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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409  
OREGON HEALTH AUTHORITY  
HEALTH POLICY AND ANALYTICS

**FILED**

12/09/2021 3:55 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Repeal rules related to Oregon Common Credentialing Program and reinstate Oregon Practitioner Credentialing Applications

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/24/2022 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

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Filed By:  
Pete Edlund  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 01/20/2022

TIME: 11:00 AM - 12:00 PM

OFFICER: Pete Edlund

ADDRESS: Remote Meeting Only

421 SW Oak St

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SPECIAL INSTRUCTIONS:

Due to COVID-19 precautions this is a remote-only meeting. Please email [peter.m.edlund@dhsosha.state.or.us](mailto:peter.m.edlund@dhsosha.state.or.us) for call-in number or link for Teams remote meeting.

NEED FOR THE RULE(S)

During the 2021 session, the Oregon Legislature passed HB 2078, which formally repealed the Oregon Common Credentialing Program (OCCP). As a result, all language related to the OCCP needs to be repealed. Rules relating to the credentialing of telemedicine practitioners need to be updated to reflect the reinstated mandate to use the latest versions of the Oregon Practitioners Credentialing Applications as well as the expansion of telemedicine to all the current modalities of telemedicine used.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

HB 2078 language can be found at

<https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2078/Introduced>. Proposed revision to 409-045 is available on the Agency's website at <https://www.oregon.gov/OHA/HPA/Pages/Rulemaking.aspx>.

FISCAL AND ECONOMIC IMPACT:

There is no cost to credentialing organizations or health care practitioners due to the rule changes.

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**COST OF COMPLIANCE:**

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

1. Current staffing will coordinate the reinstatement of the Oregon Practitioner Credentialing and Recredentialing Applications.

2a. OHA estimates that over 300 credentialing organizations may be required to comply with the mandate to use the latest version of the OPCA/OPRA. The majority of these organizations employ more than 50 individuals and are not considered small businesses by OHA. However, OHA estimates that approximately 50 ambulatory surgical centers are small businesses that employ less than 50 individuals. There may be other small businesses considered credentialing organizations (e.g., mental health facilities, urgent care facilities) that may be affected by this rule change.

2b. Credentialing organizations (coordinated care organizations, ambulatory surgical centers, health plan issuers, dental plan issuers, hospitals, independent practice associations, and other organizations required to credential health care practitioners) may experience slight increases in administrative burden when transitioning to use the latest (2019) Oregon Practitioner Credentialing and Recredentialing Applications. OHA does not anticipate that using these new forms will require additional staff.

2c. Increased labor to ensure that latest Oregon Practitioner Credentialing and Recredentialing Applications are incorporated into credentialing processes.

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**DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):**

Rule amendments affect Oregon's credentialing organizations such as coordinated care organizations, health plan issuers, dental plan issuers, ambulatory surgical centers, hospitals, independent practice associations, and other organizations considered credentialing organizations. Stakeholders representing the aforementioned organizations were invited to participate in a Rules Advisory Committee.

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**WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES**

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**RULES PROPOSED:**

409-045-0025, 409-045-0030, 409-045-0035, 409-045-0040, 409-045-0045, 409-045-0050, 409-045-0055, 409-045-0060, 409-045-0065, 409-045-0070, 409-045-0075, 409-045-0115, 409-045-0120, 409-045-0125, 409-045-0130, 409-045-0135

AMEND: 409-045-0025

RULE SUMMARY: Defines terms for 409-045

CHANGES TO RULE:

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) "Common control or ownership" means two or more organizations are owned or controlled, directly or indirectly, by the same ultimate person. For the purposes of this definition, "owned or controlled" means majority owned or majority controlled or as otherwise allowed pursuant to OAR 409-045-0050. ¶
- ~~(6)~~ "Authority" means the Oregon Health Authority. ¶
- (2) "Credentialing" means a standardized process of inquiry undertaken by credentialing organizations 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. ¶
- ~~(7)~~ (3) "Credentialing information" has the meaning given that term in ORS 441.224 means information necessary to credential or recredential a health care practitioner. ¶
- ~~(8)~~ (4) "Credentialing organization" has the meaning given that term in ORS 441.224 means a health care organization that credentials health care practitioners. This includes, but is not limited to the following: ¶
- (a) Ambulatory surgical centers; ¶
  - (b) Coordinated care organizations; ¶
  - (c) self-insured health plans; ¶
  - (d) third-party administrators; ¶
  - (e) worker's compensation health plans; ¶
  - (f) Dental plan issuers; ¶
  - ~~(d)~~g) Health plan issuers; ¶
  - ~~(e)~~h) Hospitals; ¶
  - (f) Independent practice associations as defined in ORS 743B.001; ¶
  - (j) Health care practitioner organizations; and ¶
  - ~~(g)~~k) Other health care facilities or organizations that are required to credential health care practitioners. ¶
- (9) (5) "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 meaning given that term in ORS 442.015. ¶
- ~~(10)~~ (6) "Designee" means an individual or entity that a health care practitioner designates to assist in completing requirements set forth in OAR 409-045-0055. ¶
- ~~(11)~~ "Director" means the director of the Oregon Health Authority. ¶
- ~~(12)~~ "Distant site hospital" means the hospital; "stant-site" means the hospital or health care facility where a telemedicine provider, at the time the telemedicine provider is providing telemedicine services, is practicing as an employee or under contract. ¶
- ~~(13)~~ (7) "Health care facility" has the meaning given that term in ORS 442.015. ¶
- ~~(14)~~ (8) "Health care practitioner" has the meaning given that term in ORS 441.224 means an individual authorized to practice a profession related to the provision of health care services in this state for which the individual must be credentialed. This may include, but is not limited to individuals licensed as: ¶
- (a) Acupuncturists; ¶
  - (b) Audiologists; ¶
  - (c) Certified Registered Nurse Anesthetists; ¶
  - (d) Chiropractic Physicians; ¶
  - (e) Clinical Nurse Specialists; ¶
  - (f) Doctors of Dental Medicine; ¶
  - (g) Doctors of Dental Surgery; ¶
  - (h) Doctors of Medicine; ¶
  - (i) Doctors of Osteopathic Medicine; ¶
  - (j) Doctors of Podiatric Medicine; ¶
  - (k) Licensed Clinical Social Workers; ¶
  - (L) Licensed Dietitians; ¶
  - (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;¶
  - (v) Physical Therapists;¶
  - (w) Physician Assistants;¶
  - (x) Psychologist Associates;¶
  - (y) Psychologists;¶
  - (z) Registered Nurse First Assistants; and¶
  - (aa) Speech-Language Pathologists.¶
  - ~~(159)~~ "Health Plan" means any organization that provides health coverage through a provider network, including but not limited to a health insurance issuer, coordinated care organization, self-insured health plan, third-party administrator, or worker's compensation health plan.¶
  - ~~(16)~~ "Health servicesospital" has the meaning given that term in ORS 442.015.¶
  - ~~(170)~~ "Health system" means an organization that delivers health care through hospitals, facilities, clinics, medical groups, and other entities that are under common control or ownership.¶
  - ~~(18)~~ "Hospital" has the meaning given that term in ORS 442.015.¶
  - ~~(19)~~ "Integrated Delivery Network" means an organization that has common control or ownership of both a health system and health plan.¶
  - ~~(20)~~ "Mandated Program Start Date" means the date when practitioners and credentialing organizations are required to participate in the Oregon Common Credentialing Program.¶
  - ~~(21)~~ "Originating-site hospital" means a hospital. Originating-site" means a hospital or health care facility in which a patient is located while receiving telemedicine services.¶
  - ~~(2211)~~ "Primary source verification" means the verification of a health care practitioner's reported qualifications from the original source. ¶
  - ~~(123)~~ "Program" means the Oregon Common Credentialing Program.¶
  - ~~(24)~~ "System" means the Oregon Common Credentialing Program's electronic system through which credentialing information and documentation may be submitted, managed, and accessed.¶
  - ~~(25)~~ "Telemedicine" has the meaning given that term in ORS 442.015.
- Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226
- Statutes/Other Implemented: ORS 441.056, 441.223, 441.224, 441.226, 442.015

REPEAL: 409-045-0030

RULE SUMMARY: Establishes and describes OCCP and OCCP pilot phase program

CHANGES TO RULE:

409-045-0030

~~Oregon Common Credentialing Program~~ ¶¶

~~(1) 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.~~ ¶¶

~~¶¶~~

~~(2) The program shall include, but is not limited to the following:~~ ¶¶

~~(a) An electronic system through which health care practitioner credentialing information must be submitted.~~ ¶¶

~~(b) A process by which health care practitioners or designees may access the system to submit information necessary for credentialing.~~ ¶¶

~~(c) A process by which credentialing organizations may access and retrieve health care practitioner credentialing information.~~ ¶¶

~~(d) A process by which boards may access health care practitioner credentialing information.~~ ¶¶

~~(e) Coordination with boards and the process of primary source verification of credentialing information.~~ ¶¶

~~(3) The Authority shall:~~ ¶¶

~~(a) Conduct a voluntary pilot phase of the program to ensure the program successfully meets criteria determined by the Authority in consultation with the Common Credentialing Advisory Group;~~ ¶¶

~~(b) Identify a mandated program start date in this rule using the public rulemaking process once success criteria are met in the pilot phase; and~~ ¶¶

~~(c) Provide notification of the mandated program start date at least six months prior to that date to ensure practitioners, designees, and credentialing organizations have time to prepare for mandated participation.~~

~~Statutory/Other Authority: ORS 413.042, 441.226~~

~~Statutes/Other Implemented: ORS 441.226~~

AMEND: 409-045-0035

RULE SUMMARY: Requires OCCP to use the OPCA. Prior to 2018 amendments, required credentialing organizations to use the OPCA and OPRA for credentialing and recredentialing

CHANGES TO RULE:

409-045-0035

Oregon Practitioner Credentialing Application ¶¶

(1) The program shall use the Oregon Practitioner Credentialing Application approved by the Authority. Credentialing organizations shall use the latest versions of the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application approved and published by the Authority based on recommendations from the Advisory Committee on Physician Credentialing Information.¶¶

(2) The Authority's approved application-iss are available on the Committee's website at <https://www.oregon.gov/oha/HPA/OHIT-ACPCI/Pages/index.aspx>.¶¶

(3) 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.¶¶

(4) Credentialing organizations shall have ten months to comply with sections (1) and (3) of this rule after new version(s) of the application forms are approved and published by the Authority.

Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~441.226~~

Statutes/Other Implemented: ORS 441.056, 441.221–~~441.233~~

REPEAL: 409-045-0040

RULE SUMMARY: Details verification requirements for OCCP

CHANGES TO RULE:

~~409-045-0040~~

~~Credentialing Information Verifications ¶¶~~

~~(1) The program shall conduct verifications of credentialing information according to state and national standards. The Authority shall post and maintain a credentialing policy outlining the verification process on the Authority's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx>. ¶¶~~

~~(2) The Authority shall accept all board verifications of credentialing information and shall supplement those verifications, if necessary, to ensure compliance with state and national accrediting entity standards. ¶¶~~

~~(3) Methods for conducting primary source verification of credentials include direct correspondence, documented telephone verification, and secure electronic verification from the original qualification source that meets accrediting entity requirements~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226~~

~~Statutes/Other Implemented: ORS 441.056, 441.221 – 441.233~~

REPEAL: 409-045-0045

RULE SUMMARY: Details requirements for Health Care Regulatory Board

CHANGES TO RULE:

~~409-045-0045~~

~~Health Care Regulatory Board Participation ¶¶~~

~~(1) A board that licenses health care practitioners shall provide practitioner information and documentation to the system in a format and frequency as agreed by the board and the Authority beginning on a date established in a formal agreement between the Authority and the board. ¶¶~~

~~(2) A board that provides information to the system must also provide an annual attestation to the Authority that clearly identifies the board's 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 system prior to the mandated program start date may submit a petition to the Authority for consideration of a waiver from the requirements of section (1). The Authority shall approve or deny petitions and review 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.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226~~

~~Statutes/Other Implemented: ORS 441.056, 441.221 - 441.233~~



CHANGES TO RULE:

409-045-0050

Credentialing Organization Participation ¶¶

(1) Credentialing organizations shall:¶¶

- (a) Enroll in the system no later than two months prior to the mandated program start date. After the mandated program start date has passed, new credentialing organizations must enroll in the system prior to credentialing health care practitioners;¶¶
  - (b) Be allowed to complete their preferred health care practitioner credentialing or recredentialing processes for applications in progress prior to the mandated program start date; ¶¶
  - (c) Obtain health care practitioner credentialing information from the system beginning on the mandated program start date to the extent the information is available;¶¶
  - (d) Direct health care practitioners needing to be credentialed or recredentialed to enter and maintain their credentialing information in the System beginning on the mandated program start date; and¶¶
  - (e) Not request credentialing information from a health care practitioner if that information is available through the system, but may request additional credentialing information not available through the system from a health care practitioner or conduct additional verifications if necessary for the purpose of completing credentialing procedures as required by the credentialing organization.¶¶
  - (f) Pay a one-time set-up fee to the Authority based on health care practitioner panel size, assessed on the mandated program start date. After the mandated program start date has passed, new credentialing organizations shall pay a one-time fee based on health care practitioner panel size which is due upon enrollment in the system.¶¶
  - (g) Pay an annual subscription fee to the Authority, based on health care practitioner panel size, assessed on the first day of the new program year in alignment with the mandated program start date, beginning on the mandated program start date. After the mandated program start date has passed, new credentialing organizations shall pay an annual fee based on health care practitioner panel size. The fee is due upon enrollment in to the system and every 12 months thereafter. ¶¶
  - (h) 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.¶¶
- (2) Credentialing organizations may not include in their health care practitioner panel size fully delegated health care practitioners in which the decision is made by a separate credentialing organization.¶¶
- (3) An organization may provide a written attestation to being a health system using a process defined by the Authority. In cases where a credentialing organization is not majority controlled or majority owned, but where the health system has a management relationship or maintenance of an ownership interest in the organization, the health system may request the organization to be considered as part of the health system. The Authority shall:¶¶
- (a) Identify a process for the written attestation and provide a health system request form on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP>; and¶¶
  - (b) Evaluate health system requests and make a determination with consideration to a management relationship or maintenance of an ownership interest. ¶¶
- (4) Health systems shall:¶¶
- (a) Ensure each credentialing organization sets up an individual profile in the system; and¶¶
  - (b) Be placed into a collective fee tier based on the practitioner panel size using a count of its credentialed health care practitioners deduplicated to represent a unique practitioner count across the health system.¶¶
- (5) Health systems may 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 outside the system.¶¶
- (6) An organization may provide a written attestation to being an integrated delivery network through a process defined by the Authority. The Authority shall identify a process for the written attestation on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP>.¶¶
- (7) Delegated credentialing agreements between credentialing organizations and centralized credentialing processes within health systems may be used to the extent they do not include the separate collection of credentialing information and verifications available in the system.¶¶
- (8) A prepaid group practice health plan that serves at least 200,000 members in Oregon may petition the Director to be exempt from the requirements of this section. The Director may grant 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. For purposes of this section, associated health care facilities and health care provider groups means health

care facilities that are operated primarily to serve the health plan's members, medical or dental groups that contract exclusively with the health plan, and employees of the health plan, associated health care facilities, or associated health care provider groups. Exemptions may be reviewed by the Authority every two years for validity. The petition for exemption must be submitted to [credentialing@state.or.us](mailto:credentialing@state.or.us) and 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 individual;
- (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 system is not cost effective.

Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226

Statutes/Other Implemented: ORS 441.056, 441.221–441.233

REPEAL: 409-045-0055

RULE SUMMARY: Details requirements for practitioner participation in OCCP

CHANGES TO RULE:

~~409-045-0055~~

~~Health Care Practitioner Participation ¶¶~~

~~(1) Health care practitioners required to be credentialed by a credentialing organization shall submit and attest to credentialing information and documentation in the system when initially applying to be credentialed with any credentialing organization or at least 90 days prior to the health care practitioner's next recredentialing date with any credentialing organization. Practitioners who have an application in process prior to the mandated program start date to be credentialed or recredentialed by an organization shall continue with the organization's preferred process, but must use the System the next time they need to be credentialed or recredentialed. ¶¶~~

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

~~(3) 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 system. ¶¶~~

~~(4) Attestation of credentialing information must occur 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. ¶¶~~

~~(5) 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 at least 90 days to the recredentialing date assigned by the credentialing organization for which the health care practitioner must be recredentialed. ¶¶~~

~~(6) Health care practitioners credentialed in Oregon as of the mandated program start date shall pay a one-time application fee to the Authority assessed at enrollment into the system. After the mandated program start date has passed, new practitioners shall pay a one-time application fee due at initial application submittal. ¶¶~~

~~(7) Health care practitioners may petition the Authority for consideration of a waiver from the electronic submission of credentialing information and documentation required in this rule if 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 and process for paper submission to the system for health care practitioners on the program's website at [http://www.oregon.gov/oha/HPA/OHIT\\_OCCP/](http://www.oregon.gov/oha/HPA/OHIT_OCCP/); ¶¶~~

~~(b) Evaluate and approve or deny health care practitioners petitions; and ¶¶~~

~~(c) Review approved waivers at least every two years for validity.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226~~

~~Statutes/Other Implemented: ORS 441.056, 441.221 - 441.233~~

REPEAL: 409-045-0060

RULE SUMMARY: Dictates proper use of practitioner information stored and accessed for the OCCP system by credentialing organization (and public disclosure limitation on that information)

CHANGES TO RULE:

~~409-045-0060~~

~~Use of Health Care Practitioner Information ¶¶~~

~~(1) A credentialing organization that, in good faith, uses credentialing information provided by the system 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 a credentialing organization through the system may only be used for the intended purpose of credentialing or for activities related to the management of the credentialing organization provider network. ¶¶~~

~~(3) All health care practitioner information that is received, kept, and maintained in the system, except for general information used for directories, is exempt from public disclosure under ORS 192.410 to 192.505. For the purposes of this subsection, general information used for directories is limited to practitioner name, specialty, and city of practice location.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226~~

~~Statutes/Other Implemented: ORS 441.056, 441.221 - 441.233~~

REPEAL: 409-045-0065

RULE SUMMARY: Details purpose, membership requirements, and meeting frequency of the Common Credentialing Advisory Group

CHANGES TO RULE:

~~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 Authority and shall include members who represent: ¶¶~~

~~(a) Credentialing organizations; ¶¶~~

~~(b) Health care regulatory boards; ¶¶~~

~~(c) Health care practitioners; and the ¶¶~~

~~(d) Advisory Committee on Physician Credentialing Information. ¶¶~~

~~(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 Authority 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 program, including but not limited to the following: ¶¶~~

~~(a) Credentialing industry standards; ¶¶~~

~~(b) Common credentialing system functionality; ¶¶~~

~~(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.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226, 441.233~~

~~Statutes/Other Implemented: ORS 441.056, 441.221–441.223, 441.232~~

REPEAL: 409-045-0070

RULE SUMMARY: Details fee schedules for credentialing organization and practitioners

CHANGES TO RULE:

~~409-045-0070~~

~~Imposition of Fees~~

~~(1) Beginning on the mandated program start date, the Authority shall assess fees on credentialing organizations and health care practitioners. Fees may not exceed the cost of administering the program and the Authority will periodically review cost and revenue, adjusting fees as necessary.~~

~~(a) Credentialing Organization One-time Set Up Fees:~~

~~(A) Tier 1 (1-100 practitioners) - \$10 per practitioner~~

~~(B) Tier 2 (101-150 practitioners) - \$1,010~~

~~(C) Tier 3 (151-250 practitioners) - \$1,500~~

~~(D) Tier 4 (251-500 practitioners) - \$2,500~~

~~(E) Tier 5 (501-750 practitioners) - \$5,000~~

~~(F) Tier 6 (751-1,500 practitioners) - \$7,200~~

~~(G) Tier 7 (1,501-2,500 practitioners) - \$11,500~~

~~(H) Tier 8 (2,501-5,000 practitioners) - \$14,500~~

~~(I) Tier 9 (5,001-7,500 practitioners) - \$17,000~~

~~(J) Tier 10 (7,501-10,000 practitioners) - \$19,500~~

~~(K) Tier 11 (10,001-15,000 practitioners) - \$22,500~~

~~(L) Tier 12 (>15,000 practitioners) - \$26,000~~

~~(b) Credentialing Organization Annual Subscription Fees:~~

~~(A) Tier 1 (1-100 practitioners) - \$90 per practitioner~~

~~(B) Tier 2 (101-150 practitioners) - \$9,090~~

~~(C) Tier 3 (151-250 practitioners) - \$13,500~~

~~(D) Tier 4 (251-500 practitioners) - \$22,500~~

~~(E) Tier 5 (501-750 practitioners) - \$40,000~~

~~(F) Tier 6 (751-1,500 practitioners) - \$60,000~~

~~(G) Tier 7 (1,501-2,500 practitioners) - \$85,000~~

~~(H) Tier 8 (2,501-5,000 practitioners) - \$110,000~~

~~(I) Tier 9 (5,001-7,500 practitioners) - \$125,000~~

~~(J) Tier 10 (7,501-10,000 practitioners) - \$140,000~~

~~(K) Tier 11 (10,001-15,000 practitioners) - \$165,000~~

~~(L) Tier 12 (>15,000 practitioners) - \$195,000~~

~~(c) Health Care Practitioner One-Time Fee: \$150.~~

~~(d) Integrated Delivery Networks will receive a 15% discount on the annual subscription fees of their individual health system and health plan participating in the program as credentialing organizations.~~

~~(2) All program fees are non-refundable and non-transferable.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226~~

~~Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, 441.226~~

REPEAL: 409-045-0075

RULE SUMMARY: Details complaint filing process for OCCP and response requirements for OHA

CHANGES TO RULE:

~~409-045-0075~~

~~Complaints ¶¶~~

~~(1) Complaints regarding the program and the program's activities shall be submitted to Authority for evaluation through the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx>. ¶¶~~

~~(2) The Authority shall provide a response to each complaint within two weeks of receiving the complaint.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226~~

~~Statutes/Other Implemented: ORS 441.056, 441.221–441.223, 441.226~~

AMEND: 409-045-0115

RULE SUMMARY: Describes that 409-045 rules apply to all telemedicine providers and the hospitals and health care facilities that credential them and those they work at

CHANGES TO RULE:

409-045-0115

Telemedicine Providers General Applicability Credentialing Requirements

(1) These rules apply to all:¶

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

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

Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~441.226~~

Statutes/Other Implemented: ORS 441.056, 442.015



AMEND: 409-045-0120

RULE SUMMARY: Details documentation requirements for credentialing telemedicine practitioners

CHANGES TO RULE:

409-045-0120

Telemedicine Providers Standard List of Credentialing Documents ¶¶

(1) To become credentialed by an originating-site hospital, or health care facility a telemedicine health care practitioner or the distant-site hospital ~~must provide, to the extent it is not available in the system,~~ or health care facility must provide the following information and documentation to the originating-site hospital or health care facility:¶¶

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

(A) A copy of ~~copy of~~ the state license authorizing practice;¶¶

(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 or health care facility 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 or health care facility; and¶¶

(B) Work history beyond the previous five years.¶¶

(2) Originating-site hospitals or health care facilities may request documentation of all the verifications above from the distant-site hospital or health care facility or the telemedicine health care practitioner ~~to the extent the documentation is not available in the system~~. Verifications that are not provided may be obtained separately by the originating-site hospital or health care facility.¶¶

(3) Originating-site hospitals or health care facilities 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; and¶¶

(c) HIPAA training verification;¶¶

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

(5) Originating-site hospitals or health care facilities may not request credentialing information if the credentialing information was made available under OAR 409-045-0120 ~~or through the system~~ and is not subject to change.¶¶

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

Statutory/Other Authority: ORS 413.042, 441.056, 441.223

Statutes/Other Implemented: ORS 441.056, 441.223, 441.226, 442.015

AMEND: 409-045-0125

RULE SUMMARY: Details requirements related to delegation agreements when credentialing telemedicine practitioners

CHANGES TO RULE:

409-045-0125

Telemedicine Providers Distant-Site Hospital or Health Care Facility Agreements ¶

Health care facilities or 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 or health care facility shall rely upon the credentialing and privileging decisions of the distant-site hospital or health care facility in making recommendations to the governing body of the originating-site hospital or health care facility as to whether to credential a telemedicine provider, practicing at the distant-site hospital or health care facility either as an employee or under contract, to provide telemedicine services to patients in the originating-site hospital or health care facility. If a delegated credentialing agreement is in place, the originating-site hospital or health care facility is not limited to the information and documents set forth in OAR 409-045-0120.

Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~441.226~~

Statutes/Other Implemented: ORS 441.056, 441.223, 442.015

REPEAL: 409-045-0130

RULE SUMMARY: Details hold harmless clause for hospitals and health care facilities credentialing telemedicine practitioners

CHANGES TO RULE:

~~409-045-0130~~

~~Telemedicine Providers 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.~~

~~Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 441.226, 441.228~~

~~Statutes/Other Implemented: ORS 441.056, 441.223, 441.226, 441.228, 442.015~~

AMEND: 409-045-0135

RULE SUMMARY: Details requirements for information and use of data requirements for telemedicine practitioners credentialing information

CHANGES TO RULE:

409-045-0135

Telemedicine Providers 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 or health care facility with originating-site hospitals or health care facilities, 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.

Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~441.226~~

Statutes/Other Implemented: ORS 441.056, 441.223, 442.015