Provider attestation: ADA, HIPAA, and telehealth compliance

PacificSource

Providers must comply with all ADA requirements, including:

- Physical accessibility to the building, exam rooms, and bathroom(s) must be free from debris and other obstructions that would prevent a patient from safely entering the building.
- Ramps and/or other accommodations must be present to ensure ease of accessibility to the building, exam rooms, and bathrooms.
- Doors must be wide enough for wheelchair access.
- Provider office must offer accessible equipment, such as scales, exam tables, and equipment for treatment and diagnosis.
- Corridors, waiting areas, exam rooms, and floors must be clean and uncluttered.

A full list of ADA requirements can be found at PacSrc.co/ADA-requirements.

Providers must comply with all HIPAA guidelines, including:

- Waiting room must be used only by those awaiting healthcare, to ensure privacy. If you have a shared waiting room, please report the details immediately for consideration.
- Waiting room must have adequate seating to accommodate the average number of patients seen per practitioner per hour.
- Exam room space must have provisions for privacy during examinations or procedures.
- Provider must have a secure, organized, and clearly marked filing or EHR system in place to ensure confidentiality and limited access to patient records.

A full list of HIPAA guidelines may be found at PacSrc.co/HIPAA-requirements.

Telehealth:

For those providing services via telehealth only, providers must comply with OAR 410-120-1990: PacSrc.co/oha-map-410. Providers are required to have a Telehealth Care Coordination Policy and Procedure. OAR 410-120-1990 requires telehealth providers to develop and maintain care coordination policies and procedures to offer local provider options to clients when in-person services are clinically indicated or requested, and the provider does not offer these services.

Attestation:

I understand that noncompliance with any of the above may affect my eligibility to be an in-network provider with PacificSource Health Plans, PacificSource Community Health Plans (Medicare), and PacificSource Community Solutions (Medicaid). I attest that I am in compliance with the requirements above.

Name _____

Signature _____ Date _____

Please return this form to ORContracting@PacificSource.com.