CCO Medical Director Meetings and forums led by the Oregon Association of Hospitals and Health Systems. Outreach will include information on current progress and then providing updates throughout the implementation of the common credentialing program. The OHA plans to reach out to:

Children's Health Alliance
Oregon Health Leadership Council
Oregon Urology Institute
Oregon Academy of Family Physicians
Oregon Academy of Ophthalmology
Oregon Association of Acupuncture & Oriental Medicine
Oregon Association of Naturopathic Medicine
Oregon Association of Nurse Anesthetists
Oregon Association of Orthopedic Surgeons
Oregon Association of Orthopedists
Oregon Chapter of the American College of Emergency Medicine
Oregon Chiropractic Association
Oregon Coast Dermatology
Oregon Dental Association
Oregon Health Care Association
Oregon Nurses Association
Oregon Physical Therapy Association
Oregon Podiatric Association
Oregon Psychiatric Association
Oregon Psychological Association
Oregon Rural Health Association
Oregon Primary Care Association
Oregon Medical Association
Oregon Association of Hospitals and Health Systems
Oregon Association of Maxiofacial Surgeons
Oregon Society of Physician Assistants
Oregon State Ambulance Association
Osteopathic Physicians and Surgeons of Oregon
Oregon Ambulatory Surgical Centers
Oregon Association of Medical Staff Services
Oregon Medical Group Management Association

The OHA continues to encourage interested stakeholder groups to express their interest in receiving more information by sending an email to credentialing@state.or.us. More information on SB 604 and the CCAG can be found at: www.oregon.gov/oha/OHPR/Pages/ccag.aspx.