

The Oregon Common Credentialing Program: Fee Model Discussion Brief

July 2017

Overview

Credentialing of health care practitioners is a critical process in health care administration that ensures only qualified practitioners treat patients, lending to greater patient safety. However, the process is duplicative with each organization separately credentialing practitioners. To reduce administrative burdens and redundancies in the credentialing process, the Oregon Health Authority (OHA) is required under Oregon Revised Statute § 441.226 to implement a mandated program and system will centralize the collection and verification of Oregon health care practitioner credentialing information. To ensure an effective program, OHA has been working with stakeholders on implementing the Oregon Common Credentialing Program (OCCP) to develop system requirements and other programmatic details, including how mandated fees are assessed.

Oregon Common Credentialing Program

- Centralized web-based electronic system
- Collection and verification of credentialing information according to national standards
- Health care practitioner or designee access to submit information and attest every 120 days
- Credentialing organization access to information
- Equitable fees for mandated participants

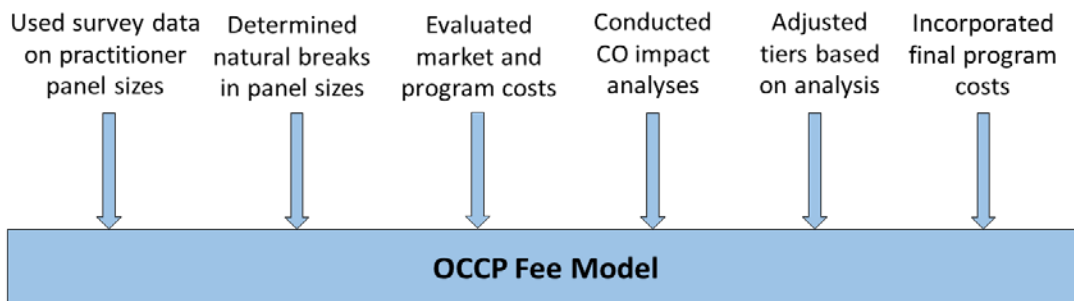
As part of this work, OHA is currently seeking stakeholder input to finalize a critical component of the OCCP fee model related to the definition of “health systems.” Stakeholders have expressed concerns regarding the method by which health care practitioners are counted and that the health system definition segregated care delivery organizations and health plans.

Fee Model Development

OHA engaged stakeholders, including the Common Credentialing Advisory Group (CCAG) to develop a balanced fee model based consisting of a one-time initial application fee for practitioners and a tiered fee model for credentialing organizations based on practitioner panel size as a proxy for use of the OCCP system. The model was based on survey results identifying organization panel sizes and then adjusted after more detailed impact analyses were conducted with stakeholders. Specific components of the fee model include:

- Panel size represents expected OCCP system use and includes all practitioners in which the credentialing organization is making the credentialing decision
- For delegated credentialing, fully delegated practitioners are counted on the credentialing organization’s panel that is making the credentialing decision
- Health systems count the same practitioner more than once if credentialed independently by multiple organizations within the health system
- Health systems that *centralize* credentialing decision-making count practitioners once across the system;
- Higher tiers reflect significant economies of scale discounts for larger panels; and
- The possibility to reduce fees once the OCCP is fully operational and additional users participate.

OCCP Fee Development Process



OCCP Fee Model

Practitioner Fees: A one-time initial application fee of \$150 per practitioner assessed at setup with no ongoing fees

Credentialing Organization Fees:

Tier	Practitioner Panel Size*	Setup Fee	Annual Fee		Total Initial Fee
		Fee Per CO	Previous fee	Updated fee**	Fee Per CO
Tier 1	1-100	\$10/practitioner	\$90/practitioner	Same	varies
Tier 2	101-150	\$1,010	\$9,090	Same	\$10,100
Tier 3	151-250	\$1,500	\$13,500	Same	\$15,000
Tier 4	251-500	\$2,500	\$22,500	Same	\$25,000
Tier 5	501-750	\$5,000	\$42,000	\$40,000	\$45,000
Tier 6	751-1,500	\$7,200	\$60,000	Same	\$67,200
Tier 7	1,501-2,500	\$11,500	\$85,000	Same	\$96,500
Tier 8	2,501-5,000	\$14,500	\$110,000	Same	\$124,500
Tier 9	5,001-7,500	\$17,000	\$125,000	Same	\$142,000
Tier 10	7,501-10,000	\$19,500	\$135,000	\$140,000	\$159,500
Tier 11	10,001-15,000	\$22,500	\$150,000	\$165,000	\$187,500
Tier 12	>15,000	\$26,000	\$175,000	\$195,000	\$221,000

*Health systems aggregate panel sizes across their participating organizations to come in at one tier level.

**OHA updated fees to anticipate potential IDN discounts and de-duplication for health system panel sizes.

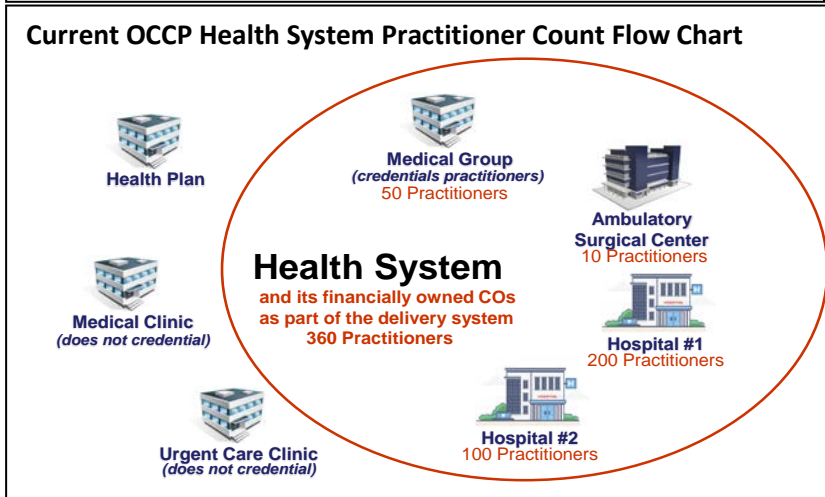
Expedited Credentialing Fee: Up to \$100 per practitioner will be assessed to credentialing organizations that optionally request an initial credentialing application be expedited.

“Health System” Definition and Fee Model Concerns

Health System was tentatively defined as **“an organization that delivers health care that may include financially owned hospitals, facilities or clinics, and medical groups.”** This has raised several questions:

1. Should Integrated Delivery Networks (IDNs) (which include both health plans and health systems) be given consideration in the fee model? Health plans and health systems were separated due to differences in business aspects, including accrediting entity credentialing standards. However, IDNs have received discounts or other accommodations in past programs.

The diagram below represents a health system with 2 hospitals, 1 ambulatory surgical center, and 1 Medical group that credentials practitioners. Only organizations within the health system that make a credentialing decision count practitioner panel size.



2. Should practitioners be “de-duplicated” within a health system, even if the credentialing decision is not centralized? The current fee model aggregates panels across a health systems’ participating organizations (see diagram) which provides greater economies of scale for the health system – higher tiers have lower “per practitioner” costs. However, when the same practitioner is credentialed multiple times within a health system, they would be counted each time, signifying anticipated use of the OCCP system. Stakeholders have expressed concerns about “paying twice” for the same practitioner, and have requested the fee model “de-duplicate” practitioners within a health system’s panel.

- What budget impact will an organization face if they choose to cover practitioner set-up fees?
Individual organizations may elect to cover the practitioner one-time set up fee for their employed practitioners. This is optional – the practitioner fee is the responsibility of the practitioner, as the fee covers their obligation to the OCCP regardless of whether they change employment. In some cases, large health systems or IDNs find that they will pay multiple set-up fees, and have requested clarity about the budget impact.

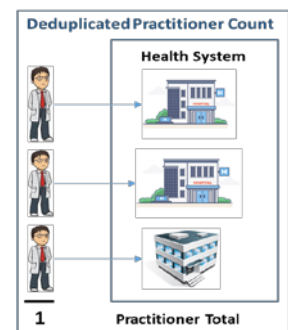
OHA Considerations

To address stakeholder concerns, OHA committed to doing further analysis and after carefully weighing options and risks, OHA is considering allowing deduplication of practitioners in health systems and providing a nominal discount to IDNs. However, pursuing these options will result in programmatic complexities and budget and fee model impacts due to decreased revenue expectations as identified in the table below. OHA is at risk for planning and implementation costs until the OCCP can collect fees.

OCCP Programmatic Fee Adjustments and Optional Costs			
	Description	Benefits	Challenges
Practitioner De-duplication	Allow practitioners credentialed at multiple locations in a health system to be counted only once	<ul style="list-style-type: none"> Acknowledges sharing of practitioners across systems Accounts for centralization efficiencies that exist today 	<ul style="list-style-type: none"> Difficult to determine de-duplicated practitioner panel sizes Inequities due to fee increases for other participants to ensure revenue
Nominal Discounts to IDNs	Provide a 15% discount to IDNs that own both a health system and a plan; discount would apply to both the health system and the plan	<ul style="list-style-type: none"> Acknowledges current centralization of businesses Incentivizes greater OCCP support from IDNs 	<ul style="list-style-type: none"> Complexity of defining and tracking health system and IDN affiliations Inequities due to fee increases for other participants to ensure revenue
Optional covering of practitioner fee	Allow credentialing organizations to cover their employed practitioners’ set-up fee, as an option; ensuring organizations have clarity on budget impacts	<ul style="list-style-type: none"> Reduces financial burden on practitioners and may speed revenue collection Eases practitioner participation, encouraging quicker file set up 	<ul style="list-style-type: none"> Complexity of applying payment for practitioner fees to affiliated practitioner records in OCCP Considerations for ensuring revenue collected for all practitioners

To assist health systems and IDNs in calculating initial setup and annual ongoing fees, OHA developed a Health System/IDN Fee Calculator that will be provided to those organizations. The calculator anticipates:

- For health systems, a de-duplicated practitioner panel size for shared practitioners across multiple credentialing organizations within a health system;
- For IDNs, a 15% discount for both the health system and hospital; and
- While not required, a calculation to determine the cost to cover practitioner one-time application fees for organizations that optionally choose to do so.



Next Steps

OHA will engage in discussions with key stakeholders to gather feedback on OHA’s considerations in resolving concerns regarding the fee OCCP model. The final approach, including credentialing organization responsibilities in managing their information, will be relayed to the CCAG for final feedback in a public forum. Final program administrative rules, scheduled to be finalized October 1, 2017, must include the final fee model. OHA anticipates the OCCP to be operational in 2018.

More information on OCCP legislation and the CCAG can be found at: www.oregon.gov/OHA/OHIT/OCCP

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING

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DRAFT

Oregon Health Authority, Health Policy and Analytics	409
Agency and Division	Administrative Rules Chapter Number
Zarie Haverkate	zarie.haverkate@state.or.us
Rules Coordinator	Email Address
500 Summer St. NE, E-65, Salem, OR 97301	503-931-6420
Address	Telephone
08-18-2017 5:00 p.m.	
Last Day of Public Comment	
08/16/2017 10:00:00 at 500 Summer St NE, Room 456, Salem OR 97301 with Zarie Haverkate	

1. Hearing

RULE CAPTION

Amendment of rules relating to Health Care Practitioner Credentialing, Telemedicine and Physician Credentialing

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: OAR 409-045-0025, 409-045-0030, 409-045-0035, 409-045-0040, 409-045-0045, 409-045-0050, 409-045-0060, 409-045-0065, 409-045-0070, 409-045-0075, 409-045-0115, 409-045-0120, 409-045-0125, 409-045-0130, and 409-045-0135.

REPEAL:

RENUMBER:

AMEND & RENUMBER:

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

Other Auth.:

Stats. Implemented: ORS 441.056, 441.221 to 441.233 & 442.015

RULE SUMMARY

Since initial rules were developed in 2014, OHA has been continuing work with stakeholders on the implementation of the Oregon Common Credentialing Program. To ensure programmatic requirements and to comply with statutory provisions, OHA is proposing changes to the credentialing rules that:

1. Add an official operational date for the program;
2. Adjust definitions to include additional practitioner types and designees;
3. Adjust requirements to allow practitioners to request a waiver from electronic submission in extreme cases;
4. Add health system requirements to ensure those organizations and their expectations are defined;
5. Make grammatical and clarifying language changes where necessary;
6. Add fee structure requirements and amounts; and
7. Define directory related information based on legislative intent.

DISCLAIMER: The Program's operational date, the date in which program participation is mandatory, in rule and the health system definition are tentative and will be finalized prior to Final Rule. OHA is working with vendors on the OCCP project schedule and key stakeholders on the health system component to finalize these areas of the rule.

A copy of the proposed rule changes can be found at on the Division's website at: <http://www.oregon.gov/OHA/HPA/Pages/Rulemaking.aspx>.

STATEMENT OF NEED AND FISCAL IMPACT

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

In the Matter of

ORS 441.221 to 441.233, available at: <https://www.oregonlaws.org/ors/chapter/441>. Common Credentialing documentation, including SB 604 Enrolled, available at: <http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx>.

Documents Relied Upon, and where they are available

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

As part of the legislation, OHA developed initial rules in 2014 for the Oregon

Common Credentialing Program (OCCP) on the submittal and verification of health care practitioner credentialing information and the imposition of fees. Since the initial rules were developed, OHA has been continuing work with stakeholders on the implementation of the Program and must revise the rules to include an official operational date, additional definitions, clarifying and grammatical changes, and the Program's fee structure. To ensure alignment and consistency, OHA is proposing changes to the credentialing form rules and also clarifying changes to the telemedicine credentialing rules to become permanent by October 1, 2017.

DISCLAIMER: The Program's operational date, the date in which program participation is mandatory, in rule and the health system definition are tentative and will be finalized prior to Final Rule. OHA is working with vendors on the OCCP project schedule, and key stakeholders on the health system component to finalize these areas of the rule.

Need for the rule(s)

There were no state funds allocated for the OCCP. The legislation provides for the administration and collection of fees from credentialing organizations and practitioners, but those users should experience benefits of a less burdensome and more centralized credentialing process. OHA has expended planning and implementation costs and is fiscally impacted until OHA recoups expenditures through fees. OHA has worked closely with stakeholders to build a robust OCCP and representative fee model in which:

- Credentialing organizations will pay a one-time setup fee and annual subscription fees based on practitioner panel size as a proxy for system use and
- Practitioners will be responsible for a one-time initial application fee of \$150.

Costs and revenue have been conservatively estimated to ensure that fee collection will be able to cover costs. It may be possible to reduce fees once the OCCP is fully operational and additional users begin to participate.

Fiscal and Economic Impact

Minimal fiscal impact on state agencies due to the requirement that fees must cover the cost of administering the Program organizations and possibly health care practitioners will be responsible for paying these fees. Amending these rules will have no fiscal impact on state local government. Health Care practitioners and organizations that credential practitioners will be impacted in terms of the OCCP altering their workflow and consisting of a mandatory fee. However, these organizations and individuals should benefit from the centralization of credentialing information in Oregon via the OCCP.

Statement of Cost of Compliance: 1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E))

OHA has estimated more than 300 credentialing organizations will be required to comply with the Program. Most of these organizations employ more than 50 individuals and are not considered small businesses. However, it is estimated that approximately 50 ambulatory surgical centers are small businesses employing less than 50 individuals. There may be a few other small businesses that may be considered credentialing organizations (e.g., urgent care facilities, mental

health facilities).

2. Cost of compliance effect on small business (ORS 183.336): a. Estimate the number of small businesses and types of business and industries with small businesses subject to

Small businesses included in the common credentialing process will likely be charged fees to cover administrative costs. OHA has procured a vendor to carry out program and system activities. OHA intends to ensure that the fee structure for the Program covers all program costs and is equitably balanced to consider the benefits and resources of all impacted parties.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services

Small businesses that conduct credentialing should not need additional equipment, supplies, and labor to comply with these credentialing rules. These businesses may actually benefit from the centralized process due to streamlined processes, decreased verifications, and the ability to use a centralized system to manage credentialing information.

c. Equipment, supplies, labor and increased administration required for compliance

Small businesses were involved in these rule revisions via having representatives from a provider practice (Portland Endocrinology and Diabetes), the Oregon Medical Association, and Central Oregon IPA participating as Rulemaking Advisory Committee (RAC) members. Several of these RAC members also participate on the Common Credentialing Advisory Group (CCAG), the public body that advises OHA on the implementation of the OCCP. Meetings for the CCAG are public and occur every other month, including the opportunity for public comment.

How were small businesses involved in the development of this rule?

Yes. RAC members included credentialing subject matter experts, hospitals, health plans, ambulatory surgical centers, and provider practices. Draft rules were brought to the CCAG for discussion in a public forum as well.

Administrative Rule Advisory Committee consulted?

OREGON HEALTH AUTHORITY, HEALTH POLICY AND ANALYTICS

DIVISION 45

HEALTH CARE PRACTITIONER CREDENTIALING

409-045-0025

Definitions

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

- (1) "Accreditation" means a comprehensive evaluation process in which a health care organization's systems, processes, and performance are examined by an impartial external organization (accrediting entity) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.
- (2) "Advisory Group" means the Common Credentialing Advisory Group.
- (3) "Authority" means the Oregon Health Authority.
- (4) "Board" means a health care regulatory board or other agency that authorizes individuals to practice a profession in Oregon related to providing health care services for which the individual must be credentialed.
- (5) "Credentialing" means a standardized process of inquiry undertaken to validate specific information that confirms a health care practitioner's identity, background, education, competency and qualifications related to a specific set of established standards or criteria.
- (6) "Credentialing information" ~~means information necessary to credential or recredential a health care practitioner~~ has the same meaning given that term in ORS 441.224.
- (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~~ has the same meaning given that term in ORS 441.224. This includes, but is not limited to the following:
 - (a) Ambulatory ~~S~~Surgical ~~C~~Centers.
 - (b) Coordinated ~~C~~Care ~~O~~Organizations.
 - (c) Dental ~~P~~Plan ~~I~~Issuers.
 - (d) Health ~~P~~Plan ~~I~~Issuers.
 - (e) Hospitals. ~~and Health Systems.~~
 - (f) Health systems.
 - (~~f~~g) Independent ~~P~~Physician ~~A~~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) "Designee" means an individual or entity that a health care practitioner designates to assist in completing requirements set forth in 409-045-0055.

~~(910)~~ "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.

~~(1011)~~ "Health care facility" has the same meaning given that term in ORS 442.015.

~~(1112)~~ "Health care practitioner" ~~means an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed~~ has the same meaning given that term in ORS 441.224. This may includes, but is not limited to ~~the following~~ individuals licensed as:

- (a) Acupuncturists.
- (b) Audiologists.
- (c) Certified Registered Nurse Anesthetistss.
- (d) Chiropractorss.
- (e) Clinical Nurse Specialistss.
- (f) Doctors of Dental Medicine.
- (g) Doctors of Dental Surgery.
- (h) Doctors of Medicine.
- (i) Doctors of Osteopathic Medicine.
- (j) Doctors of Podiatric Medicine.
- (k) Licensed Clinical Social Workers.
- (l) Licensed 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) ~~Psychologists~~ Pharmacists.
- (v) Physical Therapists.

(w) Physician Assistants.

(x) Psychologist Associates.

(y) Psychologists.

~~(yz)~~ Registered Nurse First Assistants.

~~(zaa)~~ Speech Therapists.

~~(1213)~~ "Health services" has the same meaning given that term in ORS 442.015.

(14) "Health system" means an organization that delivers health care through financially owned hospitals, facilities, or clinics.

~~(1315)~~ "Hospital" has the same meaning given that term in ORS 442.015.

~~(1416)~~ "Originating-site hospital" means a hospital in which a patient is located while receiving telemedicine services.

~~(1517)~~ "Primary source verification" means the verification of ~~an individual~~ health care practitioner's reported qualifications by the original source.

~~(1618)~~ "Program" means the Oregon Common Credentialing Program.

~~(1719)~~ "SolutionSystem" means the Oregon Common Credentialing Program's electronic system through which credentialing information may be submitted ~~to an electronic database and accessed,~~ managed, and accessed.

~~(1820)~~ ~~"Telemedicine" means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications~~ has the meaning given that term in ORS 442.015

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

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

Credentialing Requirements for Health Care Practitioners

409-045-0030

Oregon Common Credentialing Program

The Oregon Common Credentialing Program is established within the Authority for the purpose of providing a credentialing organization access to information necessary to credential or recredential a health care practitioner. The ~~P~~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 **B**boards may ~~input and~~ access health care practitioner credentialing information.

(5) Coordination with **B**boards and the process of primary source verification of credentialing information.

Stat. Auth: ORS 413.042, & [441.226](#)

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

409-045-0035

Oregon Practitioner Credentialing Application

~~(1) Credentialing organization~~ [The program](#) 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>~~ <http://www.oregon.gov/oha/HPA/OHIT-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 & ~~2013 OL Ch. 603~~ [441.226](#)

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ [441.233](#)

409-045-0040

Credentialing Information Verifications

(1) The **P**program shall accept all **B**board verifications of credentialing information as provided in accordance with OAR 409-045-00545 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, [and](#) secure electronic verification from the original qualification source ~~or sources~~ that meets [s](#) accrediting entity requirements.

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

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ [441.233](#)

409-045-0045

Health Care Regulatory Board Participation

(1) A **B**board that licenses health care practitioners shall provide practitioner information and documentation to the [Solutionssystem](#) in a format and frequency as agreed by the **B**board and the Authority beginning January 1, ~~2016~~ [2018](#). A **B**board may agree to provide practitioner information and documentation to the [Solutionssystem](#) prior to January 1, ~~2016~~ [2018](#).

(2) A Bboard that provides information to the Solutionsystem must also provide an annual attestation to the Authority that clearly identifies the Bboards specific practices related to the process of primary source verification of health care practitioner information.

(3) Use of practitioner information provided by Bboards 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 Bboard unable to provide information to the Solutionsystem by January 1, ~~2016~~2018, may submit a petition to the Authority director for consideration of a waiver from the requirements of section (1). The Authority shall approve or deny petitions and review ~~the~~ waivers at least every two years for validity. The petition for a waiver must include:

(a) The name of the Bboard;

(b) The phone number and email address for the Bboard 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 & ~~2013 OL Ch. 603~~441.226

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~441.233

409-045-0050

Credentialing Organization Participation

(1) Credentialing organizations shall obtain health care practitioner credentialing information from the Solutionsystem beginning ~~January 1, 2016~~May 1, 2018, 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) Credentialing organizations shall:

(a) Pay a one-time set up fee at initial enrollment in the program;

(b) Pay an annual subscription fee pursuant to OAR 409-045-0070 to the Authority based on health care practitioner panel size at initial enrollment in the program and every year thereafter; and

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

(4) Credentialing organizations may not include in their health care practitioner panel size fully delegated health care practitioners in which a decision is made by a separate credentialing organization.

(5) Health systems shall:

(a) Maintain a list of all credentialing organizations, updated when changes occur but not less than annually;

(b) Provide the list of credentialing organizations to the Authority prior to the first initial enrollment of any such credentialing organization and anytime thereafter upon request from the Authority;

(c) Ensure each credentialing organization sets up an individual profile in the system; and

(d) Be placed into a collective fee tier, as set forth in OAR 409-045-0070, based on the practitioner panel size using a full count of its credentialed health care practitioners.

(6) Delegated credentialing agreements between credentialing organizations may be used to the extent they do not include the separate collection of credentialing information and verifications available in the system.

~~(3)~~ A prepaid group practice health plan that serves at least 200,000 members in Oregon and that has been issued a certificate of authority by the Department of Consumer and Business Services may petition the Authority ~~director~~ to be exempt from the requirements of this section. The Authority ~~director~~ may ~~award~~ grant the petition if the Authority ~~director~~ determines that subjecting the health plan to this section is not cost-effective. If the Authority ~~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 be submitted to credentialing@state.or.us and include:

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

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

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

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

(e) A justification of why the ~~Solution~~ system is not cost-effective.

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

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ 441.233

409-045-0055

Health Care Practitioner Participation

(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 Solution system beginning on ~~January 1, 2016~~ May 1, 2018. ~~If correct or current to the extent that~~ information and documentation is not available ~~to~~ in the Solution system from the ~~B~~ boards, ~~H~~ health care practitioners ~~or their designee~~ may agree to ~~provide~~ submit credentialing information and documentation ~~required pursuant to 409-045-0040~~ to the Solution system prior to ~~January 1, 2016~~ May 1, 2018.

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

~~(23)~~ 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 Solution system.

~~(34)~~ Attestation of credentialing information must occur within 120 days once the complete initial credentialing application information is submitted. Re-attestation must occur within 120 days from the date of the initial attestation and every 120 days thereafter. If credentialing information is updated and attested to by a provider outside of this 120 day re-attestation cycle, the next required re-attestation shall be due 120 days from the most recent attestation.

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

(6) Health care practitioners shall pay a one-time application fee to the Authority due at initial application submittal.

(7) Health care practitioners may petition the Authority for consideration of a waiver from the electronic submission of credentialing information and documentation required in this rule if hardware or service constraint or physical impairment exists that impedes the health care practitioner's ability to use the system.

(8) The Authority shall:

(a) Provide a petition form for health care practitioners on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/>, available beginning January 1, 2018.

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

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

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

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ 441.233

409-045-0060

Use of Health Care Practitioner Information

(1) A credentialing organization that, in good faith, uses credentialing information provided by the Solution system for the purposes of credentialing health care practitioners is immune from

civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information.

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

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

(4) General information used for directories is limited to health care practitioner:

(a) Name;

(b) Specialty, if any;

(c) Practice location; and

(d) Practice affiliations.

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

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ [441.233](#)

409-045-0065

Common Credentialing Advisory Group

(1) The Authority establishes the Common Credentialing Advisory Group. Members of the ~~A~~[A](#)advisory ~~G~~[G](#)group shall be appointed by the ~~director~~[Authority](#) and shall include members who represent:

(a) Credentialing organizations;

(b) Health care regulatory boards;

(c) Health care practitioners; and the

(d) ~~The ACPCI~~[The ACPCI Advisory Committee on Physician Credentialing Information](#).

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

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

(4) The Authority and the ~~A~~[A](#)advisory ~~G~~[G](#)group shall meet at least once per year.

(5) The ~~A~~[A](#)advisory ~~G~~[G](#)group shall advise the Authority on the ~~credentialing process~~[program](#), including but not limited to the following:

(a) Credentialing industry standards;

(b) Common Credentialing ~~Solutionssystem~~[functionality](#);

(c) Recommended changes to the Oregon ~~P~~[P](#)ractioner ~~C~~[C](#)redentialing ~~a~~[Application and Oregon Practitioner Recredentialing Application](#) pursuant to ORS 442.221 to 441.223; and

- (d) Other proposed changes or concerns brought forth by interested parties.
- (6) Committee members may not receive compensation or reimbursement of expenses.

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

Stats. Implemented: ORS 441.056, 441.221 to 441.223 & ~~2013 OL Ch. 603~~ [441.232](#)

409-045-0070

Imposition of Fees

Beginning ~~January 1, 2016~~ [May 1, 2018](#), the Authority shall impose fees on credentialing organizations ~~that access the Solution and may impose fees on health care practitioners who submit credentialing information to the Solution~~ [and health care practitioners pursuant to ORS 441.226](#). Fees may not exceed the cost of administering the [P](#) program.

(1) Credentialing Organization Fees:

(a) One-time Set Up Fee:

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

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

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

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

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

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

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

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

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

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

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

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

(b) Annual Subscription Fees:

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

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

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

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

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

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

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

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

- (I) Tier 9 (5,001-7,500 practitioners) – \$125,000
- (J) Tier 10 (7,501-10,000 practitioners) – \$140,000
- (K) Tier 11 (10,001-15,000 practitioners) – \$165,000

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

(2) One-Time Health Care Practitioner Fee: \$150

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

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

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

409-045-0075

Complaints

Complaints regarding the Pprogram and the Pprogram’s activities shall be submitted to Authority for evaluation through the Pprogram’s website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx>. 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 & ~~2013 OL Ch. 603~~441.226

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

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 & ~~2013 OL Ch. 603~~441.226

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~441.233

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 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 system](#). Verifications that are not provided may be obtained separately by the originating-site hospital.

(3) Originating-site hospitals may not require either the telemedicine health care practitioner or the distant-site hospital to provide the following documentation for the purposes of credentialing or privileging a telemedicine provider:

- (a) Proof of Tuberculosis ~~S~~screening;
 - (b) Proof of vaccination or immunity to communicable diseases;
 - (c) HIPAA training verification;
- (4) Originating-site hospitals may not require a telemedicine provider to attend physician and staff meetings at the originating-site hospital.

(5) Originating-site hospitals may not request credentialing information if the credentialing information was made available under OAR 409-045-0120 ~~(1)~~ [or through the system](#) and is not subject to change.

(6) To become recredentialed by an originating-site hospital, every two years a telemedicine health care practitioner or the distant-site hospital must provide a completed current Oregon Practitioner Recredentialing Application and all other information required in OAR 409-045-0120 (1).

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

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ [441.233](#)

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~~ set forth in OAR 409-045-0120.

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

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

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 & ~~2013 OL Ch. 603~~ 441.226

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ 441.233

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 & ~~2013 OL Ch. 603~~ 441.226

Stats. Implemented: ORS 441.056, 441.221 to ~~441.223 & 2013 OL Ch. 603~~ 441.233