

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) "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.
- (7) "Credentialing information" has the meaning given that term in ORS 441.224.
- (8) "Credentialing organization" 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;
 - (f) Independent practice-associations as defined in ORS 743B.001; and
 - (g) Other organizations that are required to credential health care practitioners.
- (9) "Delegated credentialing agreement" means a written agreement between credentialing organizations that delegates the responsibility to perform specific activities related to the

credentialing and recredentialing of health care practitioners. For telemedicine credentialing, delegated credentialing agreement has the same meaning given that term in ORS 442.015.

(10) "Designee" means an individual or entity that a health care practitioner designates to assist in completing requirements set forth in 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.

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

(14) "Health care practitioner" has the same meaning given that term in ORS 441.224. This may include, but is not limited to individuals licensed as:

- (a) Acupuncturists;
- (b) Audiologists;
- (c) Certified Registered Nurse Anesthetists;
- (d) Chiropractic Physicians;
- (e) Clinical Nurse Specialists;
- (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 Dietitians;
- (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;
- (v) Physical Therapists;

- (w) Physician Assistants;
- (x) Psychologist Associates;
- (y) Psychologists;
- (z) Registered Nurse First Assistants; 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.

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

(17) "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 meaning given that term in ORS 442.015.

(19) "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.

(21) "Primary source verification" means the verification of a health care practitioner's reported qualifications from the original source.

(22) "Program" means the Oregon Common Credentialing Program.

(23) "System" means the Oregon Common Credentialing Program's electronic system through which credentialing information and documentation may be submitted, managed, and accessed.

(24) "Telemedicine" 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

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:

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

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

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

(d) A process by which boards may access health care practitioner credentialing information.

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

Stat. Auth: ORS 413.042 & 441.226

Stats. Implemented: ORS 441.226

409-045-0035

Oregon Practitioner Credentialing Application

(1) The program shall use the Oregon Practitioner Credentialing Application approved by the Authority.

(2) The Authority's approved application is available on the Committee's website at <http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Pages/index.aspx>.

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

Stats. Implemented: ORS 441.056, 441.221 to.441.233

409-045-0040

Credentialing Information Verifications

(1) The program will conduct verifications of credentialing information according to state and national standards. The Authority will 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~~April 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.

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

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

Stats. Implemented: ORS 441.056, 441.221 to 441.233

409-045-0045

Health Care Regulatory Board Participation

(1) A board that licenses health care practitioners shall provide practitioner information and documentation to the system in a format and frequency as agreed by the board and the Authority beginning July 2, 2018. A board may agree to provide practitioner information and documentation to the system prior to July 2, 2018.

(2) A board that provides information to the system must also provide an annual attestation to the Authority that clearly identifies the board's 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 system by July 2, 2018, may submit a petition to the Authority for consideration of a waiver from the requirements of section (1). The Authority shall approve or deny petitions and review-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 & 441.226

Stats. Implemented: ORS 441.056, 441.221 to 441.233

409-045-0050

Credentialing Organization Participation

(1) Credentialing organizations shall:

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

(b) ~~Continue~~ Be allowed to complete using their own preferred health care practitioner credentialing or recredentialing processes for health care practitioner credentialing applications in progress prior to November 5, 2018. to avoid a duplicate process for credentialing organizations and health care practitioners that have engaged in the credentialing process prior to that date;

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

(~~e~~) 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 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 organizations shall pay a one-time fee based on health care practitioner panel which size due upon enrollment in the system.

(b) Pay an annual subscription fee to the Authority, based on health care practitioner panel size, assessed on November 5th of every year and due by April 30th of the following year, beginning November 5, 2018; Otherwise credentialing organizations shall pay an annual fee based on health care practitioner panel size which is due upon enrollment in to 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-OCCP>, available beginning April 2~~May~~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 April June 12, 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 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. 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-system is not cost-effective.

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

Stats. Implemented: ORS 441.056, 441.221 to 441.233

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 in the system when initially applying to be credentialed with any credentialing organization or at least 90 days prior to ~~their~~ the health care practitioner's next credentialing or ~~recredentialing~~ date with any credentialing organization. Practitioners ~~that who are in the process have an application in process prior to November 5, 2018 to be of being credentialed or recredentialed by and have already submitted an application to an organization prior to November 5, 2018 shall continue with the organization's preferred process, but shall~~ must use the System the next time they need to be credentialed or recredentialed. ~~due to be credentialed or recredentialed in the 90 days following the program operational date of November 5, 2018 should consult with the credentialing organization in which they must be credentialed or recredentialed as to their preferred process.~~

(2) Health care practitioners 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-system.

(4) Attestation of credentialing information must occur 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 recredentialled.

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

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

(a) Provide a petition form and process for paper submission to the system for health care practitioners on the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/>, available beginning ~~April~~June 12, 2018;

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

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

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

Stats. Implemented: ORS 441.056, 441.221 to-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 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 a credentialing organization through the system may only be used for the intended purpose of credentialing or for activities related to the management of the credentialing organization provider network.

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

192.410 to 192.505. For the purposes of this subsection, general information used for directories is limited to practitioner name, specialty, and city of practice location.

Stat. Auth.: ORS 413.042, 441.056, 441.223 & 441.226
Stats. Implemented: ORS 441.056, 441.221 to 441.233

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 Authority and shall include members who represent:

- (a) Credentialing organizations;
- (b) Health care regulatory boards;
- (c) Health care practitioners; and the
- (d) 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 Authority 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 program, including but not limited to the following:

- (a) Credentialing industry standards;
- (b) Common Credentialing system functionality;
- (c) Recommended changes to the Oregon Practitioner Credentialing 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 & 441.226
Stats. Implemented: ORS 441.056, 441.221 to 441.223 & 441.232

409-045-0070

Imposition of Fees

(1) Beginning November 5, 2018, the Authority shall assess fees on credentialing organizations and health care practitioners. Fees may not exceed the cost of administering the program and the Authority will periodically review cost and revenue, adjusting fees as necessary.

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Credentialing Organization Annual Subscription Fees:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

409-045-0075

Complaints

(1) Complaints regarding the program and the program's activities shall be submitted to Authority for evaluation through the program's website at <http://www.oregon.gov/oha/HPA/OHIT-OCCP/Pages/index.aspx>.

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

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

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

409-045-0115

Telemedicine Providers General Applicability Credentialing Requirements

(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 & 441.226

Stats. Implemented: ORS 441.056, 441.221 to 441.233

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 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 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 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.

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

Stats. Implemented: ORS 441.056, 441.221 to 441.233

409-045-0125

Telemedicine Providers 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 set forth in OAR 409-045-0120.

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

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

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.

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

Stats. Implemented: ORS 441.056, 441.221 to 441.233

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.

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

Stats. Implemented: ORS 441.056, 441.221 to 441.233