OFFICE OF THE SECRETARY OF STATE
DENNIS RICHARDSON
SECRETARY OF STATE

LESLIE CUMMINGS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
MARY BETH HERKERT
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

FILED
01/18/2018 5:08 PM
ARCHIVES DIVISION
SECRETARY OF STATE

OHP 1-2018
CHAPTER 409
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS

FILING CAPTION: Amend Health Care Practitioner Credentialing rules

EFFECTIVE DATE: 01/18/2018 THROUGH 07/16/2018

AGENCY APPROVED DATE: 01/17/2018

CONTACT: Melissa Isavoran
503-559-7886
MELISSA.ISAVORAN@dhsoha.state.or

500 Summer St NE
Salem,OR 97301

Filed By:
Zarie Haverkate
Rules Coordinator

NEED FOR THE RULE(S):

In response to Senate Bill (SB) 604 (ORS 441.221 to 441.233) from the 2013 Regular Legislative Session, the Oregon Health Authority (OHA), Health Policy and Analytics, has been working with stakeholders to establish a program and database to provide credentialing organizations access to information necessary to credential or recredential all health care practitioners in Oregon. More specifically, health care practitioners or their designees must submit necessary credentialing information into a web-based common credentialing system and credentialing organizations will be required to use the system to obtain that information. An efficient common credentialing system will capture and store credentialing information and documents and perform verifications of select credentialing information.

As part of the legislation, OHA developed initial rules in 2014 for the Oregon Common Credentialing Program (OCCP) on the submittal and verification of health care practitioner credentialing information and the imposition of fees. Since the initial rules were developed, OHA has been continuing work with stakeholders on the implementation of the Program and must revise the rules to include an official operational date, additional definitions, clarifying and grammatical changes, and the Program's fee structure. To ensure alignment and consistency, changes to the credentialing rules clarify existing provisions and insert additional provisions outlining program requirements.

JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and health care practitioners being credentialed or recredentialed. These rules need to be adopted promptly so that health care practitioners may understand comply with the credentialing requirements. The Authority must also meet the statutory deadline requiring an adopted rule at least six months prior to system implementation. OHA intends to finalize these rules early 2018.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- ORS 441.221 to 441.233, available at: https://www.oregonlaws.org/ors/chapter/441

- Common Credentialing documentation, including SB 604 Enrolled, available at: http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx

---

RULES:
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: Updating Definitions to Credentialing Rules

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 or persons. 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) "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.¶
(~~6~~7) "Credentialing information~~" means information necessary to credential or recredential a health care practitioner~~ has the meaning given that term in ORS 441.224.¶
(~~7~~8) "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~~has the meaning given that term in ORS 441.224. This includes, but is not limited to the following:¶
(a) Ambulatory ~~S~~surgical ~~C~~centers~~.~~;¶
(b) Coordinated ~~C~~care ~~O~~organizations~~.~~;¶
(c) Dental ~~P~~plan ~~I~~issuers~~.~~;¶
(d) Health ~~P~~plan ~~I~~issuers~~.~~;¶
(e) Hospitals~~ and Health Systems.~~;¶
(f) Independent practice associations as defined in ORS 743B.001; and¶
(~~f~~g) ~~Independent Physician Associa~~Other organizations that are required to credential health care practitioners.¶
(~~8~~9) "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~~10) "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 where a telemedicine provider, at the time the telemedicine provider is providing telemedicine services, is practicing as an employee or under contract.¶
(1~~0~~3) "Health care facility" has the same meaning given that term in ORS 442.015.¶
(1~~1~~4) "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~~has the same meaning given that term in ORS 441.224. This may include~~s~~, but is not limited to ~~the following~~individuals licensed as:¶
(a) Acupuncturists~~.~~;¶
(b) Audiologists~~.~~;¶
(c) Certified Registered Nurse Anesthetist~~.~~s;¶
(d) Chiroprac~~tor.~~ic Physicians;¶
(e) Clinical Nurse Specialist~~.~~s;¶
(f) Doctors of Dental Medicine~~.~~;¶
(g) Doctors of Dental Surgery~~.~~;¶
(h) Doctors of Medicine~~.~~;¶
(i) Doctors of Osteopath~~y.~~ic Medicine;¶
(j) Doctors of Podiatric Medicine~~.~~;¶
(k) Licensed Clinical Social Worker~~.~~s;¶
(~~l~~L) Licensed Dietie~~t~~tians~~.~~;¶
(m) Licensed Marriage and Family Therapists~~.~~;¶
(n) Licensed Massage Therapists~~.~~;¶
(o) Licensed Professional Counselor~~.~~s;¶
(p) Naturopathic Physician~~.~~s;¶
(q) Nurse Practitioner~~.~~s;¶
(r) Occupational Therapists~~.~~;¶
(s) Optometrist~~.~~s;¶
(t) Oral and Maxillofacial Surgeons~~.~~;¶
(u) P~~sycholog~~harmacists~~.~~;¶
(v) Physical Therapists~~.~~;¶
(w) Physician Assistants~~.~~;¶
(x) Psychologist Associate~~.~~s;¶
(y) Psychologists;¶
(z) Registered Nurse First Assistant.~~¶~~
~~(z) Speech Therapists~~s; and¶
(aa) Speech-Language Pathologists.¶
(15) "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.¶
(1~~2~~6) "Health services" has the same meaning given that term in ORS 442.015.¶
(1~~3~~7) "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 th~~e same~~e meaning given that term in ORS 442.015. ¶
(14~~9~~) "Integrated Delivery Network" means an organization that has common control or ownership of both a health system and health plan.¶
(20) "Originating-site hospital" means a hospital in which a patient is located while receiving telemedicine services.¶
(2~~1~~5) "Primary source verification" means the verification of a~~n individual~~ health care practitioner's reported

qualifications ~~by~~from the original source. ¶
(~~16~~22) "Program" means the Oregon Common Credentialing Program.¶
(~~17~~23) "S~~olution~~ystem" means the Oregon Common Credentialing Program's electronic system through which credentialing information ~~may be submitted to an electronic database~~and documentation may be submitted, managed, and accessed.¶
(~~18~~24) "Telemedicine" ~~mean~~has the ~~provision of health services to patients by physicians and health care practitioners from a distance using electronic communications~~meaning given that term in ORS 442.015.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~ORS 441.056, 441.223, 441.226
Statutes/Other Implemented: ORS 441.056, 441.223, 442.015, ~~2013 OL Ch. 603~~441.226

AMEND: 409-045-0030

RULE SUMMARY: Updating Health Care Practitioner credentialing rules

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 ~~P~~program shall include, but is not limited to the following:¶
(~~1~~a) An electronic s~~olution~~ystem through which health care practitioner credentialing information must be submitted.¶
(~~2~~b) A process by which health care practitioners or designees may access the ~~Solution~~system to submit information necessary for credentialing.¶
(~~3~~c) A process by which credentialing organizations may ~~input,~~ access~~,~~ and retrieve health care practitioner credentialing information.¶
(~~4~~d) A process by which Boards may ~~input and~~ access health care practitioner credentialing information.¶
(~~5~~e) Coordination with ~~B~~boards and the process of primary source verification of credentialing information.
Statutory/Other Authority: ORS 413.042, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ~~2013 OL Ch. 603~~441.226

AMEND: 409-045-0035

RULE SUMMARY: Instructions for credentialing application

CHANGES TO RULE:

409-045-0035
Oregon Practitioner Credentialing Application ¶

(1) ~~Credentialing organization~~The program shall use the Oregon Practitioner Credentialing Application a~~nd the Oregon Practitioner Recredentialing Application, both approved by the Authority based on recommendations from the Advisory Committee on Physician Credentialing Information.~~pproved by the Authority. ¶
(2) The Authority's approved application~~s are~~ is available ~~at the~~ on the Committee's website at http://www.oregon.gov/~~OH~~oha/HPA/OH~~PR/~~IT-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.~~
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ~~ORS~~ 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0040

RULE SUMMARY: Update information needing verification

CHANGES TO RULE:

409-045-0040
Credentialing Information Verifications ¶

(1) The ~~P~~program shall ~~accept all Board~~conduct verifications of credentialing information a~~s provided in accordance with OAR 409-045-0055~~ccording 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 no later than April 2, 2018.¶
(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. ¶
(~~2~~3) Methods for conducting primary source verification of credentials include direct correspondence, documented telephone verification, and secure electronic verification from the original qualification source ~~or sources~~ that meets accrediting entity requirements.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0045

RULE SUMMARY: Requirements for Health Care Regularity Board participation

CHANGES TO RULE:

409-045-0045
Health Care Regulatory Board Participation ¶

(1) A ~~B~~board that licenses health care practitioners shall provide practitioner information and documentation to the ~~Solution~~system in a format and frequency as agreed by the ~~B~~board and the Authority beginning Januar~~u~~ly ~~1~~2, 201~~6~~8. A ~~B~~board may agree to provide practitioner information and documentation to the ~~Solution~~system prior to Januar~~u~~ly ~~1~~2, 201~~6.~~8. ¶
(2) A ~~B~~board that provides information to the ~~Solution~~system must also provide an annual attestation to the Authority that clearly identifies the ~~B~~board's specific practices related to the process of primary source verification of health care practitioner information. ¶
(3) Use of practitioner information provided by ~~B~~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 ~~B~~board unable to provide information to the ~~Solution by Januar~~system by July ~~1~~2, 201~~6~~8, may submit a petition to the Authority ~~director~~ for consideration of a waiver from the requirements of section (1). The Authority shall approve or deny petitions and review ~~the~~ waivers at least every two years for validity. The petition for a waiver must include:¶
(a) The name of the ~~B~~board;¶
(b) The phone number and email address for the ~~B~~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, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0050

RULE SUMMARY: Amend Health Care Practitioner Credentialing rules

CHANGES TO RULE:

409-045-0050
Credentialing Organization Participation ¶

(1) Credentialing organizations shall ~~o~~:¶
(a) Enroll in the system beginning July 2, 2018 through August 31, 2018;¶
(b) Obtain health care practitioner credentialing information from the ~~Solution~~system beginning ~~January 1, 2016, if that information is kept and maintained by the Solution.~~¶
~~(2) C~~November 5, 2018 to the extent the information is available;¶
(c) Direct health care practitioners needing to be credentialing or recredentialed to enter and maintain their credentialing ~~organizations may n~~information in the system beginning November 5, 2018; and¶
(d) Not request credentialing information from a health care practitioner if that information is available through the ~~Solution. Credentialing organizations~~system, but 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 d~~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.¶
(2) Credentialing organizations shall:¶
(a) Pay a one-time set-up fee to the Authority based on health care practitioner panel size assessed on November 5, 2018 and due by April 30, 2019;¶
(b) Pay an annual subscription fee to the Authority, based on health care practitioner panel size, assessed on November 5th of every year and due by April 30th of the following year, beginning November 5, 2018; and¶
(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.¶
(3) 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.¶
(4) An organization may provide a written attestation to being a health system via 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, available beginning April 2, 2018; and¶
(b) Evaluate health system requests and make a determination with consideration to a management relationship or maintenance of an ownership interest. ¶
(5) Health systems shall:¶
(a) Ensure each such 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.¶
(6) 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.¶
(7) 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, available beginning April 2, 2018.¶
(8) 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. ¶
(9) A prepaid group practice health plan that serves at least 200,000 members in Oregon may petition the D irector to be exempt from the requirements of this section. The ~~d~~Director may ~~award~~grant the petition if the ~~d~~D irector determines that subjecting the health plan to this section is not cost-effective. If the ~~d~~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 association.~~ 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 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 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~~system is not cost-effective.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0055

RULE SUMMARY: Describes requirements for health care practitioner participation

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 ~~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.~~in the system at least 90 days prior to their next credentialing or recredentialing date with any credentialing organization. Practitioners due to be credentialed or recredentialed in the 90 days following the program operational date of November 5, 2018 should consult with the credentialing organization in which they must be credentialed or recredentialed as to their preferred process. ¶
(2) Health care practitioners ~~or their designee may agree to provide information and documentation required pursuant to 409-045-0040 to the Solution prior to January 1, 2016~~may assign a designee to submit credentialing information and documentation to the system.¶
(~~2~~3) Health care practitioners must ~~attest to all credentialing information in the Solution~~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.¶
(~~3~~4) 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.¶
(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 three months prior 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 November 5, 2018 shall pay a one-time application fee to the Authority due by April 30, 2019. Otherwise 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/, available beginning April 2, 2018; ¶
(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, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0060

RULE SUMMARY: Explanation of what information may be used

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 ~~Solution~~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 ~~C~~a credentialing ~~O~~organization~~s~~ through the ~~Solution~~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 ~~Solution~~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, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ~~ORS~~ 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0065

RULE SUMMARY: Advisory group membership requirments

CHANGES TO RULE:

409-045-0065
Common Credentialing Advisory Group ¶

(1) The Authority establishes the Common Credentialing Advisory Group. Members of the ~~A~~advisory ~~G~~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 the¶
(d) ~~The ACPCI~~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 ~~director~~ Authority shall appoint a new member which is effective immediately for the unexpired term. ¶
(4) The Authority and the ~~A~~advisory ~~G~~group shall meet at least once per year. ¶
(5) The ~~A~~advisory ~~G~~group shall advise the Authority on the ~~credentialing process~~program, including but not limited to the following:¶
(a) Credentialing industry standards; ¶
(b) Common ~~C~~credentialing ~~Solution~~system functionality;¶
(c) Recommended changes to the Oregon ~~p~~Practitioner ~~c~~Credentialing ~~a~~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, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ~~ORS~~ 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0070

RULE SUMMARY: Credentialing fee schedule

CHANGES TO RULE:

409-045-0070
Imposition of Fees ¶

(1) Beginning ~~January 1~~November 5, 201~~6~~8, the Authority shall ~~impose~~assess 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 administer~~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~~program as credentialing organizations.¶
(2) All program fees are non-refundable and non-transferable.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0075

RULE SUMMARY: Complaint process

CHANGES TO RULE:

409-045-0075
Complaints ¶

(1) Complaints regarding the ~~P~~program and the ~~P~~program's activities shall be submitted to Authority for evaluation through the ~~P~~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, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223~~, 2013 OL Ch. 603~~

AMEND: 409-045-0115

RULE SUMMARY: List of individuals and entitles these rules apply to, including telemedicine practitioners

CHANGES TO RULE:

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.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.223, 442.015~~, 2013 OL Ch. 603~~

AMEND: 409-045-0120

RULE SUMMARY: credentialing documents required for telemedicine providers

CHANGES TO RULE:

409-045-0120
Telemedicine Providers 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 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 licens~~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 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; and¶
(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 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 ~~S~~screening;¶
(b) Proof of vaccination or immunity to communicable diseases; and¶
(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 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)~~.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223~~, 2013 OL Ch. 603~~
Statutes/Other Implemented: ORS 441.056, 441.223, 442.015, ~~2013 OL Ch. 603~~441.226

AMEND: 409-045-0125

RULE SUMMARY: Delegated credentialing agreements

CHANGES TO RULE:

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.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 set forth in OAR 409-045-0120.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.223, 442.015~~, 2013 OL Ch. 603~~

AMEND: 409-045-0130

RULE SUMMARY: Hold harmless claus

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~~, 2013 OL Ch. 603~~
Statutes/Other Implemented: ~~ORS~~ 441.056, 441.223, 442.015, ~~2013 OL Ch. 603~~441.226

AMEND: 409-045-0135

RULE SUMMARY: Information sharing or use of data requirements

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 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.
Statutory/Other Authority: ORS 413.042, 441.056, 441.223, ~~2013 OL Ch. 603~~441.226
Statutes/Other Implemented: ORS 441.056, 441.223, 442.015~~, 2013 OL Ch. 603~~

Provider Directory Project Overview (Jan. 2018)

Background

The Provider Directory will serve as Oregon's directory of accurate, trusted provider data. It will support care coordination, health information exchange, administrative efficiencies, and serve as a resource for heath analytics. Authoritative data sources that feed the Provider Directory will be matched and aggregated; data stewards will oversee management of the data to ensure the Provider Directory maintains initial and long-term quality information. The Provider Directory Advisory Committee provides stakeholder input and oversight to OHA's development of this program.

The Provider Directory is part of our Health IT (HIT) portfolio which includes other HIT services such as the Oregon Common Credentialing Program and the Clinical Quality Metrics Registry. Peraton Corporation is the system integrator and is responsible for procuring and overseeing the implementations. MiHIN has been selected as the Provider Directory vendor. The project includes design, development, implementation, and maintenance of the technical solution, data validation and management, as well as operations, ongoing management, and oversight of the program. Early adoption of the Provider Directory is expected in mid-2018.

Approach

- Oregon will stand-up a healthcare provider directory containing accurate, trusted provider data available to vetted healthcare entities; it will not be consumer-facing
- The authoritative data sources that feed the directory are matched, scrubbed, and given a quality score
- Ongoing management of the data is handled by data stewards that ensure data displayed in the provider directory is accurate
- Access to the Provider Directory services will be via web portal, extracts, or Application Programming Interface (API)/web services
- Initial data sources include Common Credentialing, MMIS, and the Flat-File directory; additional data sources including PCPCH, EHR Incentive Programs, NPPES, and facilities licensing data will be onboarded after the initial go-live
- National Provider Directory standards such as FHIR will be leveraged to ensure an interoperable solution
- Medicaid funding has been secured for the initial design, development, and implementation of the Provider Directory; Use and costs for non-Medicaid uses will be assessed over the next 18 months

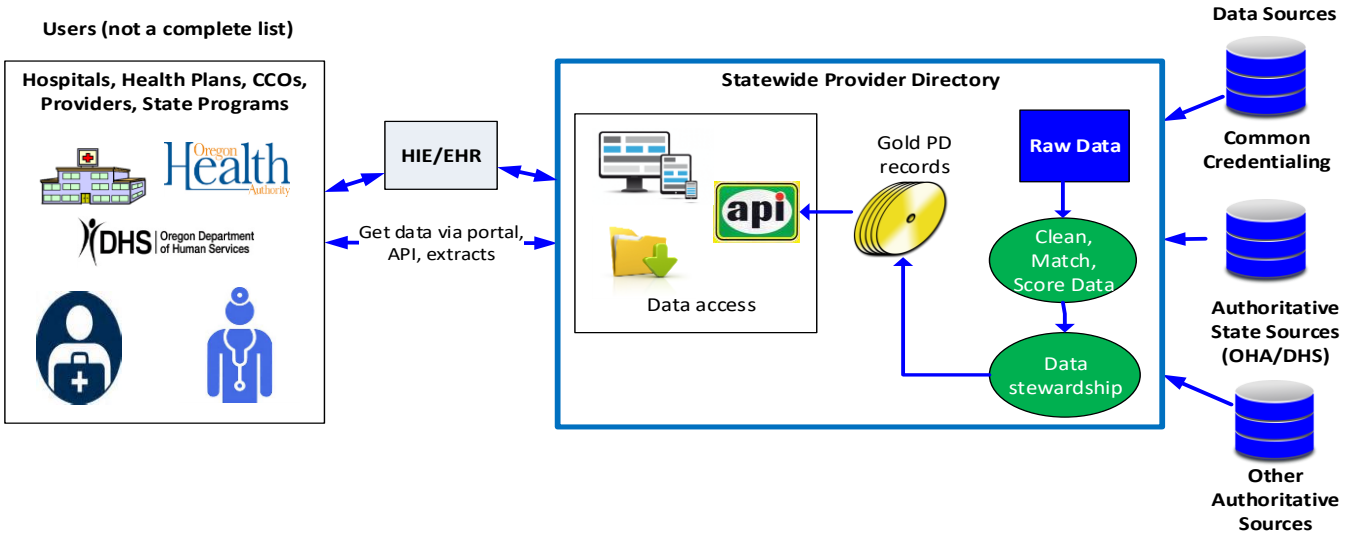
Value Proposition

- Improved overall quality of data in a health care entity's own directory
- Reduced burden on providers by removing the duplicative and repetitious requests for their information
- Improved administrative efficiencies by streamlining current processes to reduce staff time spent on data maintenance activities
- Improved ability to meet regulations related to provider directory accuracy
- Better care coordination for patients; Increased use of Direct secure messaging
- Improved ability to calculate quality metrics based detailed provider and practice data

Timeline

Provider Directory Project Overview (Jan. 2018)

Concept



Data Type	Phase (estimated)
Provider/Organization name*	1
Address (street, billing, practice, mailing)*	1
Contact info (Phone, fax, email(s), website)*	1
Demographics (gender, language, race)*	1/2
Provider type and specialty*	1
Provider affiliations (clinics, payers) with effective dates*	1/2
License and certifications (type, dates, renewals)*	1
Identifiers (NPI, Medicaid ID, etc.)*	1
Direct Secure Messaging Address and other HIT endpoints	1
Other provider/practice information entered directly: Accepting new patients, office hours, ADA accessibility, EHR	2

*Supplied by Common Credentialing for credentialed practitioners

Initial Sources: Common Credentialing, MMIS, CareAccord Flat-File Directory, National Plan and Provider Enumeration System (NPPES)
Additional: CCO network tables, EHR Incentive Programs, Patient Centered Primary Care Home, Public Health, including HCQRI, Provider Enrollment Chain and Ownership System (PECOS), All Payer All Claims, Other

Stakeholder engagement

Provider Directory Advisory Committee (PDAC)

- Focus on strategy and approaches that ensure a successful Provider Directory implementation
- Provide guidance on policy, program, and technical issues such as fee structures, data governance, data use/participation policies, and program adoption
- Identify potential issues and risks to the Provider Directory

Provider Directory Subject Matter Experts (PD-SME)

- Focus on ensuring the Provider Directory meets the needs for users by working through technical details
- Participate in work sessions and discussions that cover topics on provider data such as data standards, use cases, data models, transport standards, and work flows
- Work through implementation, policy, and programmatic issues and participate in user acceptance testing

PROVIDER DIRECTORY STAKEHOLDER GROUP ROSTERS

FEBRUARY 2018

Provider Directory Advisory Committee		
Name	**Title**	**Organization**
Jennifer Bradford Awa*	Revenue Cycle Supervisor	Metropolitan Pediatrics
Amy Beyer	Contracting and Provider Network Specialist	Health Share of Oregon
Gina Bianco	Consultant, Strategic Development	Reliance eHealth Collaborative
Amy Chaumeton, MD	Chief Medical Information Officer (CMIO)	Legacy Health
Dale Clark*	Database Administrator	Cascadia Behavioral Healthcare
Michelle Cooper*	Assistant Director	Oregon Health Sciences University
Stick Crosby*	Contracts Manager	Allcare
Mary Dallas, MD	Chief Medical Information Officer (CMIO)	St. Charles Health System
Walter Dawson	Director of Research and Analytics	Oregon Health Care Association
John Dickerson*	Assistant Investigator	Kaiser Permanente NW
Stephanie Dreyfuss	Vice President Network Development	Providence Health Plan
Liz Hubert*	Asst. Director Provider Systems & Strategy	Regence Blue Cross Blue Shield
Shannon Jones*	Credentialing and Provider Services Senior Manager	Willamette Dental Group
Meghann Lenz*	Lead Credentialing Specialist	Women's Healthcare Associates
Krista Lovaas	Provider and Government Relations Manager	Willamette Valley Authority/ Willamette Valley Community Health
Martin Martinez	Vice President, Enterprise Systems IT	PacificSource
Missy Mitchell*	Director of Production	Advantage Dental Services
Robert Power	Chief Information Officer (CIO)	Samaritan Health Services

*Also a member of the Provider Directory Subject Matter Expert Workgroup

Provider Directory Subject Matter Expert Workgroup		
Name	**Title**	**Organization**
Jennifer Bradford Awa*	Revenue Cycle Supervisor	Metropolitan Pediatrics
Christina Charlesworth	Research Associate	OHSU Center for Health Systems Effectiveness (CHSE)
Dale Clark*	Database Administrator	Cascadia Behavioral Healthcare
Monica Clark	Provider Information Systems Product Owner	Kaiser Permanente NW
Michelle Cooper*	Assistant Director	Oregon Health Sciences University
Stick Crosby*	Contracts Manager	Allcare
John Dickerson*	Assistant Investigator	Kaiser Permanente NW

PROVIDER DIRECTORY STAKEHOLDER GROUP ROSTERS

FEBRUARY 2018

Kristin Gilmer	Legacy Health Partners Member Relations Coordinator	Legacy Health
Liz Hubert*	Asst. Director Provider Systems & Strategy	Regence Blue Cross Blue Shield
Shannon Jones*	Credentialing and Provider Services Senior Manager	Willamette Dental Group
Matt LaPora	Senior Software Developer	PacificSource
Meghann Lenz*	Lead Credentialing Specialist	Women's Healthcare Associates
Missy Mitchell*	Director of Production	Advantage Dental Services
Jessica Perak	Manager Provider Analytics, Underwriting & Actuarial	Moda Health/EOCCO
Karen Peterson	Practice Administrator	Multnomah Orthopedic
Matt Walker	Senior Data Quality Analyst	Health Share of Oregon
Susan Watson	Supervisor, Dental Professional Relations	Moda Health
Paula Weldon	Operations Manager	Reliance eHealth Collaborative

*Also a member of the Provider Directory Advisory Committee

Oregon Health Authority
Common Credentialing Technical Subject Matter Expert Workgroup
Draft Charter, January 2018

Overview, purpose, and authority

The Common Credentialing Technical Subject Matter Expert (CC-Technical SME) Workgroup is established by the Oregon Health Authority as an external subject matter expert and stakeholder body for the Oregon Common Credentialing Program (OCCP). The Technical SME Workgroup is distinct from other Common Credentialing groups currently in existence, including the Common Credentialing Advisory Group (CCAG) and the Common Credentialing Subject Matter Expert Workgroup (CC-SME). The focus and relationship of these groups is as follows:

- **CCAG**: A legislatively mandated group; Provides guidance to the Oregon Health Authority (OHA) on the establishment of the Oregon Common Credentialing program, with a focus on strategy and approach to ensure a successful implementation.
- **CC-SME**: Ensure the Common Credentialing Program meets the business needs for end users (credentialing organizations and practitioners) by working through requirements elaboration, workflow/system functionality related questions and credentialing policy issues
- **CC – Technical SME:** Ensure the Common Credentialing Program meets the technical and security needs of credentialing organizations who chose to ingest data from the OCCP in to their own credentialing systems

The CC- Technical SME workgroup is not a decision-making body but provides critical recommendations and advice to OHA for the implementation of the Common Credentialing software. Outputs from the CC- Technical SME are reported to the CCAG. This charter defines the objectives, responsibilities, and membership of the CC Technical SME Workgroup.

Objectives

- Ensure credentialing organizations that choose to consume data from the Oregon Common Credentialing Program have the technical and security information they need to be successful
- Assist with user acceptance testing of the data export/ingestion process
- Identify and leverage vendor relationships to support 3rd party interface development, i.e. build once, support many
- Raise awareness of the program; identify challenges or barriers to success and recommend ways OHA can ensure a successful rollout

Responsibilities

- Advise: Participate in work sessions and discussions that involve:
    - Technical configuration
    - Privacy and Security
    - Testing
    - Other topics as needed
- Participate in user acceptance testing
- Communicate: Get the right information to the right people at the right time to ensure organizational readiness

Membership

CC – Technical SME membership includes a mix of credentialing organization size, perspectives and credentialing software currently in use within Oregon. Representation includes, but is not limited to:

- Hospitals
- Health Plans
- CCOs
- Independent Physician Associations
- Dental organizations
- Clinics

CC-Technical SME membership should include those who closely manage and support credentialing services and systems in use by their organization. Current members are listed below:

Name	Organization	Role
Cristi L. Skye	Asante Rogue Regional Medical Center	Medical Staff Liaison, CME Program Manager
Maureen King	Corvallis Clinic, PC	Credentialing Assistant
Mendel Cramer (sub for Maureen King)	Corvallis Clinic, PC	Credentialing Coordinator
Amy Beyer	HealthShare	Contracting and Provider Network Coordinator
Amanda Walker	Legacy Health	Manager, System Wide Credentials Verification Services
David Pyle	Managed Healtcare Northwest (MHN)	Director of Information Services and Finance
Kennedy Payne	OHSU	Application Engineer, Healthcare Professional Services Applications
Richard Johnson	OHSU	Computer User Support Analyst
Ashley Putzier	Optum l United Behavioral Health	Network Associate OR, WA Behavioral Network Services
Luke Ferrell	PacificSource	Architect, Workflow and Content Management
Rich Ulbricht	Portland IPA	Credentialing Coordinator
Brigitte Workman	Providence Health & Services	Senior Provider Data Management MDM Consultant (specialization in Credentialing)
Fleurette Pearson-Groves	Providence Health & Services	Credentialing Coordinator
Ron Dike	Providence Health & Services	
Patrick Hooper	Providence Health Plan	

Hattie Clabby	Regence/Cambia	Manager/Credentialing
Dona Heinen	Salem Health	System Application Analyst
Mike Sather	Samaritan Health Services	Supervisor/Applications Coordinator for Credentialing Services
Patty Phillips	Samaritan Health Services	IS Application Systems Manager
Jonathan Fink	United Health Care & Optum Health	

Expectations for Meetings

- The workgroup will begin meeting in January 2018 and will meet as needed in advance of the early adoption and full system go live. Additional meetings may be needed post go live.
- Location of meetings will be in the Portland area and via webinar (with special exceptions);
- Meeting materials will be sent to members prior to each meeting.
- Members are expected to review materials ahead of the meeting and come prepared to discuss and participate.

Staff Resources

The workgroup is staffed by the Office of HIT for the Oregon Health Authority. Support will be provided by other OHA leaders, staff, and consultants as requested or needed.

- Melissa Isavoran Common Credentialing Program Manager, Office of Health Information Technology, OHA, melissa.isavoran@state.or.us,
- Luke Glowasky, Policy Analyst, Office of Health Information Technology, OHA, luke.a.gowasky@state.or.us,
- Jason Miranda, Technical Lead, Office of Health Information Technology, OHA, jason.miranda@state.or.us
- Rachel Ostroy, Implementation Director, Office of Health Information Technology, OHA, rachel.e.ostroy@state.or.us

Additional Resource: Oregon Common Credentialing Program