Oregon Common Credentialing Advisory Group

AGENDA
Date: Tuesday, April 1, 2014
Time: 2:00pm to 4:00pm

LOCATION:
Oregon Travel Experience Board Room
1500 Liberty Street SE, Suite 150, Salem, Oregon 97302

#	Time	Item	Materials	Lead
1	2:00 – 2:05	Welcome and Agenda Review	1	Kevin Ewanchyna
2	2:05 – 3:00	Request for Information Analysis Review and Discussion	2,3	Melissa Isavoran
3	3:00 – 3:30	Draft Credentialing Rules Review	4,5	Kim Fisher
4	3:30 – 3:45	Request for Proposal Development Process	NA	Melissa Isavoran
5	3:45 – 4:00	Public Comment	N/A	Public
6	4:00	Next Steps and Adjournment	N/A	Kevin Ewanchyna

Materials:

1. Agenda
2. RFI Responses Analysis
3. RFI Responses Analysis Matrix
4. Credentialing RAC Members List
5. Alternative Rulemaking Timeline
6. Draft Credentialing Rules

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:
Melissa Isavoran, OHA, Office of Health Policy and Research; (503) 559-7886; Melissa.Isavoran@state.or.us
Scott Gallant, Gallant Policy Advisors; (503) 780-2522; Gallant4681@comcast.net
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

OREGON COMMON CREDENTIALING REQUEST FOR INFORMATION #3707

Analysis of Responses (April 1, 2014)

PURPOSE

On January 17, 2014, the Oregon Health Authority (OHA) released a Request for Information (RFI) to seek vendor input on solutions available to meet Oregon's Common Credentialing Solution requirements as set forth in Senate Bill 604 from the 2013 Regular Legislative Session. The OHA intends to use responses to the RFI to shape a successful Request for Proposal (RFP) in the coming months that will result in the procurement of a vendor to carry out common credentialing for all health care practitioners in Oregon. Below is an analysis of the RFI responses the agency received and in some cases, options to be considered for RFP development. This analysis will be used to inform the Common Credentialing Advisory Group (CCAG) and gain their advice on how best to move forward.

ANALYSIS APPROACH

Each of the RFI responses was carefully analyzed in order to collectively identify potential vendor characteristics, solution capabilities, and common themes. Specifically, the OHA identified and summarized responses related to key areas of interest based on past conversations with the Common Credentialing Advisory Group and other stakeholders. These key areas of interest are identified and described below.

- Vendor Profile – Focuses on responses to the vendor profile questions and operational questions related to organizational structure and ability to operate as a credentialing solution rather than just a repository.
- Functionality, Data Access, and Quality – Identifies vendor solution functionality, data access, and quality in relation to needs identified in the RFI scope.
- Technology and Security – Refers to specific questions regarding the vendor's technology including programming languages, scalability, and system flexibility.
- Primary Source Verification – Reviews ways in which vendors could work with Health Care Regulatory Boards on coordinating primary source verification as required by national accrediting entities.
- Fee Structure – Related to determining estimated implementation costs associated with developing or modifying an off-the-shelf system for common credentialing and the fees necessary to support ongoing operations and maintenance.
- Provider Directory Capabilities – Focuses on separate, but related components of the inclusion of provider directory functionalities leveraging credentialing data.

RESPONDENTS

There were 12 RFI respondents. While the RFI focused on common credentialing, there were optional questions pertaining to the ability of vendors to work with or develop a provider directory solution. Most respondents were well positioned credentialing solutions that had

some experience with using their data for directories. However, one vendor's main experience was provider directories with some experience pertaining to credentialing, but no current credentialing solution. Respondents are as follows:

1. CACTUS Software w/ Gemini Diversified Services, Inc.
2. CAQH
3. CredentialSafe
4. CredentialSmart
5. GLSolutions
6. Harris Corporation
7. HealthLine Systems
8. Intellisoft Group
9. Medkinetics
10. OneHealthPort w/ Medversant
11. Vergesolutions, LLC
12. Vistar Technologies

FINDINGS AND OPTIONS

Analyses of RFI responses in each of the key areas of interest includes a summary of correlations and differences between vendor responses, interesting ideas or approaches, and any concerns that should be flagged addressed in the common credentialing process. Based on these findings and past conversations with the CCAG and other stakeholders, some of these key areas of interest include considerations for RFP development and moving forward in the common credentialing process.

Vendor Profile

Almost all of the responding vendors have well-established web-based credentialing solutions that can be hosted by the vendor. This indicates that there are many commercial-off-the-shelf (COTS) solutions that could be used to heighten efficiencies in the implementation process rather than building a costly system from scratch. A COTS solution would include many of the necessary functions for automating the credentialing process and could be modified to meet the specific needs of Oregon's common credentialing solution.

Several vendors noted that they are not certified verification organizations (CVOs). However, the majority of them have systems that are in compliance with accrediting entity requirements for credentialing. For the purpose of developing a repository for practitioner credentialing information and automated verifications, it would be reasonable to procure for a vendor that is not a CVO. On the other hand, to the extent the common credentialing solution must coordinate with health care regulatory boards or conduct all primary source verifications, a CVO may be best positioned to understand and have current processes for the intricacies of primary source verifications and notifications.

Two other details to highlight are experience with clients in Oregon and experience with provider directory work. Several vendors stated that they have clients that operate in Oregon

which may suggest that they are familiar with the Oregon Practitioner Credentialing Application. In regards to provider directory experience, a few vendors indicated they have or are currently using credentialing data to populate directories at some level. While all vendors expressed the ability to export data to a provider directory solution, only two vendors had detailed knowledge about provider directory standards.

Considerations
Given the lack of implementation funding, the OHA would like to focus efforts on procuring for a vendor with a well-established web-based commercial off-the-shelf solution (proven solution benefits) in order to maximize efficiencies in the implementation process. In addition, it may be necessary to consider vendors that are either CVOs, in the process of becoming a CVO, or are partnering with a CVO so that details involved in the credentialing process are already established. The CCAG should discuss these considerations and make recommendations for the RFP.

Technology and Security

Most of the vendors described a common credentialing solution that would rely on modular applications accessible through a secured web portal. RFI respondents state that information in the solution would be stored in relational databases and that data field customization would be available to track and report on additional or new types of information. Some of the vendors indicated that their software could also be installed locally on client workstations. One vendor responded to the RFI in the capacity of a systems integrator and stated that they would recommend or select a commercial off the shelf COTS credentialing product.

RFI respondents identified single-sign on as an important feature for identity management and system security. Some of the vendors would allow users to access the common credentialing solution using a common login such as Active Directory credentials, Windows login information, or LDAP directory authentication. Each of the vendors allowed for flexible restrictions for access to provider data. Account management could be delegated for a group of providers under one organization. Many of the vendors also outlined role based account permissions and customizable access controls to certain areas within their solutions.

System business rules would be used to validate information entered into the system. Some of the vendors specifically stated that they would support attestations to allow providers to verify information submitted by a delegate on their behalf. Digital signatures were generally supported, but at least two vendors noted that they would not be able to support this function.

Multiple vendors reported that their common credentialing solution would not contain personal health information. Compliance with Health Insurance Portability and Accountability act (HIPPA) security safeguards for personal data protected health information was not addressed within this group of RFI responses. Others indicated that their solutions would meet HIPPA and Health Information Technology for Economic and Clinical Health Act compliance requirements for personal data and protected health information.

Continuous system activity monitoring through a log and event manager that included date/time stamps would be included in many of the common credentialing solutions. The vendors would perform security audits, third party penetration testing, and virus scanning before documents and files are uploaded into or downloaded from the system. Almost all of the vendors said they would provide a security layer or a firewall between system applications and databases within the solution. Data encryption as well as secure connections between the applications, clients, and web servers using Secure Sockets Layer (SSL) certificates would be provided. At least one vendor would obfuscate (scramble) documents saved, uploaded, and/or created in the solution.

Data quality and consistency in the common credentialing solution would be maintained using pre-populated, drop-down menus or pick lists as well as calendar or date-boxes to minimize free text entry by users. Missing or illogical information would be flagged using a basic automated validation system (e.g. alpha characters in a numeric field or the incorrect number of charters in a fixed field). Some of the solutions would be able to track, generate reports, and send notifications for individuals with missing information. At least one vendor noted that automatic notifications system (alerts) could be combined with Direct Secure Messaging.

Most of the vendors indicated that their solution would support common credentialing process automation and the ability to integrate data with third party systems through an application programming interface (API). Flat-file formats were also generally supported. Multiple respondents included an option for HL7 messaging. Outputs for the data would include on-line queries, customizable reports, and database exports to FTP/SFTP in a variety of formats (spreadsheet, PDF report, flat file).

Considerations

While similarities in the technology used for current credentialing solutions were identified, detailed specifications to meet Oregon's common credentialing solution needs will need to be addressed in the development of a successful RFP. The OHA will be working with internal information technology experts to map out this area of the RFP to meet solution requirements. CCAG members are encouraged to promptly identify any information technology or credentialing system subject matter experts they would like to recommend to assist the OHA in this area.

Functionality, Data Access, and Quality

Questions in the RFI were tailored to better understand functions of credentialing solutions that may be useful and available for Oregon's common credentialing effort. A series of questions was posed related to system functions and how data could be made accessible and managed. Responses were comprehensive and included a great deal of detail that will assist the OHA in developing a successful RFP. For analysis purposes, the OHA focused primarily on details pertaining to web-based access and availability, import and export capabilities, data validation and auditing functions, and notifications.

Most of the vendors currently offer a web-based solution available 24 hours a day, seven days a week. They all mentioned the capability of easy interfacing with various types of systems as noted above under Technology and Security. Almost all vendors would be able to accept manual, paper, or flat file data sources. Many of them indicated document imaging and management functionality. This translates into the ability for practitioners to submit credentialing information in numerous formats and flexibility of vendors to work with entities that have varying levels of technological capability. While most vendors indicated automated notifications for expiring credentials or when attestations are required, only a few vendors mentioned that automated change notifications would be sent to the practitioner or the credentialing organizations any time a change is made.

Most vendors have data validation processes, ensure adequate bandwidth during peak hours, and have account management functions. In addition, a handful of vendors indicated the ability of multiple users to view the same record concurrently with date/time stamp functionality to ensure data integrity. Almost all vendors indicated the functionality of both predefined and ad hoc reporting. Most of the vendors also mentioned data back-up schedules and business continuity plans.

Considerations

It is apparent that functionality, data access, and quality will be the most complicated component of the RFP. The OHA must ensure that each desired function is explained clearly and comprehensively to ensure the most appropriate and thorough responses. Specific functions that are understood to be necessary for the efficient implementation of Oregon's common credentialing solution should be discussed by the CCAG to determine RFP requirements. These include:

- *Document imaging and management functions that will support a more efficient PSV process and ensure success in obtaining practitioner information from HCRBs,*
- *Automated notification for expiring credentials as well as change notifications, and*
- *Detailed requirements for concurrent review and data validation.*

Primary Source Verification

Conducting primary source verifications (PSVs) according to accrediting entity requirements is a critical component of the credentialing process. Initial discussions with the CCAG on how the OHA or a vendor could work with the HCRBs in creating an efficient PSV process in compliance with accrediting entity standards revealed three main options: (1) Require the HCRBs to conduct all PSV for health care practitioners, (2) Require a vendor to conduct all PSVs, or (3) Develop a coordinated approach.

Having the HCRBs conduct all PSV would essentially require an expansion in the business practices of 14 separate HCRBs (those responsible for licensing health care practitioners who must be credentialed). This is because additional verifications would need to be conducted between licensing periods to comply with accrediting entity requirements. The second option of requiring a vendor to conduct all the PSV would be inconsistent with legislative intent to use

the information already collected and verified by HCRBs. Therefore the OHA settled on the third option and worked with the CCAG and HCRBs on a coordinated approach.

Through stakeholder conversations, challenges in using all PSVs from HCRBs were discussed in relation to the timing of the information verified and provided versus when it is used for credentialing. Accrediting entities require some credentialing information to be verified from the primary source within 180 days of credentialing which means that this information may need to be reverified between licensing periods (e.g., work history, sanctions and claims history, background checks, etc.). Condensations were made based on these conversations and in the RFI, an example was provided in the RFI that highlighted how primary source verification could be coordinated with HCRBs (see **Table #1** below) with the basic assumption that at least the static information from HCRBs would not need to be verified. Vendors were asked to provide feedback on this issue and/or identify alternative approaches.

All vendors responding to the RFI claim to be able to conduct primary source verification (PSV) according to national accrediting entity standards either as a full service CVO, through a partnership with a CVO, or through electronic verifications. Several vendors agreed that the PSV example provided in the RFI is an acceptable approached and there was only one vendor that offered a different approach. That approach simply reorganized the example to only use static information from health care regulatory boards for initial credentialing and recredentialing, which is inconsistent with the ideal approach and legislative intent. Most vendors, however, indicated flexibility in how PSV will be required to be completed.

Table #1: Primary Source Verification Coordination with HCRBs

Credentialing Data Element	PSV by HCRB	PSV by Vendor	Comments
Medical/Professional Education	YES	NO	None
Foreign Medical Education	YES	NO	None
Internship, Residency, Fellowship	YES	NO	None
Board Certification/Recertification	YES	YES	Vendor to verify if expires after HCRB verification
State Licensing Information	YES	YES	Vendor to verify differences reported by the practitioner compared to HCRB information
Drug Enforcement Administration	NO	YES	None
Hospital/Facility Affiliations	YES	YES	Vendor to verify differences reported by the practitioner compared to HCRB information
Practice/Work History	YES	YES	Vendor to verify differences reported by the practitioner compared to HCRB information
Continuing Medical Education	YES	NO	None
Professional Liability Insurance	NO	YES	None
Sanctions, Discipline, Convictions	YES	YES	Vendor to verify if PSV from HCRB is >6 months
Liability Claims/Lawsuits	YES	YES	Vendor to verify if PSV from HCRB is >6 months

Considerations
*Because a few vendors pointed simply to electronic means of verification, the OHA feels that the process of PSV must be clearly articulated in the development of an RFP. Legislative intent to reduce current duplicative processes and use health care practitioner information already collected and verified by HCRBs must also be explained. This must include the identification of static information provided by the HCRBs and the process of identifying what information may need updated verification by the vendor. The OHA continues to support the PSV coordination example provided in RFI (**Table #1** above) and seeks to gain final comments from the CCAG.*

Fee Structure

While a handful of the vendors decline to respond to the cost inquiry in Appendix 4: Cost Sheet, other vendors responded pertaining to implementation costs and fees for both health care practitioners and credentialing organizations. These responses included not only a large range of costs and fee amounts, but also varied fee structures.

In terms of cost, some vendors claimed they could alter their current systems and absorb the implementation costs with the exception of interfaces needing to be established. Others stated high implementation costs with annual maintenance fees. There were a few middle-ground suggestions that using the vendor's commercial off the shelf product could allow for efficiencies and only initial interfaces and licensing fees would be incurred.

Suggested fee structures ranged from enterprise fees based on number of users, annual fees combined with per practitioner fees, and fees based on number of transactions. Many fee structure suggested took into account provider panel size and practitioner type. One vendor mentioned that providers would view the common credentialing solution as similar to other smaller repositories currently in use and "free of charge," which led them to believe it is not as appropriate to now charge them a fee for a similar service. A few other vendors indicated separate fees for different credentialing functions such as initial applications and sanctions monitoring.

While the OHA was unable to identify an "across the board" fee structure theme, fee structure principles developed with help from subject matter experts and the CCAG may help provide some guidance. These principles identify the need to ensure that fees are balanced for credentialing organizations and practitioners based on the size of the organization and the type of provider, respectively. For example, fees for credentialing organizations must consider the size and practitioner panel and fees for practitioners must consider practitioner type as physicians generally have more complicated credentialing requirements than practitioners such as massage therapists. **Table #2** below considers the fee structure principles in assessing issues associated with some of the common fee type types suggested in different variations in the RFI responses.

Table #2: Fee Structure Issues Assessment		
Payee	**Type of Fee**	**Considerations**
Credentialing Organizations	Standard fee for participation	• Would disadvantage smaller COs • Disadvantages COs with less complicated practitioner panels
	Fee per practitioner	Provider type complexities would need to be considered
	Combination of annual participation fee and per provider type	Annual participation fee would have to be minimal in order to be equitable considering CO size variances
Practitioners	Small fee	• Practitioners do not currently pay • Fee must be by practitioner type
OHA	Implementation fee	No implementation funding
	Annual licensing/ maintenance fee	Would need to be covered as part of operations and maintenance fees
	Collective per practitioner fee	Would need to be collected as part of operations and maintenance fees
Various	Fees for special changes	This could be fees for COs that ask the vendor to create and additional data field for their purposes.
	Fees for interfaces not covered under implementation	• Fees for COs requiring special interfacing capabilities • Fees for provider directory interfacing

Considerations

Due to the range of cost and fee structure suggestions receive in the RFI responses, the OHA must rely on carefully developing the RFP to clearly identify the:

- *Purpose of Oregon's common credentialing effort to reduce redundancies and reap the benefits of producing economies of scale.*
- *Expectation that a COTS solution would be altered to accommodate Oregon's needs*
- *Number and type of credentialing organizations and practitioners that will utilize the Solution*
- *Fee structure principles developed through subject matter experts and the CCAG*
- *Anticipated process for collecting fees, whether internally or through the vendor*

The OHA would like to obtain input from the CCAG on approach above for the development of fee structure RFP language. It should also be discussed whether or not practitioners should be charged a fee for credentialing.

Provider Directory Capabilities

Optional questions pertaining to the ability of vendors to include provider directory services leveraging the common credentialing data were included in the RFI. While most of the vendors indicated support for the basic provider directory functionality in that it would be possible to use their current offerings as a primary source for general information associated with providers, they generally indicated that additional modifications and development would be required to fully support the provider directory capabilities outlined in the RFI.

Most of the vendors did not provide in depth information about the provider directory capabilities of their solutions, but a few details were noted. Some of the respondents would be able to support a

variety of affiliations between providers and organizations/groups (i.e. hospitals, health plans, clinics). One of the vendors said that their solution would be able to track affiliations with one-to-one, one-to-many, or many-to-many associations. At least one respondent noted that provider re-attestation data would be used to update or validate information in a provider directory. Another vendor suggested that third party validation could be used to verify email address, telephone, and address information in a provider directory.

Process automation and the ability to integrate data with third party systems would be supported within most of the credentialing solutions. Flat-file formats for a provider directory could also be developed. Most of the vendors indicted that their solutions currently would not support HPD, HPD Plus, or HPD Federated. Although some stated that support for this feature was planned for the future. One vendor stated that additional clarification would be necessary for the requirement to support federation by orchestrating queries, while another vendor said that they had been unable to identify partners for federated directory queries. Others reported that their system databases and exports could be customized or modified to support a variety of data structures.

Considerations

While most of the vendors could leverage their credentialing solutions to populate a provider directory, they could not support full provider directory capabilities without additional modifications and development. And even though a few of them stated that support for HPD, HPD Plus, or HPD Federated could be planned for in the future, most of the vendors' solutions would not be able to support those standards. The OHA is working internally to determine how best to coordinate the requirement of a common credentialing solution and the need for a state-wide provider directory and will consider the RFI responses in this area moving forward.

IN SUMMARY

As previously mentioned, this document serves as an analysis of responses to the common credentialing RFI. This analysis and its considerations will guide discussions with the CCAG to gain additional advice that will aid the development of a comprehensive RFP. The OHA will consider all research, RFI responses, and stakeholder discussions in the RFP development phase to help ensure creation of an efficient common credentialing solution that will reduce costs and administrative burdens for the health care industry in Oregon. It is anticipated that the RFI will be released by July 2014 at the latest.

Oregon Common Credentialing RFI #3707

Repsonse Analysis Summary Matrix

#	CVO	Oregon Experience	Vendor Profile	Fee Structure	Primary Source Verification	Technology and Security	Functionality, Data Access, and Quality	Provider Directory
1	Yes (Partner entity)	Yes (Partner entity)	- Operates as an HIE - Partners with a CVO that uses Medicaid Transformation Grant funds - Web-based solution - Serves multi-state clients with Oregon practitioners	Declined to estimate	- Medversant can handle all verifications - Heavy on electronic verification and continuous monitoring - Will wait for implementation to work out HCRB participation	- Web-based solution runs on HTML 3.2 - Open database: MS SQL Server and Oracle - Provides export and import (HL7, XML, XPF, and Data Objects) formatting options - Field-level and role-based security - LDAP authentication and auto-login based on user's network password - Web-based application at >2048-bit SSL	- Web-based solution available 24/7 - Document imaging - Back-up and disaster recovery plans - Standard and ad hoc reporting - Bandwidth seldom an issue - Provides field-level auditing - Data validation and de-duplication - Automated sanctions and licensing tracking	-Can communicate with a PD - Has processes in place that track and manage provider affiliations - Experience with HL7, but not HPD
2	Yes	Yes	- An establish CVO with a solution that meets accrediting entity requirements - Web-based solution with automated PSV capabilities - Currently has several customers in Oregon - Solution available in a hosted solution or a client/server solution with a web interface	- Implementation and integration fee - Annual fee for PD services - Software licensing fee per user with an annual maintenance fee of $240 - Flat file extraction/interfaces at $1,200 - Per person training costs - CVO fees include amount for initial and renewal with a very low per practitioner maintenance fee	- Solution allows automated batch processing for NPDB and the OIG	- Web-based technology - Can integrate using API or flat file (XML and ASCII) - No specifications	- Web-based solution - Can handle manual paper process - Data validation and de-duplication - Automated sanctions and licensing tracking	- Used as a directory in another state - Can integrate using API or flat file (XML and ASCII) - Access to provider data through real-time, on-line queries or via database extracts by FTP.
3	Will partner with a CVO	Yes	- Well established CMS and accrediting entity compliant web-based software application - Will partner with a CVO - Have supported personnel in various state to accomplish support excellence - Generally hosted by vendor with perpetual licenses and ongoing maintenance and service agreements	- Single server, multiple user license fees in increments starting from 5 users to 90 users; with annual maintenance fees - Enterprise users license fees from 100 users up to 400 users; with annual maintenance fees - Allotment of free implementation services with billable rates for additional hours - Online provider directory fee with an additional annual maintenance fee	- Have NCQA and URAC certified CVO client/partners that will partner on RFP - Supports extensive list of automated verifications - No other PSV suggestions	- Web-based technology - System uses ODBC and ODBC-JDBC - Supports Sybase SQL and MS SQL Server - Can work with other technologies including FTP/SFTP - File formats typically XML-based or flat file - Client data is in a SAN environment on separate private network -Data transits under 128-bit encryption SSL - Firewalls, IDS, ACL, server hardening, NAT, managed firewall and IDS security services - Has varying access levels	- Web-based solution available 24/7 - Standard and ad hoc reporting - Document imaging and management - Data validation, audit, and de-duplication - Data roll back for orphaned or incomplete data sets - Date/time stamp capabilities to prevent change of attested information	- Will build the necessary application and interfaces when required
4	Will partner with a CVO	Yes	- Not a CVO, but solution is deemed compliant by accrediting entities and will partner with a CVO - Web-based repository with module for practitioners	- First year administrative fee, smaller annual fee after that - Small per provider fees for COs to pay - Sanctions monitoring fee - No charge to providers	- Will interface with HCRBs for data - Willing to partner with a CVO to do PSV - No other suggestions	- Web-based technology - File formats typically XML-based - Can handle manual input, spreadsheet imports, and sophisticated xml and web services interfaces - Protected by Oracle security - Secure encrypted SSL communications between host and client browsers - One-way encryption on user passwords	- Web-based solution available 24/7 - Document imaging processor w/bar code - Can handle manual paper process - Data validation auditing feature - Automated notifications of expirables - Standard and ad hoc reporting - Account management functions	- Can utilize currently available directory data exports with additional development
5	Will partner with a CVO	Yes	- Well established web-based solution - Will partner with CVO for PSV and hosting - Experience with multiple cities, states, and regions where no single domain model exists	Declined to estimate	- Partners with a CVO that is NCQA certified - Would want to do verification for education, internships/residencies, board certifications, and hospital affiliations; rather than relying on HCRBs	- Web-based technology - Uses Microsoft SQL Server, an industry standard relational database management system - Integrates with other applications and exchanges transactional data using XML - Also Net Web Services (SOAP calls) and DTS packages as long as a documented API is available - All data transferred using SSL for secure transmission - Account management tied to specific security permissions - Audit trail capabilities	- Web-based solution available 24/7 - Automated notifications of expirables - Document management and imaging - Billing and invoicing - Standard and ad-hoc reporting - Integration/Interface with third parties - Same record can be viewed concurrently by multiple locations/users - Adequate bandwidth during peak hours - Data validation and cleansing processes	- Currently provides data directories - Could interface with a state-level or local/organizational provider directory - Could meet PS requirements (HPD) - Could support one-to-one, one-to-many, or many-to-many affiliations
6	Will obtain CVO cert.	Yes	- Not a CVO, but willing to obtain certification - Web-based Commercial Off-the-Shelf solution - Experience with COs and licensing organizations - Experience with PD functionality	- No implementation costs, includes all flat file import and exports - Estimates for interfaces - Single fee per year per CO user	- Agrees with example provided in RFI - Focus on electronic verifications - No other suggestions	Inconclusive	Inconclusive	- Currently a systems integrator - Would provide a COTS PD solution - Evaluating HPD, HPD Plus, HPD Federated
6	Yes	No	- Partners with a CVO - Web-based solution with more than 2,800 data fileds	- Annual fees based on # of provider records - Baseline and comprehensive Implementation costs - Provider Directory implementation costs	- No proposed process for verification, but indicated they can do reverify HCRB verifications or do initial PSVs - Provides automated verifications and provides customized verification templates	- Written primarily in .Net, with some legacy classic .ASP pages - Can run product on Windows Server 2012 - Runs on MS SQL-Server database, versions 2005 and greater (+2012) - Has built in formatting types including SDF, Delimited ASCII, HL7, and XML - Utilizes data encryption technology and hardware, third party, and other enhancements to secure client data and meet applicable HIPAA and HITECH req.	- Web-based solution available 24/7 - Can map and import provider data from unlimited # of sources (flat file or HL7) - Workflow process engine to monitor expiring credentials with automated notification capabilities - Data back-up processing and a disaster back-up/recovery data processing site	- Can provide export of flat file or HL7 data - Connections to other sources of data, including external directories/applications through API, ASCII files, direct network, HL7, and XML - Web portal access to search and view provider data - Supports affiliations between providers and organizations

Oregon Common Credentialing RFI #3707

Repsonse Analysis Summary Matrix

#	CVO	Oregon Experience	Vendor Profile	Fee Structure	Primary Source Verification	Technology and Security	Functionality, Data Access, and Quality	Provider Directory
7	Will obtain CVO cert.	No	- Established credentialing solution managing credentialing for 20 organizations in nine states - Full service CVO, although not certified - Practitioner file management service that automates PSV records in a continuous state of compliance - Compliant with accrediting entity requirements - Hosted by vendor	- Fee per practitioner per year - Fee for COs per practitioner per year	- Automated verifications and ability to capture details images of verifications - PSV example acceptable	- Utilizes PowerBuilder, Sybase, SAP, and SQL for programming languages and database mgt. systems - Uses MS SQL for database - Can connect with any data source with an ODBC driver - Stored data are accessed over an enforced TLS/SSL connections - Will work with a tier one anti-virus and security company with malware protection - Supports digital signatures	- Supports both single and multiple practitioner processing - Automated correspondence generation and tracking - Automated application auditing/tracking - Ability to coordinate committee processes and electronic approvals - Ability to define access rights/permissions - Runs over 100 standard reports and has ad hoc reports capabilities	- Ability to tag PD information and export it in multiple database formats or an HTML table
8	No	Yes	- Primarily a provider directory solution - Not a CVO, but significant experience with credentialing organizations -Minimal experience with accrediting entities; would partner/contract with a certified COTS vendor - Experience with a solution that hosts over 500 Oregon providers	Declined to estimate	- Can establish interfaces as necessary - Agrees with example, but needs more clarification on sources	- MS Windows Server 2003, Adobe Coldfusion 9, MS SQL Server 2008 R2 - A SOAP compliant WSDL based web service is available for receiving data feeds; preferred format for data extraction is MS Excel; uses HL7 to import and export - Supports a SOAP invocation using HTTP - FuseBox 3 development framework stnd. - 1024-bit SSL encryption for in-transit data HIPAA complaint 24/7 monitored Intrusion Detection and Prevention system - Only required ports to be open of firewall are 80 and 443; outbound SMTP only for sending automated email - .Net based software system	- Web-based solution - Support paper and scanned images - Can work directly with boards to establish data exchanges - Supports account management - Logs changes sequentially - Quality Assurance implemented through all software life cycles - Service level agreements available for specifying response/recovery time objectives using Peak 10 Recovery Cloud - Regular data back-ups	- Could technically support PD services by utilizing current application - Did not understand request for a federated PD or orchestrated queries
9	No	No Response	- Well established web-based solution - Not a CVO, but follows strict accrediting entity requirements - Web-based solution that automates credentialing - Conducts electronic PSV and identifies manual PSV needed	- State to pay for core licensing and implementation; licensing fees based on number of providers, not users - Annual subscription fee for providers - User fee for COs based on #of providers - Amenable to fixed price component for licensing and variable costs based on participation	- Can do PSV or be work with HCRBs - Suggests static information from HCRBs	- Microsoft SQL Server database Web services based integration supported by Service oriented Architecture (SOA) - Supports paper and scanned documents - Indicates capable of integrating third-party systems with various levels of technological capabilities, but no details provided - .NET framework - Code access security by component	- Supports web browsers on laptops, desktops, tablets, and mobile devices - Internet Security and Acceleration provides application tier filtering - Web-based solution available 24/7 - Can provide custom dashboard/reporting	- Ability to provide PD information via flat file or API extractions - Twelve years experience as a federated identity management service - Currently operates a limited provider directory - Have been unable to identify ready and willing partners for federated directory queries
11	Yes	Yes	- Decades of credentialing experience as a system and as a CVO since 2000 - Operates, manages, and hosts own product - Over 800 client organizations and has data on more than 22,000 Oregon providers - Web-based solution	- Baseline Solution, comprehensive, and PD first year costs with inflations increases - Annual fee per CO based on panel - No cost to practitioners	- Response unclear; states vendor will do all PSV to ensure HCRB/Oregon Credentialing - Suggests 90 day reattestation cycle	- Written in MS .Net framework leveraging MS SQL Server and relevant services - Supports interchanging formats such as XML, CSV, and HL-7	- Allows for manual, scanned, and automated input - Would facilitate HCRB import manually or electronically - Meticulous management of expiring records with notifications - Intuitive report writing and account management	- System has been and can be used as a governing source for PDs - System can be leveraged to meet Oregon's PD data needs through flat file, API interface, or HL7 compliant transmission - Practitioners are able to edit and maintain their own information - Support for HPD, HPD Plus, HPD Federated would require development
12	Yes	No	- CVO and certified ISO 2008:9001 for Qlty Mgt - Operates and maintains own web-based solution - Remains compliant with varying accrediting entity standards through a quality control department Currently works with a variety of health care organizations	- One-time implementation cost - Annual fees per providers; by type	- Currently conducts PSV - Does not feel HCRB information will be necessary; response unclear	- Built on SOA and other technology - Use SOAP, XML, HL7, and other industry standard formats/protocols for interfacing - Allows for importing from HCRBs and malpractice carriers with Dynamic Import Utility - All data transmission over public networks performed using SSL - Secure FTP for exchange of data or secure information to and from clients - Compliant with HIPAA and HITECH regulations - Servers managed in SSAE 16 Type II-audited and U.S. Federal Government's FISMA certified Network Operation Center	- Web-based solution; can be 24/7 - Allows for images, confirmation dates, application status, electronic signatures - Can write custom interfaces for Boards - Automated notifications can be set - Unlimited form letters can be created on demand or through mass process Account management functions at both database and application levels. - Audit trail capabilities (also searchable) - Stores provider data images, and generated documents - Allows ad hoc querying (+ graphs/links) - Data back-ups can be customized, but recommend hourly transaction back-ups and nightly file back-ups of images and docs	- Offers an Online Directory using web services to provide real-time queries into the solution - Familiar with HPD Plus standards and HPD Federated framework and standards - Supports real-time queries and unlimited affiliations

409-045 Common Credentialing
Rules Advisory Committee (RAC) members

Carmel Anderson, CPCS carmel.anderson@pacificsource.com
Credentialing Manager, PacificSource Health Plans

Debra Bartel, FACMPE debrab@pdec.org
Clinic Administrator, Portland Diabetes & Endrocrinology Center PC

Cindy Bergley Cindy.bergley@premera.com
Team Lead – Network Compliance, LifeWise Health Plan of Oregon

Manuel Berman (Manny) many.berman@tuality.org
Hospital Administrator, Chief Operating Officer, Tuality Healthcare

MaryKaye Brady, RN, MBA, FACMPE MBrady@whallc.com
Director: Strategic Initiatives, Women's Healthcare Associates, LLC

Michael J. Catello Michael.j.catello@healthnet.com
Manager, Health Net of Oregon/WA

Gwen Dayton, JD gwen@theoma.org
General Counsel and Vice President, Health Policy, Oregon Medical Association

Denal Everidge everidgd@ohsu.edu
Medical Staff Coordinator, Oregon Health & Sciences University

Kimberly Fisher, Kimberly.fisher@state.or.us
Interim Operations & Policy Analyst, Oregon Medical Board

DeWayne Hatcher, dewayne.r.hatcher@state.or.us
SERV OR Systems Coordinator, Health Security, Preparedness and Response Program, OHA/Public Health

Shannon Jones sjones@willamettedental.com
Human Resources Manager, Dentist Relations and Recruitment, Willamette Dental Group

Dr. Kenneth Lindsey, MD, MBA, CPE, FAAFP Kenneth.lindsey@asante.org
Vice President Medical Affairs, Asante – Three Rivers Medical Center

Julie McCann, CPCS Julie.mccann@modahealth.com
Supervisor, Credentialing, Moda Health (formerly ODS Health Plan)

Mary Pohlman, CPCS Mary.E.Pohlman@kp.org
Credentialing Coordinator/Supervisor, Kaiser Permanente

Michael Razavi, MPH, CADC 1, CRM, CPS mrazaviosu@gmail.com
ACCBO, Sherwood

Joan A. Sonnenburg, RN joansonnenburg@chiwest.com
Director Medical Staff Services, Mercy Medical Center

Jean G. Steinberg, CPMSM, CPCS jsteinberg@stcharleshealthcare.org
Director Medical Staff Services, St. Charles Health Systems

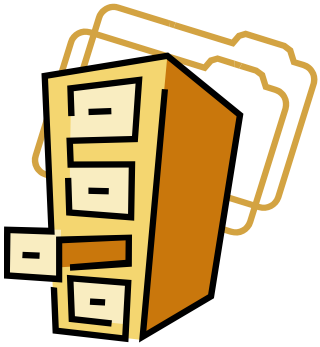
Department of Human Services

Permanent Administrative Rule Time Line

Rule Title: Credentialing (SB 604 & SB 569 Merged, current ACPCI amended)

Rule Number(s): 409-045-0000 and #s to TBD

Action: Permanent Rule(s) - Adopt



Proposed Effective Date:
6/30/14

5/10	☐	Program provides rule coordinator (RC) with draft rule text, filing documents, and list of interested parties
5/11	☐	RC notifies legislators
5/11	☐	RC files documents with Secretary of State (SOS)*
6/1	☐	RC notifies interested parties
6/1	☐	Notice posted in SOS bulletin*
week of 6/19	☐	Hearing date (RC and program attend)*
6/30	☐	RC files final documents with SOS and legislative counsel
6/30/14	☐	Rule effective date

***not** applicable to temporary rules

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

DIVISION 45
Health Care Practitioner Credentialing

409-045-0000
Definitions

The following definitions apply to OAR 409-045-0025 to 409-045-0130:

(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) "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.

(5) "Credentialing information" means information necessary to credential or recredential a health care practitioner.

(6) "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) Independent Physician Associations

(b) Ambulatory Surgical Centers

(c) Hospitals

(d) Health Plan Issuers

(e) Coordinated Care Organizations

(f) Dental Plan Issuers

(7) "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~~an originating-site hospital and a distant-site hospital that stipulates that the medical staff of the originating-site hospital will 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~~.

(8) "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.

(9) "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) Doctor of Medicine

(b) Doctor of Osteopathy

(c) Doctor of Podiatric Medicine

(d) Physician Assistants

(e) Oral and Maxillofacial Surgeons

(f) Dentists

(g) Acupuncturists

(h) Audiologists

(i) Licensed Dieticians

(j) Licensed Marriage and Family Therapists

(k) Licensed Professional Counselor

(l) Psychologist Associate

(m) Speech Therapists

(n) Physical Therapists

(o) Occupational Therapists

(p) Registered Nurse First Assistant

(q) Advance Practice Registered Nurses

(r) Psychologists

(s) Licensed Clinical Social Worker

(t) Optometrist

(u) Chiropractor

(v) Naturopathic Physician

(w) Licensed Massage Therapists

(10) "Health care regulatory board" means a board or other agency that authorizes individuals to practice a profession related to providing health care services for which the individual must be credentialed and recredentialed.

(11) "Health services" means clinically related diagnostic, treatment or rehabilitative services, and includes alcohol, drug or controlled substance abuse and mental health services or dental services that may be provided either directly or indirectly on an inpatient or ambulatory patient basis.

(12) "Hospital" means a facility with an organized medical staff and a permanent building that is capable of providing 24-hour inpatient care to two or more individuals who have an illness or injury and that provide at least the following health services:

(a) Medical;

(b) Nursing;

(c) Laboratory;

(d) Pharmacy; and

(e) Dietary.

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

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

(15) "Solution" means the Oregon Common Credentialing Solution.

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

Stat. Auth.: Sections X to XX, Ch. 603, OL 2013, ORS 441.056
Stats. Implemented: ORS 441.056, 441.223, 442.015

409-045-0025
Oregon Common Credentialing Solution

(1) The Oregon Common Credentialing Solution (Solution) 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 Solution shall include, but is not limited to the following:

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

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

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

(d) A process by which and Health Care Regulatory Boards may input and access health care practitioner credentialing information.

(e) A program that includes coordination with health care regulatory boards and the process of primary source verification of credentialing information.

409-045-00300~~00~~
Oregon Practitioner Credentialing Application ~~Psycician Credentialing, Health Care Service Contractors~~

(1) The Oregon Practitioner Credentialing Application (OPCA) and the Oregon Practitioner Recredentialing Application (OPRA), as most recently approved by the Authority ~~on September 28, 2011~~ based on recommendations from the ~~both of which were approved by the~~ Advisory Committee on Physician Credentialing Information (ACPCI) ~~on September 28, 2011~~, ~~and both of which carry that date~~the effective date of May 1, 2012, are adopted with respect to ~~hospitals and health care~~credentialing organizations ~~service contractors~~ as Exhibits 1 and 2 to this rule. ~~Both applications carry the effective date of May 1, 2012.~~

(2) Each credentialing organization ~~hospital and health care service contractor~~ shall use the ~~application forms adopted in section (1) of this rule~~OPCA for the purpose of credentialing health care practitioners.

~~(2)~~(3) The Solution shall use the application forms adopted in this section as the template for health care practitioner credentialing and recredentialing information.

(~~3~~4) ~~This rule is adopted pursuant to the authority of ORS 442.807for the purpose of enabling the collection of uniform information necessary for hospitals and health care service contractors to credential physicians seeking designation as a participating practitioner for a health plan, thereby implementing ORS 442.800 to 442.807with respect to hospitals and health care service contractors.~~

Stat. Auth.: ORS 441.223
Stats. Implemented: ORS 442.221 – 441.223

409-045-0035
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 meet at least once per year.

(5) The Advisory Group shall be responsible for advising the Authority on the process of credentialing an recredentialing, including but not limited to the following:

(a) Credentialing industry standards,

(b) Common Credentialing Solution

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

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

(6) Members of the committee may not receive compensation or reimbursement of expenses.

Stat. Auth: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

409-045-0040
Credentialing Information

(1) The Solution shall accept all HCRB verifications of credentialing information as provided in accordance with OAR 409-045-0045 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 reports from Credentials Verification Organizations (CVOs) or approved agents that meet accrediting entity requirements.

Stat. Auth: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

409-045-0045
Health Care Regulatory Board Participation

(1) An Oregon Heath Care Regulatory Board that licenses health care practitioners shall provide practitioner information and documentation to the Solution. Information and documentation must be provided in a format and as often as agreed upon between the HCRB and the Authority

(2) A HCRB 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) HCRBs shall authorize the use of practitioner data through data use agreements established between HCRBs and the Authority.

(4) A HCRB unable to provide information to the Solution by January 1, 2016, may submit a petition to the director of the Authority for consideration of a one-year waiver from the requirements of this Section. The petition for a waiver must include:

(a) The name of the HCRB

(b) The phone number and email address for the HCRB contact person.

(c) A description of specific barrier to submitting information and documentation

(d) Efforts or ideas to address the barrier and in what timeframe.

(e) The identification of support, including funding, needed to accomplish the efforts or ideas.

Stat. Auth: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

409-045-0050
Credentialing Organization Participation

(1) Credentialing Organizations must obtain health care practitioner credentialing information from the Solution if that information is kept and maintained in the Solution.
(2) Credentialing organizations may not request credentialing information from a health care practitioner if the credentialing information is available through the Solution.
(3) 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.
(4) 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 OAR 409-045-0050. The director may award the petition for a period of one-year if the director determines that subjecting the health plan to OAR 409-045-0050

is not cost-effective. If a petition is granted under this section, the exemption also applies to any health care facilities and health care provider groups associated with the health plan. The petition for exemption must include:

(a) The name of the prepaid group practice health plan petitioning the Authority,

(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 justification of why the Solution is not cost-effective, and

(e) How the prepaid group practice health plan meets or exceeds the requirements of the Solution or similar accredited process.

Stat. Auth: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

409-045-0055
Health Care Practitioner Participation

(1) Credentialing Information and documentation required pursuant to OAR 409-045-0030, but not available from the HCRBs, shall be submitted by the health care practitioner or designee for which the information is needed.

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

(3) Attestation of credentialing information must occur within 90 days once the complete initial credentialing application information is entered. Re- attestation must occur within 90 days from the date of the initial attestation and every 90 days thereafter. Should credentialing information be updated and attested to by a provider outside of this 90 day re-attestation cycle, the next required re-attestation for the provider shall be due 90 days from the most recent attestation.

Stat. Auth: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

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) 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: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

409-045-0065
Imposition of Fees

The Authority may impose fees on health care practitioners who submit credentialing information to the Solution and on credentialing organizations that access the Solution. Fees shall not exceed the cost of administering the Solution.

Stat. Auth: Sections X to XX, Ch. 603, OL 2013
Stats. Implemented:

Credentialing Requirements for Telemedicine Providers

~~**409-045-0105**~~
~~**Purpose**~~

~~These rules, OAR 409-045-0105 to 409-045-0130, establish credentialing requirements for telemedicine health care practitioners providing telemedicine services from distant-site hospitals in Oregon to patients in originating-site hospitals in Oregon.~~

Stat. Auth.: ORS 441.056
Stats. Implemented: ORS 441.056, 441.223, 442.015

409-045-0110
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 441.056
Stats. Implemented: ORS 441.056, 441.223, 442.015

409-045-0115
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 ~~accompanying~~ documents:

(A) A copy of state medical license;

(B) Drug Enforcement Agency certificate;

(C) ~~Educational Commission for Foreign Medical Graduates certificate~~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 5 years ~~previous~~.

(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 ~~must~~ 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 ~~shall~~ not require a telemedicine provider to attend physician and ~~/~~staff meetings at the originating-site hospital.

(5) Originating-site hospitals may ~~must~~ not request credentialing information if the credentialing information was made available under OAR 409-045-0115 ~~(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~~, every two years,~~ provide a completed current Oregon Practitioner Recredentialing Application and all other information required in OAR 409-045-0115 ~~(1)~~.

Stat. Auth.: ORS 441.056
Stats. Implemented: ORS 441.056, 441.223, 442.015

409-045-0120
Distant-Site Hospital Agreements

Instead ~~lieu~~ of the requirements in OAR 409-045-0115, hospitals may use delegated credentialing agreements to ~~provide that the governing body of a hospital accepts the recommendation of the medical staff at another hospital to credential telemedicine providers~~ stipulate that the medical staff of the originating-site hospital shall ~~will~~ 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 409-045-0115.

Stat. Auth.: ORS 441.056
Stats. Implemented: ORS 441.056, 441.223, 442.015

409-045-0125
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 441.056

Stats. Implemented: ORS 441.056, 441.223, 442.015

409-045-0130
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 441.056
Stats. Implemented: ORS 441.056, 441.223, 442.015
http://www.oregon.gov/oha/pcpch/Pages/index.aspx