

ATTACHMENT A

SUMMARY OF CHANGES TO THE SEPTEMBER 24, 2004 CREDENTIALING AND RE-CREDENTIALING APPLICATIONS

The Advisory Committee met on September 22, 2008 and reviewed both the credentialing and recredentialing application forms. **They made the following changes to the Oregon Practitioner Credentialing Application:**

- Cover Page
 - 3rd Bullet Point – Remove “PROFESSIONAL SPECIALITIES LIST (ATTACHMENT B)”
 - 4th Bullet Point – Remove “(ATTACHMENT C)” - #4 becomes #3.
 - Add Purpose Statement: *PURPOSE: ESTABLISHED BY HOUSE BILL 2144 (1999), THE ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION (ACPCI) DEVELOPS THE UNIFORM APPLICATIONS USED BY HOSPITALS AND HEALTH PLANS TO CREDENTIAL AND RE-CREDENTIAL PRACTITIONERS WITHIN THE STATE OF OREGON.*
- Page 1, Section I, INSTRUCTIONS
 - 2nd Bullet Point – Add “to the health care related organization to which you are applying” New Text: *Complete the application in its entirety. Keep an unsigned and undated copy of the application on file for future requests. When a request is placed, send a copy of the completed application to the health care related organization to which you are applying, making sure that all information is complete, current and accurate.*
 - Bold and enlarge statement which begins: *I am applying to (please list: Hospital Staff, HMO, IPA):*
 - Add at bottom of the page: **Note: Please return completed application to the health care related organization to which you are applying; not to the State of Oregon.*
- Page 2, Section II, PRACTITIONER INFORMATION - *Add cell for mobile/alternate phone number.*
- Page 2, Section III, SPECIALTY INFORMATION, in the first cell replace the existing text with: *Principal clinical specialty (For most current specialties list, see: <http://www.wpc-edi.com/codes>):*
- Page 3, Section VI, PRACTICE INFORMATION - Add cells for name of secondary clinical practice.
- Page 4 Section VIII, Page 5 Section XII A, B, Page 7 Section XV - Add phone and fax numbers to all entities.

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- Page 4, Sections VII PRACTICE CALL COVERAGE -Edit text to read: *Please provide the name and specialty of those practitioners who provide care for your patients when you are unavailable.*
- Page 6, Section XIV, HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATES & ID NUMBERS
 - Replace "NPI" with: *Individual NPI*
 - Change OMAP to *DMAP*
- Page 7, Section XVI, A, B, C
 - Add areas for phone numbers for hospital or facility.
- Page 8, Section XVII, PROFESSIONAL PRACTICE / WORK HISTORY, Item A. –Expand section to a full page. Add the statement: *Attach Additional Sheets as necessary* (underlined for emphasis).
- Page 9, Section XVII, PROFESSIONAL PRACTICE / WORK HISTORY, Item B. –*Expanded section to balance the page.*
- Page 9, Section XVIII, PEER REFERENCES
 - Change instruction text to read: *Please list three (3) references, from peers who through recent observations are directly familiar with your clinical skills and current competence.*
 - Add cell for *Professional Relationship*.
- Page 9, Section XVI, ATTESTATION QUESTIONS –
 - Question A: Add text *had a corrective action* after the phrase "stipulated or probationary conditions."
 - Question C: Strike the word "employment" the first time it appears.
 - Between F and G, add a new question G: *In the past three (3) years have you ever voluntarily or involuntarily left or been discharged from medical school or subsequent training programs?*
 - Re-letter Questions G through N to G through O

The Committee made the following changes to the Oregon Practitioner Recredentialing Application:

- Cover Page
 - 3rd Bullet Point – Remove "PROFESSIONAL SPECIALITIES LIST (ATTACHMENT B)"
 - 4th Bullet Point – Remove "(ATTACHMENT C)" - #4 becomes #3.
 - Add Purpose Statement: *PURPOSE: ESTABLISHED BY HOUSE BILL 2144 (1999), THE ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION (ACPCI) DEVELOPS THE*

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UNIFORM APPLICATIONS USED BY HOSPITALS AND HEALTH PLANS TO CREDENTIAL AND RE-CREDENTIAL PRACTITIONERS WITHIN THE STATE OF OREGON.

- Page 1, Section I, INSTRUCTIONS
 - 2nd Bullet Point – Add “to the health care related organization to which you are applying” New Text: *Complete the application in its entirety. Keep an unsigned and undated copy of the application on file for future requests. When a request is placed, send a copy of the completed application to the health care related organization to which you are applying, making sure that all information is complete, current and accurate.*
 - Bold and enlarge statement which begins: *I am applying to (please list: Hospital Staff, HMO, IPA):*
 - Add at bottom of the page: **Note: Please return completed application to the health care related organization to which you are applying; not to the State of Oregon.*

- Page 2, Section II, PRACTITIONER INFORMATION - *Add cell for mobile/alternate phone number.*

- Page 2, Section III, SPECIALTY INFORMATION, in the first cell replace the existing text with: *Principal clinical specialty (For most current specialties list, see: <http://www.wpc-edi.com/codes>):*

- Page 3, Section VI, PRACTICE INFORMATION - Add cells for name of secondary clinical practice.

- Page 4 Section X, Page 5 Sections XI, XII & XIII and Page 10 Section XIX - Add phone and fax numbers to all entities.

- Page 4, Sections VII PRACTICE CALL COVERAGE -Edit text to read: *Please provide the name and specialty of those practitioners who provide care for your patients when you are unavailable.*

- Page 4 Section X, HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATES & ID NUMBERS
 - Replace "NPI" with: *Individual NPI*
 - Change OMAP to *DMAP*

- Page 5, Section XII, A, B
 - Add areas for phone numbers for hospital or facility.

- Page 6, Section XIII, PROFESSIONAL PRACTICE / WORK HISTORY, Item A. – Expand section to a full page. Add the statement: *Attach Additional Sheets as necessary* (underlined for emphasis).

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- Page 7, Section XIII, PROFESSIONAL PRACTICE / WORK HISTORY, Item B.
 - Edit instructions to read: Please explain any gaps greater than two (2) months in the past three (3) years. Include activities and/or names and dates where applicable. Please attach additional sheets, if necessary.
 - *Expanded section to balance the page.*
- Page 7, Section XIII, PEER REFERENCES
 - Change instruction text to read: *Please list three (3) references, from peers who through recent observations are directly familiar with your clinical skills and current competence.*
 - Add cell for *Professional Relationship*.
- Page 9, Section XVI, ATTESTATION QUESTIONS –
 - Question A: Add text *had a corrective action* after the phrase "stipulated or probationary conditions."
 - Question C: Strike the word "employment" the first time it appears.
 - Between F and G, add a new question G: ***In the past three(3) years, have you ever voluntarily or involuntarily left or been discharged from medical school or subsequent training programs?***
 - Re-letter Questions G through N to G through O

Lastly, the Committee made the following changes to the Oregon Practitioner Applications and Attachments:

- ATTACHMENT A (Credentialing)
 - Change instruction text to read: *Please list any past or current professional liability claim or lawsuit, which has been filed against you in the past three (3) years. **Photocopy this page as needed and submit a separate page for EACH professional liability claim/lawsuit.** It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field. Please attach additional sheet(s), if necessary.*
- ATTACHMENT A (Recredentialing)
 - Change instruction text to read: *Please list any past or current professional liability claim or lawsuit, which has been filed against you **in the past three (3) years. Photocopy this page as needed and submit a separate page for EACH professional liability claim/lawsuit.** It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field. Please attach additional sheet(s), if necessary.*
- ATTACHMENT B
 - Delete

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- ATTACHMENT C
 - Renamed “GLOSSARY OF TERMS AND ACRONYMS”
 - Add: Call Coverage definition: Practitioners who provide care for your patients when you are unavailable.
 - Add: Peer: Individual(s) in the same professional discipline as the applicant with personal knowledge of the applicant.
 - Add: Professional Liability Claim: Written demand for money or services. Add definition of HIPPA to NPI; change HCFA to CMS
 - Other Glossary changes: OMAP to DMAP, OMPRO to AcumentraHealth, JCAHO to TJC, OMBE to Oregon Medical Board, HCFA to CMS, NPI – Change sentence tense from future to past.