

Common Credentialing Advisory Group Membership Update

June 2017

Common Credentialing Advisory Group (CCAG) membership background:

- The term of appointment for each member is three years.
- Members are appointed by the OHA director and shall include members who represent:
 - Credentialing organizations;
 - Health care regulatory boards;
 - Health care practitioners; and
 - The Advisory Committee on Physician Credentialing Information (ACPCI).
- Next steps: identify expiring members that wish to seek re-appointment. Members not seeking re-appointment may nominate a replacement(s) to be considered for appointment. Any remaining vacancies may be filled through a public nomination/application process.

CCAG member terms expiring June 30, 2017 (11 out of 19 members):

Member	Title	Organization
Debra Bartel, FACMPE	Clinic Administrator	Portland Diabetes & Endocrinology Center PC
Michael Duran, MD	Psychiatrist	Oregon State Hospital
Tooba Durrani, ND, MSOM, LAc	Naturopathic Doctor	Oregon Association of Acupuncture & Oriental Medicine
Kevin Ewanchyna, MD*	Chief Medical Officer	Samaritan Health Plans/Intercommunity Health Network
Stephen Godowski	Credentialing Coordinator	Therapeutic Associates, Inc. & NW Rehab Alliance
Ruby Jason, MSN, RN, NEA-BC	Executive Director	Oregon Board of Nursing
Shannon Jones	Human Resources Manager	Willamette Dental Group
Ann Klinger, CPCS	Credentialing Supervisor	Providence Health Plans
Kecia Norling	Administrator	Northwest Ambulatory Surgery Center
Cristi L. Skye, RN, MSN, CPMSM/CPCS	Medical Staff Liaison	Asante Rogue Regional Medical Center
Shelley Sneed	Executive Director	Board of Optometry

*Co-chair



Department of Human Services

Permanent Administrative Rule Time Line

Rule Title: Credentialing
Rule Number(s): 409-045
Action: Permanent Rule(s) - Amend

Proposed Effective Date:
10-1-2017

7-12-17	<input type="checkbox"/>	Program provides rule coordinator (RC) with draft rule text, filing documents, and list of interested parties
7-14-17	<input type="checkbox"/>	RC notifies legislators
7-14-17	<input type="checkbox"/>	RC files documents with Secretary of State (SOS)*
8-1-17	<input type="checkbox"/>	RC notifies interested parties
8-1-17	<input type="checkbox"/>	Notice posted in SOS bulletin*
week of 8-14-17	<input type="checkbox"/>	Hearing date (RC and program attend)*
8-22-17	<input type="checkbox"/>	21-day public comment period closes
9-29-17	<input type="checkbox"/>	RC files final documents with SOS and legislative counsel
10-1-17	<input type="checkbox"/>	Rule effective date

*not applicable to temporary rules

CHAPTER 409
OREGON HEALTH AUTHORITY
~~**OFFICE FOR OREGON HEALTH POLICY AND RESEARCH**~~ **HEALTH POLICY AND ANALYTICS**

DIVISION 45
HEALTH CARE PRACTITIONER CREDENTIALING

DRAFT Rule Revisions – June 7, 2017

409-045-0025

Definitions

The following definitions apply to OAR 409-045-0025 to 409-045-0135:

- (1) “Accreditation” means a comprehensive evaluation process in which a health care organization’s systems, processes and performance are examined by an impartial external organization (accrediting entity) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.
- (2) “Advisory Group” means the Common Credentialing Advisory Group.
- (3) “Authority” means the Oregon Health Authority.
- (4) “Board” means a health care regulatory board or other agency that authorizes individuals to practice a profession in Oregon related to providing health care services for which the individual must be credentialed.
- (5) “Credentialing” means a standardized process of inquiry undertaken to validate specific information that confirms a health care practitioner’s identity, background, education, competency and qualifications related to a specific set of established standards or criteria.
- (6) “Credentialing information” means information necessary to credential or recredential a health care practitioner.
- (7) “Credentialing organization” means a hospital or other health care facility, physician organization or other health care provider organization, coordinated care organization, business organization, insurer or other organization that credentials health care practitioners. This includes, but is not limited to the following:
 - (a) Ambulatory ~~Surgical-surgical~~ Centerscenters
 - (b) Coordinated ~~Care-care~~ Organizationsorganizations
 - (c) Dental ~~pPlan~~ issuers
 - (d) Health ~~pPlan~~ issuers
 - (e) Hospitals and ~~hHealth~~ systems
 - (f) Independent ~~pPhysician~~ associations
- (8) “Delegated credentialing agreement” means a written agreement between credentialing organizations that delegates the responsibility to perform specific activities related to the credentialing and recredentialing of health care practitioners. For telemedicine credentialing, delegated credentialing agreement has the same meaning given that term in ORS 442.015.
- (9) “Distant-site hospital” means the hospital where a telemedicine provider, at the time the telemedicine provider is providing telemedicine services, is practicing as an employee or under contract.
- (10) “Health care facility” has the same meaning given that term in ORS 442.015.

(11) “Health care practitioner” means an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed. This may include, but is not limited to, individuals licensed as: the following:

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

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

(13) “Health system” means an organization that delivers health care that may include financially owned hospitals, facilities or clinics, and medical groups.

~~(13)~~ (14) “Hospital” has the same meaning given that term in ORS 442.015.

~~(14)~~ (15) “Originating-site hospital” means a hospital in which a patient is located while receiving telemedicine services.

~~(15)~~ (16) “Primary source verification” means the verification of an individual health care practitioner’s reported qualifications by the original source.

~~(16)~~ (17) “Program” means the Oregon Common Credentialing Program.

~~(1718)~~ “SolutionSystem” means the Oregon Common Credentialing Program’s electronic system through which credentialing information may be submitted to an electronic database and accessed.

~~(1819)~~ “Telemedicine” means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications.

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

Stats. Implemented: ORS 441.056, 441.223, 442.015, 441.224 & ~~OL 2013, Ch. 603~~441.226

Credentialing Requirements for Health Care Practitioners

409-045-0030

Oregon Common Credentialing Program

The Oregon Common Credentialing Program is established within the Authority for the purpose of providing a credentialing organization access to information necessary to credential or recredential a health care practitioner. The Program shall include, but is not limited to the following:

- (1) An electronic solution-System through which health care practitioner credentialing information must be submitted.
- (2) A process by which health care practitioners or designees may access the Solution-System to submit information necessary for credentialing.
- (3) A process by which credentialing organizations ~~may input, access,~~ and retrieve health care practitioner credentialing information.
- (4) A process by which Boards ~~may input and~~ access health care practitioner credentialing information.
- (5) Coordination with Boards and the process of primary source verification of credentialing information.

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

Stats. Implemented: OL 2013, Ch. 603

409-045-0035

Oregon Practitioner Credentialing Application

~~(1) The Program and Credentialing organization~~ shall use the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application, both approved by the Authority based on recommendations from the Advisory Committee on Physician Credentialing Information. The Authority approved applications are available at the on the Committee’s website at <http://www.oregon.gov/OHA/OHPR/ACPCI/Pages/index.aspx>.

~~(2) Each credentialing organization shall use the application forms listed in section (1) of this rule for the purpose of credentialing and recredentialing health care practitioners.~~

~~(3) The Program shall use the application forms listed in section (1) of this rule as the template for health care practitioner credentialing information.~~

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

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

409-045-0040

Credentialing Information Verifications

(1) The Program shall accept all Board verifications of credentialing information as provided in accordance with OAR 409-045-0055 and shall supplement those verifications, if necessary, to ensure compliance with national accrediting entity standards.

(2) Methods for conducting primary source verification of credentials include direct correspondence, documented telephone verification, secure electronic verification from the original qualification source or sources that meet accrediting entity requirements.

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

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

409-045-0045**Health Care Regulatory Board Participation**

(1) A Board that licenses health care practitioners shall provide practitioner information and documentation to the [SolutionSystem](#) in a format and frequency as agreed by the Board and the Authority beginning ~~January~~ July 1, 2016~~7~~. A Board may agree to provide practitioner information and documentation to the [SolutionSystem](#) prior to ~~January~~ July 1, 2016~~2017~~.

(2) A Board that provides information to the [SolutionSystem](#) must also provide an annual attestation to the Authority that clearly identifies the Boards specific practices related to the process of primary source verification of health care practitioner information.

(3) Use of practitioner information provided by Boards shall be authorized through data use agreements that define the rights to use or disclose the practitioner information and any limitations to that use.

(4) A Board unable to provide information to the [SolutionSystem](#) by ~~April 1, 2018~~January 1, 2016, may submit a petition to the Authority director for consideration of a waiver from the requirements of section (1). The Authority shall review the waivers at least every two years for validity. The petition for a waiver must include:

(a) The name of the Board;

(b) The phone number and email address for the Board contact person;

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

(d) Efforts or ideas to address the barrier and the timeframe for doing so; and

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

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

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

409-045-0050**Credentialing Organization Participation**

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

(2) Credentialing organizations may not request credentialing information from a health care practitioner if that information is available through the [SolutionSystem](#). Credentialing organizations may request additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures as required by the credentialing organization.

(3) Health systems shall:

(a) Report and maintain a list of all financially owned credentialing organizations to OHA in a frequency and format prescribed by the agency,

(b) Ensure each financially owned credentialing organization sets up an individual profile in the OCCP's electronic system, and

(c) Be placed into a collective fee tier based on the sum of each financially owned credentialing organization's practitioner panel

(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 this section. The director may award the petition if the director determines that subjecting the health plan to this section is not cost-effective. If the director grants an exemption, the exemption also applies to any health care facilities and health care provider groups associated with the health plan which refers to financial ownership and does not include services associations. Exemptions may be reviewed by the Authority every two-years for validity. The petition for exemption must include:

(a) The name of the prepaid group practice health plan petitioning the Authority and the associated health care facilities and health care provider groups to be covered under the exemption;

(b) The phone number and email address for the health plan contact person;

(c) A description of the prepaid group practice health plan;

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

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

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

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

409-045-0055

Health Care Practitioner Participation

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

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

~~(3)~~ Health care practitioners must update their credentialing information when changes occur and attest to the accuracy of all credentialing information and documentation submitted by the health care practitioner or their designee in the SolutionSystem.

~~(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.

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

(65) Practitioners may petition to the Authority for consideration of a waiver from the electronic submission of credentialing information and documentation required in this rule to the extent that a hardware or service constraint or physical impairment exists. The Authority shall review approved waivers at least every two years for validity. The petition for a waiver must include:

(a) The name of the practitioner;

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

(c) A detailed description of constraint or impairment to electronically submitting information and documentation;

(d) Efforts or ideas to address the barrier and the timeframe for doing so.

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

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

409-045-0060

Use of Health Care Practitioner Information

(1) A credentialing organization that, in good faith, uses credentialing information provided by the SolutionSystem for the purposes of credentialing health care practitioners is immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information.

(2) Health care practitioner information obtained by Credentialing Organizations through the SolutionSystem may only be used for the intended purpose of credentialing.

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

(4) The Authority may only use directory related information for a statewide provider directory.

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

Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~OL 2013, Ch. 603~~441.226, & 441.228

409-045-0065

Common Credentialing Advisory Group

(1) The Authority establishes the Common Credentialing Advisory Group. Members of the Advisory Group shall be appointed by the ~~director~~Authority and shall include members who represent:

(a) Credentialing organizations;

(b) Health care regulatory boards;

(c) Health care practitioners; and

(d) The ACPCI.

(2) All members appointed shall be knowledgeable about national standards relating to health care practitioner credentialing.

(3) The term of appointment for each member is three years. If, during a member's term of appointment, the member no longer qualifies to serve, the member must resign. If there is a vacancy for any reason, the director shall appoint a new member which is effective immediately for the unexpired term.

(4) The Authority and the Advisory Group shall meet at least once per year.

(5) The Advisory Group shall advise the Authority on the ~~credentialing process~~OCCP, including but not limited to the following:

(a) Credentialing industry standards;

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

(c) Recommended changes to the Oregon ~~practitioner~~Practitioner Credentialing and Recredentialing application Applications pursuant to ORS 442.221 to 441.223; and

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

(6) Committee members may not receive compensation or reimbursement of expenses.

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

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

409-045-0070

Imposition of Fees

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

(1) Credentialing organizations shall:

(a) Pay a one-time set up fee and annual subscription fees to the Authority based on health care practitioner panel size in accordance to the most current fee structure available on the Program's website at <http://www.oregon.gov/OHA/OHIT/OCCP>,

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

(c) 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.

(2) Health care practitioners shall:

(a) Pay a one-time application fee to the Authority at initial application submittal in accordance to the most current fee structure available on the Program's website at <http://www.oregon.gov/OHA/OHIT/OCCP> and

(b) Not pay an annual ongoing fee.

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

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

409-045-0071

Compliance Placeholder

409-045-0075**Complaints**

Complaints regarding the Program and the Program's activities shall be submitted to Authority for evaluation through the Program's website. The Authority shall provide a response to each complaint within two weeks of receiving the complaint.

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

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

409-045-0080**Delegation Agreements**

~~(1) Delegation agreements between credentialing organizations shall not be used for the collection and verification of credentialing information to the extent it is available in the OCCP System.~~

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 441.226

Stats. Implemented: ORS 441.056, 441.221 to 441.223, 441.226 & 441.228

Credentialing Requirements for Telemedicine Providers**409-045-0115****General Applicability**

(1) These rules apply to all:

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

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

(2) Completion of credentialing requirements does not require a governing body of a hospital to grant privileges to a telemedicine health care practitioner and does not affect the responsibilities of a governing body under ORS 441.055.

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

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

409-045-0120**Standard List of Credentialing Documents**

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

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

(A) A copy of state medical license;

(B) Drug Enforcement Agency certificate;

(C) State approved foreign education equivalency certificate or report, if applicable; and

(D) Certification of professional liability insurance.

- (b) Attestation by medical staff at the distant-site hospital that they have conducted primary source verification of all materials of the OPCA except for:
- (A) Hospital affiliations other than to the distant-site hospital;
 - (B) Work history beyond the previous five years.
- (2) Originating-site hospitals may request documentation of all the verifications above from the distant-site hospital or the telemedicine health care practitioner to the extent the documentation is not available in the OCCP system. Verifications that are not provided may be obtained separately by the originating-site hospital.
- (3) Originating-site hospitals may not require either the telemedicine health care practitioner or the distant-site hospital to provide the following documentation for the purposes of credentialing or privileging a telemedicine provider:
- (a) Proof of Tuberculosis Screening;
 - (b) Proof of vaccination or immunity to communicable diseases;
 - (c) HIPAA training verification;
- (4) Originating-site hospitals may not require a telemedicine provider to attend physician and staff meetings at the originating-site hospital.
- (5) Originating-site hospitals may not request credentialing information if the credentialing information was made available under OAR 409-045-0120 (1) or through the OCCP system and is not subject to change.
- (6) To become recredentialed by an originating-site hospital, every two years a telemedicine health care practitioner or the distant-site hospital must provide a completed current Oregon Practitioner Recredentialing Application and all other information required in OAR 409-045-0120 (1).

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

Stats. Implemented: ORS 441.056, 441.223, 442.015 & ~~OL 2013, Ch. 603~~441.226

409-045-0125

Distant-Site Hospital Agreements

Hospitals may use delegated credentialing agreements instead of the requirements in OAR-409-045-0120 to stipulate that the medical staff of the originating-site hospital shall rely upon the credentialing and privileging decisions of the distant-site hospital in making recommendations to the governing body of the originating-site hospital as to whether to credential a telemedicine provider, practicing at the distant-site hospital either as an employee or under contract, to provide telemedicine services to patients in the originating-site hospital. If a delegated credentialing agreement is in place the originating-site hospital is not limited to the information and documents prescribed by the Authority in OAR 409-045-0120.

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

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

409-045-0130

Hold Harmless Clause

Originating-site hospitals that use credentialing information provided by distant-site hospitals are immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information.

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

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

409-045-0135

Information Sharing or Use of Data

(1) Telemedicine health_care practitioners must provide written, signed permission that explicitly allows the sharing of required documents and necessary evidence by a distant-site hospital with originating-site hospitals, including but not limited to any release required under HIPAA or other applicable laws.

(2) Dissemination of information received under these rules shall only be made to individuals with a demonstrated and legitimate need to know the information.

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

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

DRAFT

Chapter 441
2015 EDITION
Oregon Revised Statutes 441.221 to 441.233

ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION

441.221 Advisory Committee on Physician Credentialing Information; membership; terms. (1) The Advisory Committee on Physician Credentialing Information is established within the Oregon Health Authority. The committee consists of nine members appointed by the Director of the Oregon Health Authority as follows:

(a) Three members who are health care practitioners licensed by the Oregon Medical Board or representatives of health care practitioners' organizations doing business within the State of Oregon;

(b) Three representatives of hospitals licensed by the Oregon Health Authority; and

(c) Three representatives of health care service contractors that have been issued a certificate of authority to transact health insurance in this state by the Department of Consumer and Business Services.

(2) All members appointed pursuant to subsection (1) of this section shall be knowledgeable about national standards relating to the credentialing of health care practitioners.

(3) The term of appointment for each member of the committee is three years. If, during a member's term of appointment, the member no longer qualifies to serve as designated by the criteria of subsection (1) of this section, the member must resign. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(4) Members of the committee are not entitled to compensation or reimbursement of expenses. [Formerly 442.800; 2015 c.318 §25]

Note: 441.221 to 441.223 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.222 Committee recommendations. (1) The Advisory Committee on Physician Credentialing Information shall develop and submit recommendations to the Director of the Oregon Health Authority for the collection of uniform information necessary for credentialing organizations to credential health care practitioners seeking designation as a participating provider or member of a credentialing organization. The recommendations must specify:

(a) The content and format of a credentialing application form; and

(b) The content and format of a recredentialing application form.

(2) The committee shall meet at least once every calendar year to review the uniform credentialing information and to assure the director that the information complies with credentialing standards developed by national accreditation organizations and applicable regulations of the federal government.

(3) The Oregon Health Authority shall provide the support staff necessary for the committee to accomplish its duties. [Formerly 442.805; 2015 c.318 §26]

Note: See note under 441.221.

441.223 Implementation of committee recommendations; rules. (1) Upon receiving the recommendations of the Advisory Committee on Physician Credentialing Information, the Oregon Health Authority shall:

(a) Adopt administrative rules in a timely manner, as required by the Administrative Procedures Act, for the purpose of effectuating the provisions of ORS 441.221 to 441.223;

(b) Consult with the advisory group convened under ORS 441.232 to review the recommendations and obtain advice on the rules; and

(c) Ensure that the rules adopted by the Oregon Health Authority are identical and are consistent with the recommendations developed pursuant to ORS 441.222 for affected credentialing organizations.

(2) The uniform credentialing information required pursuant to the administrative rules of the Oregon Health Authority represents the minimum uniform credentialing information required by the affected credentialing organizations. Except as provided in subsection (3) of this section, a credentialing organization may request additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures used by the credentialing organization to credential health care practitioners.

(3) In credentialing a telemedicine provider, a hospital is subject to the requirements prescribed by rule by the authority under ORS 441.056. [Formerly 442.807]

Note: See note under 441.221.

ELECTRONIC CREDENTIALING INFORMATION

441.224 Definitions for ORS 441.224 to 441.233. As used in ORS 441.224 to 441.233:

(1) “Credentialing information” means information necessary to credential or recredential a health care practitioner.

(2) “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.

(3) “Health care practitioner” means an individual authorized to practice a profession related to the provision of health care services in this state for which the individual must be credentialed.

(4) “Health care regulatory board” means a board or other agency that authorizes individuals to practice a profession related to the provision of health care services for which the individual must be credentialed. [2013 c.603 §2]

441.225 [Repealed by 1971 c.727 §203]

441.226 Electronic credentialing information program.

(1)(a) The Oregon Health Authority, in consultation with the advisory work group convened under ORS 441.232, shall establish a program for the purpose of providing to a credentialing organization access to information that is necessary to credential or recredential a health care practitioner.

(b) To fulfill the requirements of this subsection, the authority shall establish and operate an electronic system through which credentialing information may be submitted to an electronic database and accessed. The system must operate and be accessible by credentialing

organizations, health care practitioners and health care regulatory boards 24 hours a day, seven days a week. The authority may contract with a private entity to ensure the effective establishment and operation of the system.

(c) To the greatest extent practicable, the electronic system shall use the most accessible and current technology available.

(2) In consultation with the advisory work group convened under ORS 441.232, the authority shall adopt rules for the operation of the electronic system, including:

(a) Identification of the type of information that is necessary to credential or recredential each type of health care practitioner;

(b) Processes by which a health care practitioner or health care regulatory board submits credentialing information to the authority or an entity that has entered into a contract with the authority under subsection (1)(b) of this section;

(c) Processes, as required by recognized state and national credentialing standards, by which credentialing information submitted under ORS 441.228 is verified;

(d) Processes by which a credentialing organization, health care practitioner or health care regulatory board may electronically access the database;

(e) Processes by which a health care practitioner may attest that the credentialing information in the electronic database is current;

(f) The purposes for which credentialing information accessed by a credentialing organization or health care regulatory board may be used; and

(g) The imposition of fees, not to exceed the cost of administering ORS 441.224 to 441.233, on health care practitioners who submit credentialing information to the database and credentialing organizations that access the database.

(3) All information, except for general information used for directories, as defined by the authority by rule, that is received, kept and maintained in the database under this section is exempt from public disclosure under ORS 192.410 to 192.505. [2013 c.603 §3]

441.227 [1965 c.403 §2; 1969 c.343 §5; repealed by 1971 c.727 §203]

441.228 Submission of credentialing information; civil immunity. (1)(a) As a condition of being authorized to practice a profession in this state, a health care practitioner or designee must submit to the Oregon Health Authority, an entity that has entered into a contract with the authority under ORS 441.226 (1)(b) or a health care regulatory board the credentialing information identified by the authority under ORS 441.226 (2)(a).

(b) A health care practitioner that, in good faith, submits credentialing information under this subsection is immune from civil liability that might otherwise be incurred or imposed with respect to the submission of that credentialing information.

(2) The authority may require a health care regulatory board, after consulting with the health care regulatory board, to provide or supplement the credentialing information identified by the authority under ORS 441.226 (2)(a).

(3)(a) A credentialing organization shall obtain from the authority, or an entity that has entered into a contract with the authority under ORS 441.226 (1)(b), the credentialing information of the health care practitioner that is kept and maintained in the electronic database described in ORS 441.226. A credentialing organization may not request credentialing information from a health care practitioner if the credentialing information is available through the database. However, nothing in ORS 441.224 to 441.233 shall prevent a credentialing

organization from requesting additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures for the health care practitioner used by the credentialing organization.

(b) A credentialing organization that, in good faith, uses credentialing information provided under this subsection for the purposes established by the authority under ORS 441.226 (2)(e) is immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information. [2013 c.603 §4]

441.229 Exemption from electronic credentialing information program. A prepaid group practice health plan that serves at least 200,000 members in this state and that has been issued a certificate of authority by the Department of Consumer and Business Services may petition the Director of the Oregon Health Authority to be exempt from the requirements of ORS 441.224 to 441.233. The director may award the petition if the director determines that subjecting the health plan to ORS 441.224 to 441.233 is not cost-effective. If a petition is awarded under this section, the exemption also applies to any health care facilities and health care provider groups associated with the health plan. [2013 c.603 §5]

441.230 [Amended by 1965 c.403 §3; 1969 c.343 §6; repealed by 1971 c.727 §203]

441.232 Advisory group. At least once per year, the Oregon Health Authority shall convene an advisory group consisting of individuals who represent credentialing organizations, health care practitioners and health care regulatory boards to review and advise the authority on the implementation of ORS 441.224 to 441.233 and on the standard credentialing application used in this state. [2013 c.603 §7]

441.233 Rules. The Director of the Oregon Health Authority shall adopt rules necessary for the administration of ORS 441.224 to 441.233. [2013 c.603 §6]

Note: Section 2, chapter 297, Oregon Laws 2015, provides:

Sec. 2. (1) As used in this section, “credentialing information,” “credentialing organization,” “health care practitioner” and “health care regulatory board” have the meanings given those terms in section 2, chapter 603, Oregon Laws 2013 [441.224].

(2) Notwithstanding section 4 (1), chapter 603, Oregon Laws 2013 [441.228 (1)], a health care practitioner is not required to submit credentialing information to the program established by the Oregon Health Authority under section 3, chapter 603, Oregon Laws 2013 [441.226], and submission of the credentialing information is not a condition of being authorized to practice a profession in this state, until both of the following have occurred:

(a) The authority has established an operational electronic system through which credentialing information may be submitted; and

(b) The date has passed by which the authority requires by rule that type of health care practitioner to submit the credentialing information.

(3) Before adopting rules under subsection (2) of this section, the authority shall consult the advisory work group described in section 7, chapter 603, Oregon Laws 2013 [441.232], about the date by which each type of health care practitioner should be required to submit the credentialing information.

(4) Notwithstanding ORS 183.335 (1), notice of a rule adopted under subsection (2) of this section must be provided at least six months before the effective date of the rule:

(a) By electronic mail to credentialing organizations represented in the advisory work group described in section 7, chapter 603, Oregon Laws 2013; and

(b) By electronic mail to the health care regulatory board that is responsible for regulating the type of health care practitioner to whom the rule applies. [2015 c.297 §2]