



NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS

FILED

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ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Amendment to Health Care Practitioner Credentialing, Telemedicine and Physician Credentialing rules.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 05/21/2018 5:00 PM

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

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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NEED FOR THE RULE(S):

Health care practitioners are currently credentialed independently by credentialing organizations, resulting in a duplication of efforts that is administratively burdensome. Pursuant to ORS 441.228, the Oregon Health Authority (Authority) has been working closely with health care practitioners and credentialing organizations to build a statewide credentialing system that eliminates redundancies, increases accuracy and saves time in the credentialing process. By storing information in one centralized place, the Oregon Common Credentialing Program (Program) will give health care practitioners a fast and easy way to submit credentialing information and ensure that credentialing organizations always have access to frequently updated practitioner information. The Program will be mandated for use by all credentialed health care practitioners and all credentialing organizations beginning November 5, 2018 and will be funded by fees paid by practitioners and credentialing organizations.

As part of the legislation, the Authority developed initial rules in 2014 for the Program for the submittal and verification of health care practitioner credentialing information and the imposition of fees. Since the initial rules were developed, the Authority has been continuing to work with stakeholders on the implementation of the Program and revised the rules to include an official operational date, additional definitions, clarifying and grammatical changes, and the Program's fee structure that was filed as a temporary rule on January 18, 2018. The Authority is following up to finalize the rule with a few clarifying changes that include:

- Date changes when operational forms will be available online,
- A six month payment period option for one-time and annual fees, and
- The ability for practitioners to wait to complete their application in the system until the next time they are due to be credentialed or recertified.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- ORS 441.221 to 441.233, available at: <https://www.oregonlaws.org/ors/chapter/441>
- Common Credentialing documentation, including SB 604 Enrolled, available at: <http://www.oregon.gov/oha/HPA/OHIT-OCCEP/Pages/index.aspx>
- Temporary rule for OAR 409-045 is available at: <http://www.oregon.gov/oha/HPA/HPARules/409-045%20Temp%20filing%20Tracked%20Changes.pdf>

FISCAL AND ECONOMIC IMPACT:

There were no state funds allocated for the Program. 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. The Authority has expended planning and implementation costs and is fiscally impacted until the Authority recoups expenditures through fees. The Authority has worked closely with stakeholders to build a robust Program and representative fee model in which:

- Credentialing organizations will pay a one-time setup fee and an annual subscription fee based on practitioner panel size as a proxy for system use that ranges from \$90 per practitioner, per year for organizations with less than 100 practitioners and \$195,000 per year for organizations with greater than 15,000 practitioners.
- 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 Program is fully operational and additional users begin to participate.

COST OF COMPLIANCE:

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

(1) Minimal fiscal impact on state agency operations due to the requirement that user fees must cover the cost of administering the Program. Organizations and health care practitioners and credentialing organizations will be responsible for paying these fees. Oregon State Hospital is a credentialing organization and will be subject to user fees. Health Care practitioners and organizations that credential practitioners will be impacted in terms of the Program altering their workflow and the inclusion of mandatory fees. However, these organizations and individuals should benefit from the centralization of credentialing information in Oregon via the Program.

(2)(a) The Authority estimates 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 other small businesses considered credentialing organizations (e.g., urgent care facilities, mental health facilities) that are impacted by this rule.

(b) All credentialing organizations, including small businesses, will be charged fees to cover administrative costs. Small business that credential practitioners, such as ambulatory surgical centers, already maintain records and administrative activities to ensure compliance with credentialing obligations, and this program should support efficiencies in those processes. The Authority has procured a vendor to carry out program and system activities and must 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.

(c) Small businesses that conduct credentialing should not need additional equipment, supplies, and labor to comply with these credentialing rules. While there may be differences in the impact to the various organizations that are

mandated to use the system, all credentialing organizations should benefit from minimized practitioner burdens, working with individual practitioners to maintain credentialing information, and decreased verification of that information.

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

Small businesses were involved in these rule revisions via having representatives from a provider practice (Portland Endocrinology and Diabetes Center), 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 the Authority on the implementation of the OCCP. Meetings for the CCAG are public and occur every other month, including the opportunity for public comment.

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.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

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

AMEND: 409-045-0025

RULE SUMMARY: Definitions for Credentialing rule.

CHANGES TO RULE:

409-045-0025

Definitions ¶¶

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

- (1) "Accreditation" means a comprehensive evaluation process in which a health care organization's systems, processes and performance are examined by an impartial external organization (accrediting entity) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.¶¶
- (2) "Advisory Group" means the Common Credentialing Advisory Group.¶¶
- (3) "Authority" means the Oregon Health Authority.¶¶
- (4) "Board" means a health care regulatory board or other agency that authorizes individuals to practice a profession in Oregon related to providing health care services for which the individual must be credentialed.¶¶
- (5) "Common control or ownership" means two or more organizations are owned or controlled, directly or indirectly, by the same ultimate person or persons. For the purposes of this definition, "owned or controlled" means majority owned or majority controlled or as otherwise allowed pursuant to OAR 409-045-0050.¶¶
- (6) "Credentialing" means a standardized process of inquiry undertaken by credentialing organizations to validate specific information that confirms a health care practitioner's identity, background, education, competency and qualifications related to a specific set of established standards or criteria.¶¶
- ~~(67) "Credentialing information" means information necessary to credential or recredential a health care practitioner has the meaning given that term in ORS 441.224.~~¶¶
- ~~(78) "Credentialing organization" means a hospital or other health care facility, physician organization or other~~

~~health care provider organization, coordinated care organization, business organization, insurer or other organization that credentials health care practitioners~~ has the meaning given that term in ORS 441.224. This includes, but is not limited to the following:¶

(a) ~~Ambulatory Surgical Centers;~~¶

(b) ~~Coordinated Care Organizations;~~¶

(c) ~~Dental Plan Issuers;~~¶

(d) ~~Health Plan Issuers;~~¶

(e) ~~Hospitals and Health Systems;~~¶

(f) Independent practice associations as defined in ORS 743B.001; and¶

(~~fg~~) ~~Independent Physician Association~~ Other organizations that are required to credential health care practitioners.¶

(~~89~~) "Delegated credentialing agreement" means a written agreement between credentialing organizations that delegates the responsibility to perform specific activities related to the credentialing and recredentialing of health care practitioners. For telemedicine credentialing, delegated credentialing agreement has the same meaning given that term in ORS 442.015.¶

(~~9~~~~10~~) "Designee" means an individual or entity that a health care practitioner designates to assist in completing requirements set forth in OAR 409-045-0055.¶

(~~11~~) "Director" means the director of the Oregon Health Authority.¶

(~~12~~) "Distant-site hospital" means the hospital where a telemedicine provider, at the time the telemedicine provider is providing telemedicine services, is practicing as an employee or under contract.¶

(~~103~~) "Health care facility" has the same meaning given that term in ORS 442.015.¶

(~~114~~) "Health care practitioner" ~~means an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed~~ has the same meaning given that term in ORS 441.224. This may include, but is not limited to the following individuals licensed as:¶

(a) Acupuncturists;¶

(b) Audiologists;¶

(c) Certified Registered Nurse Anesthetist;s;¶

(d) ~~Chiropractor~~ ic Physicians;¶

(e) Clinical Nurse Specialist;s;¶

(f) Doctors of Dental Medicine;¶

(g) Doctors of Dental Surgery;¶

(h) Doctors of Medicine;¶

(i) Doctors of Osteopathyic Medicine;¶

(j) Doctors of Podiatric Medicine;¶

(k) Licensed Clinical Social Worker;s;¶

(~~l~~) Licensed Dietetitians;¶

(m) Licensed Marriage and Family Therapists;¶

(n) Licensed Massage Therapists;¶

(o) Licensed Professional Counselor;s;¶

(p) Naturopathic Physician;s;¶

(q) Nurse Practitioner;s;¶

(r) Occupational Therapists;¶

(s) Optometrist;s;¶

(t) Oral and Maxillofacial Surgeons;¶

(u) ~~Psycholog~~ harmacists;¶

(v) Physical Therapists;¶

(w) Physician Assistants;¶

(x) Psychologist Associate;s;¶

(y) Psychologists;¶

(~~z~~) Registered Nurse First Assistant;¶

~~(z) Speech Therapists; and~~¶

~~(aa) Speech-Language Pathologists.~~¶

~~(15) "Health Plan" means any organization that provides health coverage through a provider network, including but not limited to a health insurance issuer, coordinated care organization, self-insured health plan, third-party administrator, or worker's compensation health plan.~~¶

~~(126) "Health services" has the same meaning given that term in ORS 442.015.~~¶

~~(137) "Health system" means an organization that delivers health care through hospitals, facilities, clinics, medical groups, and other entities that are under common control or ownership.~~¶

~~(18) "Hospital" has the same meaning given that term in ORS 442.015.~~¶

~~(149) "Integrated Delivery Network" means an organization that has common control or ownership of both a health system and health plan.~~¶

~~(20) "Originating-site hospital" means a hospital in which a patient is located while receiving telemedicine services.~~¶

~~(215) "Primary source verification" means the verification of an individual health care practitioner's reported qualifications by from the original source.~~¶

~~(1622) "Program" means the Oregon Common Credentialing Program.~~¶

~~(1723) "Solution system" means the Oregon Common Credentialing Program's electronic system through which credentialing information may be submitted to an electronic database and documentation may be submitted, managed, and accessed.~~¶

~~(1824) "Telemedicine" means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications meaning given that term in ORS 442.015.~~

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

Statutes/Other Implemented: ORS 441.056, 441.223, 442.015, 2013 OL Ch. 603 ~~1.224, 441.226, 442.015~~

AMEND: 409-045-0030

RULE SUMMARY: States the purpose and scope of the Health Care Practitioner credentialing program.

CHANGES TO RULE:

409-045-0030

Oregon Common Credentialing Program ¶

(1) The Oregon Common Credentialing Program is established within the Authority for the purpose of providing a credentialing organization access to information necessary to credential or recredential a health care practitioner.

¶

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

(1a) An electronic ~~solution~~system through which health care practitioner credentialing information must be submitted.; ¶

(2b) A process by which health care practitioners or designees may access the ~~Solution~~system to submit information necessary for credentialing.; ¶

(3c) A process by which credentialing organizations may ~~input~~, access, and retrieve health care practitioner credentialing information.; ¶

(4d) A process by which Boards may ~~input and~~ access health care practitioner credentialing information.; and ¶

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

Statutory/Other Authority: ORS 413.042, ~~2013 OL Ch. 603~~441.226

Statutes/Other Implemented: ~~2013 OL Ch. 603~~ORS 441.226

AMEND: 409-045-0035

RULE SUMMARY: Instructions for credentialing application.

CHANGES TO RULE:

409-045-0035

Oregon Practitioner Credentialing Application ¶

~~(1) Credentialing organization~~The program shall use the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application, both approved by the Authority based on recommendations from the Advisory Committee on Physician Credentialing Information. approved by the Authority. ¶

~~(2) The Authority's~~ approved applications are is available at the on the Committee's website at <http://www.oregon.gov/OHoha/HPA/OHPR/IT-ACPCI/Pages/index.aspx>. ¶

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

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

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

Statutes/Other Implemented: ~~ORS 441.056, 441.221 - 441.223, 2013 OL Ch. 603~~ ORS 441.056

AMEND: 409-045-0040

RULE SUMMARY: Updating information needing verification.

CHANGES TO RULE:

409-045-0040

Credentialing Information Verifications ¶

(1) The Pprogram shall ~~accept all Board~~ conduct verifications of credentialing information ~~as provided in accordance with OAR 409-045-0055~~ according to state and national standards. The Authority shall post and maintain a credentialing policy outlining the verification process on the Authority's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx> no later than June 1, 2018.¶

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

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

AMEND: 409-045-0045

RULE SUMMARY: Requirements for Health Care Regularity Board participation.

CHANGES TO RULE:

409-045-0045

Health Care Regulatory Board Participation ¶

(1) A ~~B~~board that licenses health care practitioners shall provide practitioner information and documentation to the ~~Solution~~system in a format and frequency as agreed by the ~~B~~board and the Authority beginning ~~January 12, 2016~~July 12, 2018. A ~~B~~board may agree to provide practitioner information and documentation to the ~~Solution~~system prior to ~~January 12, 2016~~July 12, 2018. ¶

(2) A ~~B~~board that provides information to the ~~Solution~~system must also provide an annual attestation to the Authority that clearly identifies the ~~B~~board's specific practices related to the process of primary source verification of health care practitioner information. ¶

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

(4) A ~~B~~board unable to provide information to the ~~Solution~~system by ~~January 12, 2016~~July 12, 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 ~~B~~board; ¶

(b) The phone number and email address for the ~~B~~board contact person; ¶

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

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

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

409-045-0050

Credentialing Organization Participation ¶

(1) Credentialing organizations shall ~~obtain~~ ¶

(a) Enroll in the system beginning July 2, 2018 through August 31, 2018; ¶

(b) Be allowed to complete their preferred health care practitioner credentialing information from the Solution beginning January 1, 2016, if that information is kept and maintained by the Solution. ¶

(2) Credentialing organizations may not request credentialing information from a health care practitioner if that information is available through the Soluor recredentialing processes for applications in progress prior to November 5, 2018; ¶

(c) Obtain health care practitioner credentialing information from the system beginning November 5, 2018 to the extent the information is available; ¶

(d) Direct health care practitioners needing to be credentialing or recredentialed to enter and maintain their credentialing information in the system beginning November 5, 2018; and ¶

(e) Not request credentialing information from a health care practitioner if that information is available through the system, but may request additional credentialing information not available through the system from a health care practitioner or conduct additional verifications if necessary for the purpose of completing credentialing procedures as required by the credentialing organization. ¶

(2) Credentialing organizations may request additional shall: ¶

(a) Pay a one-time set-up fee to the Authority based on health care practitioner panel size, assessed on November 5, 2018 and due by April 30, 2019; otherwise, credentialing information from a health care practitioner for the purpose organizations shall pay a one-time fee based on health care practitioner panel size due upon enrollment in the system; ¶

(b) Pay an annual subscription fee to the Authority, based of completing credentialing procedures as required by the credentialing organization. ¶

(3) A prepaid group practice health plan that serves at least 200,000 members in Oregon and that has been issued a certificate of authority by the Department of Consumer and Business Services may petition the Authority dñ health care practitioner panel size, assessed on November 5th of every year and due by April 30th of the following year, beginning November 5, 2018; otherwise, credentialing organizations shall pay an annual fee based on health care practitioner panel size due upon enrollment into the system and every 12 months thereafter; ¶

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

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

(4) An organization may provide a written attestation to being a health system via a process defined by the Authority. In cases where a credentialing organization is not majority controlled or majority owned, but where the health system has a management relationship or maintenance of an ownership interest in the organization, the health system may request the organization to be considered as part of the health system. The Authority shall: ¶

(a) Identify a process for the written attestation and provide a health system request form on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCEP>, available beginning June 1, 2018; and ¶

(b) Evaluate health system requests and make a determination with consideration to a management relationship or maintenance of an ownership interest. ¶

(5) Health systems shall: ¶

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

(b) Be placed into a collective fee tier based on the practitioner panel size using a count of its credentialed health

care practitioners deduplicated to represent a unique practitioner count across the health system.^{¶¶}

(6) Health systems may not include in their health care practitioner panel size fully delegated health care practitioners in which a decision is made by a separate credentialing organization outside the system.^{¶¶}

(7) An organization may provide a written attestation to being an integrated delivery network through a process defined by the Authority. The Authority shall identify a process for the written attestation on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP>, available beginning June 1, 2018.^{¶¶}

(8) Delegated credentialing agreements between credentialing organizations and centralized credentialing processes within health systems may be used to the extent they do not include the separate collection of credentialing information and verifications available in the system.^{¶¶}

(9) A prepaid group practice health plan that serves at least 200,000 members in Oregon may petition the Director to be exempt from the requirements of this section. The Director may award grant the petition if the Director determines that subjecting the health plan to this section is not cost-effective. If the Director grants an exemption, the exemption also applies to any health care facilities and health care provider groups associated with the health plan which refers to financial ownership and does not include services association. For purposes of this section, associated health care facilities and health care provider groups means health care facilities that are operated primarily to serve the health plan's members, medical or dental groups that contract exclusively with the health plan, and employees of the health plan, associated health care facilities, or associated health care provider groups. Exemptions may be reviewed by the Authority every two-years for validity. The petition for exemption must be submitted to credentialing@state.or.us and include:^{¶¶}

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

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

(c) A description of the prepaid group practice health plan;^{¶¶}

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

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

AMEND: 409-045-0055

RULE SUMMARY: Describes requirements for health care practitioner participation.

CHANGES TO RULE:

409-045-0055

Health Care Practitioner Participation ¶

(1) Health care practitioners required to be credentialed by a credentialing organization shall submit and attest to credentialing information and documentation required pursuant to OAR 409-045-0040 to the Solution beginning on January 1 in the system when initially applying to be credentialed with any credentialing organization or at least 90 days prior to the health care practitioner's next recredentialing date with any credentialing organization. Practitioners who have an application in process prior to November 5, 2016 to the extent that information is not available to the Solution from the Boards, be credentialed or recredentialed by an organization shall continue with the organization's preferred process, but must use the System the next time they need to be credentialed or recredentialed. ¶

(2) Health care practitioners ~~or their designee may agree to provide information and documentation required pursuant to 409-045-0040 to the Solution prior to January 1, 2016~~ may assign a designee to submit credentialing information and documentation to the system. ¶

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

(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 at least three months prior to the recredentialing date assigned by the credentialing organization for which the health care practitioner must be recredentialed. ¶

(6) Health care practitioners credentialed in Oregon as of November 5, 2018 shall pay a one-time application fee to the Authority due by April 30, 2019. Otherwise practitioners shall pay a one-time application fee due at initial application submittal. ¶

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

(a) Provide a petition form and process for paper submission to the system for health care practitioners on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCOP/>, available beginning June 1, 2018; ¶

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

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

AMEND: 409-045-0060

RULE SUMMARY: Explanation of what information may be used.

CHANGES TO RULE:

409-045-0060

Use of Health Care Practitioner Information ¶

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

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

AMEND: 409-045-0065

RULE SUMMARY: Advisory Group membership requirements.

CHANGES TO RULE:

409-045-0065

Common Credentialing Advisory Group ¶

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

(a) Credentialing organizations;¶

(b) Health care regulatory boards;¶

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

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

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

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

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

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

(a) Credentialing industry standards;¶

(b) Common ~~C~~redentialing ~~Solutions~~system functionality;¶

(c) Recommended changes to the Oregon ~~p~~ractitioner ~~e~~Credentialing ~~a~~pplication pursuant to ORS 442.221 to 441.223; and¶

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

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

AMEND: 409-045-0070

RULE SUMMARY: Sets credentialing fee schedule.

CHANGES TO RULE:

409-045-0070

Imposition of Fees ¶

(1) Beginning January 1 November 5, 20168, the Authority shall impose assess fees on credentialing organizations that access the Solution and may impose fees on health care practitioners who submit credentialing information to the Solution. Fees may not exceed the cost of administer and health care practitioners. Fees may not exceed the cost of administering the program and the Authority will periodically review cost and revenue, adjusting fees as necessary.¶

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Credentialing Organization Annual Subscription Fees:¶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory/Other Authority: ORS 413.042, 441.056, 441.223, 2013 OL Ch. 603441.226

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, 2013 OL Ch. 603

AMEND: 409-045-0075

RULE SUMMARY: Establishes complaint process.

CHANGES TO RULE:

409-045-0075

Complaints ~~¶~~

(1) 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>.

~~¶~~

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

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

Statutes/Other Implemented: ORS 441.056, 441.221 - 441.223, ~~2013 OL Ch. 603~~

AMEND: 409-045-0115

RULE SUMMARY: Lists individuals and entitles these rules apply to, including telemedicine practitioners.

CHANGES TO RULE:

409-045-0115

General Applicability ¶¶

(1) These rules apply to all:¶¶

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

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

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

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

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

AMEND: 409-045-0120

RULE SUMMARY: Credentialing documents required for telemedicine providers.

CHANGES TO RULE:

409-045-0120

Telemedicine Providers Standard List of Credentialing Documents ¶¶

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

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

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

(B) Drug Enforcement Agency certificate;¶¶

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

(D) Certification of professional liability insurance.¶¶

(b) Attestation by medical staff at the distant-site hospital that they have conducted primary source verification of all materials of the OPCA except for:¶¶

(A) Hospital affiliations other than to the distant-site hospital; and¶¶

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

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

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

(a) Proof of Tuberculosis ~~S~~screening;¶¶

(b) Proof of vaccination or immunity to communicable diseases; and¶¶

(c) HIPAA training verification;¶¶

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

(5) Originating-site hospitals may not request credentialing information if the credentialing information was made available under OAR 409-045-0120~~(4)~~ 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~~(4)~~.

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

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

AMEND: 409-045-0125

RULE SUMMARY: Delegated credentialing agreements.

CHANGES TO RULE:

409-045-0125

Distant-Site Hospital Agreements II

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.

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

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

AMEND: 409-045-0130

RULE SUMMARY: Hold harmless clause.

CHANGES TO RULE:

409-045-0130

Telemedicine Providers Hold Harmless Clause ¶

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

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

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

AMEND: 409-045-0135

RULE SUMMARY: Information sharing or use of data requirements.

CHANGES TO RULE:

409-045-0135

Telemedicine Providers Information Sharing or Use of Data-

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

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

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

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