

MINUTES
Advisory Committee on Physician Credentialing Information
January 20, 2004

Members Present: Rebecca Burdg, CMSC, Chair; Tom Foster, MD; Robert Wheeler, MD; Karen Smith, CMSC; James Kronenberg; Linda Baker, CMSC; Linda Snow; Amy Lyons, CMSC; Faye Gilbarg (arrived 10:25 am).

Staff Present: Alison Little, MD, MPH; Laura Lanssens.

I. Call to Order and Introductions

Rebecca Burdg, Chair, called the meeting to order at 10:04 a.m. in Conference Room 500A of the Public Service Building, 255 Capitol Street NE, Salem, OR 97310.

Introductions were made all around. For the courtesy of the new members, Amy Lyons from PacifiCare and Linda Snow from Silverton Hospital, the Chair gave a brief overview of enrolled House Bill 2144 (1999) regarding the charge of the Advisory Committee on Physician Credentialing (ACPCI). Also November 18, 2003 meeting packets were given to Amy and Linda for their own personal review.

II. Old Committee Business

A. Review and Approve Minutes from November 2003

Since the November 18, 2003 minutes were incomplete and unavailable for the meeting, the Committee agreed to forego review and approval until the next meeting. The Chair requested that the minutes be sent out to the Committee members for their review before the next meeting.

B. Status of Revised Credentialing/Recredentialing Applications

Dr. Alison Little reported on the rulemaking process. The Oregon Practitioner Credentialing and Recredentialing Applications were to go into effect in the near future. The Department of Consumer and Business Services (DCBS) would file by the end of January 2004 and the Department of Health Services (DHS) would file by the first week of February 2004. Once the revisions are filed with the State then the office of Oregon Health Policy and Research (OHPR) would receive notification from each department as per OAR 835-053-0700 and OAR 333-505-007. At which time, Staff would inform the Commission that the applications were effective. The Staff would also update the ACPCI website with the revised information.

The Committee requested Staff to also write and send a letter to inform other credentialing professionals and stakeholders within Oregon of the revisions that would be in effect, once the revisions were filed with the Secretary of State.

Dr. Little also informed the ACPCI that the mailing list had been reviewed and updated by Staff. She asked if there were any suggestions as to who else may wish to be aware of the revisions. Jim Kronenberg said that he has a list of ARC members, which could be cross-referenced with the Staff's list. Dr. Little asked if he would send the list to Staff and he said he would.

III. New Committee Business

Prior to reviewing the correspondence and suggestions from other credentialing professionals within Oregon, the Chair reviewed for the two new members the philosophy of the ACPCI. Becky explained that the ACPCI had previously established a decree that the credentialing application should represent credentials, even though there is a lot of good information that can be gathered and can be used in provider directories. The Committee has carried this decree forward and for those who wish or need other information, the credentialing coordinator can add an addendum.

Dr. Tom Foster informed the Committee from a provider's point of view, that the applications represent the innovation of Oregon to have a uniform application that can be used in the right settings in freeing the practitioners of the endless, as well as different forms. Dr. Foster reported that he has spoken with other practitioners and they were pleased that the credentialing applications could be reviewed, updated and signed without completing a brand new lengthy application.

The question was asked how the credentialing applications were mandated and who oversees the mandated applications. Jim Kronenberg explained that the health service organizations and health insurance companies and entities are licensed by the state's Department of Consumer and Business Services, Insurance Division; and the hospitals are licensed by the state's Health Division, now known as the Public Health Division in the Department of Human Services. The enforcement is for the matter of the state agencies. It is pretty simple. Everyone uses a form for credentialing decisions. If the health practitioners that need to credential are smart, they fill out the form once and when it is necessary they update it. All they need to do is to make sure the applications are current when they receive a request, sign it and send it off. It is an enormous advantage for not only individual practitioners, but for organizations that credential large groups of practitioners.

Jim Kronenberg further explained that prior to Oregon having a uniform credentialing and recredentialing application in existence, some organizations received a variety of credentialing applications, which meant having extra staff reviewing each application for a consistency of information. With the uniform applications, less staff is needed because the questions are standardized. The uniform applications make it convenient

for the practitioners, as well as, for the organizations that are credentialing the practitioners. It was absolute chaos prior to adopting a uniform credentialing and recredentialing application because each insurance company had their own form that had to be completed prior to payment. Note that this was before computers. Since the forms were non-standardized each office had to maintain many different forms. With mandated uniform applications, credentialing coordinators and offices need not maintain the staff that was previously needed nor do they need to maintain the many different forms. The cost savings alone has been a benefit.

Dr. Robert Wheeler informed Staff that he found the link for the taxonomy codes and would send it via e-mail within the week so that Staff can update Attachment B of the Credentialing and Recredentialing Application titled Professional Specialties List.

A. Review of Correspondence for Suggested Changes to the Applications

A list of suggested changes or recommendations were enclosed within the meeting packets. Staff had solicited these recommendations upon the advice and request of the ACPCI via a mailing in October/November 2003.

At the last meeting, November 18, 2003, the ACPCI had begun the review of this list. The Chair suggested that Staff quickly review the recommendations that had been accepted by the ACPCI.

Per Staff, the following are recommendations that the Committee unanimously agreed on **November 18, 2003** for updating the applications:

Credentialing Application:

- Page 5; switch "INTERNSHIP / POST-GRADUATE YEAR 1" to read as POST-GRADUATE YEAR 1 / INTERNSHIP
- Pages 3, 4, 5, 7, 8, change "mm, dd, yy" in the date cells to reflect month, day, year. For example: mm/yy would become month/year and mm/dd/yy would become month/day/year.
- Page 6, move "Education Commission for Foreign Medical Graduates (ECFMG) Number and Date Issued" to Page 2 under Section II. Also add cells for Country, Citizenship, Visa number, Status, Type.

Recredentialing Application:

- Pages 3, 4, 5, 6, change "mm, dd, yy" in the date cells to reflect month, day, year. For example: mm/yy would become month/year and mm/dd/yy would become month/day/year.

- Page 4, move “Education Commission for Foreign Medical Graduates (ECFMG) Number and Date Issued” to Page 2 under Section II. Also add cells for Country, Citizenship, Visa number, Status, Type.

The following are recommendations that the Committee unanimously agreed on during this meeting **January 20, 2004** for updating the applications:

Credentialing Application:

- Add to Instructions of Attachment of A of the Credentialing Application the following statement, “It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field.”
- Add to the Attachment A instructions: ...in the past three (3) years.
- Attachment A, move the instructions up to the top of the form and increase the font size.
- Page 2, Section II, add a cell for Driver’s License.
- Page 6, Section XV, delete the word ”CURRENT”. Line should read as OTHER STATE HEALTH CARE LICENSES, REGISTRATIONS & CERTIFICATES. Also move cells around so that they are in the following order: Year Obtained, Expiration Date, Year Relinquished
- Page 7, Section XVI change from “CURRENT HOSPITAL AND OTHER FACILITY AFFILIATIONS” to HOSPITAL AND HEALTH CARE FACILITY AFFILIATIONS.
- Page 7, Section C, delete “HOSPITAL AND OTHER FACILITY”. Line should read as PREVIOUS AFFILIATIONS.
- Page 8, Sections XVII & XVIII add cells for E-mail address, if available. Place below each Complete Address Cell.
- Page 8, Section XVIII, PEER REFERENCES, add in the Complete Address cell, “include Dept, if applicable”. Should read as Complete Address, include Dept if applicable.
- Page 9, delete Section “ XX. MEDICARE /MEDICAID CONDITIONS OF PARTICIPANTS” in its entirety. (For those who need this information they can add as part of their common addendum of questions.)
- Page 11, change the spelling from “Practitioner” to Practitioner.

- Additional page to be attached: COMPLETION CHECKLIST with a list of pages where attachments are needed.

Recredentialing Application:

- Add to Instructions of Attachment of A of the Credentialing Application the following statement, “It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field.”
- Add to the Attachment A instructions: ...in the past three (3) years.
- Attachment A, move the instructions up to the top of the form and increase the font size
- Page 2, Section II, add a cell for Driver’s License.
- Page 4, Section IX, add dates attended. For example: Month/Year Attended. Also add 3 to 6 more lines for Continuing Education
- Page 5, XI, delete the word “CURRENT”. Line should read as OTHER STATE HEALTH CARE LICENSES, REGISTRATIONS & CERTIFICATES. Also move cells around so that they are in the following order: Year Obtained, Expiration Date, Year Relinquished
- Page 5, Section XII change from “CURRENT HOSPITAL AND OTHER FACILITY AFFILIATIONS” to HOSPITAL AND HEALTH CARE FACILITY AFFILIATIONS.
- Page 6, Section XIII & XIV add cells for E--mail address, if available. Place below each Complete Address Cell.
- Page 6, Section XIV, PEER REFERENCES, add in the Complete Address cell, “include Dept, if applicable”. Should read as, Complete Address, include Department, if applicable.
- Page 7, delete Section “ XX, MEDICARE /MEDICAID CONDITIONS OF PARTICIPANTS” in its entirety. (For those who need this information they can add as part of their common addendum of questions.)
- Page 9, change the spelling from “Practitioner” to Practitioner.
- Additional page needs to be attached: COMPLETION CHECKLIST with a list of pages where attachments are needed.

IV. Adjournment

Becky Burdg adjourned the ACPCI meeting at 12:32 p.m. The next meeting shall be held 11:00 am – 12:45 pm, June 15, 2004 in Conference Room 500A, of the Public Service Building, 255 Capitol Street NE, 5th floor, Salem, OR 97310.

Rebecca L. Burdg, CPCS, CMSC, Chair

MINUTES
Advisory Committee on Physician Credentialing Information
June 29, 2004

Members Present: Rebecca Burdg, CPMSM, Chair; Karen Smith, CPMSM; James Kronenberg; Linda Snow; CPCS; Tom Foster, MD (arrived 11:22 am); Robert Wheeler, MD (arrived 11:37 am).

Members Absent: Linda Baker, CPMSM; Amy Lyons, CPMSM

Staff Present: Alison Little, MD; Laura Lanssens.

Also Attending: Kathleen Smail, Health Care Licensure & Certification, Dept of Health Services.

I. Call to Order and Introductions

Rebecca Burdg, Chair, called the meeting to order at 11:12 a.m. in Conference Room 500A of the Public Service Building, 255 Capitol Street NE, Salem, Oregon.

Introductions were made all around for the benefit of Kathleen Smail. Ms. Burdg welcomed Ms. Smail. Ms. Smail is the Program Manager, of the Office of Health Care Licensure & Certification (OHCLC). She explained that her office licenses hospitals and handles the Medicare certification of hospitals. She was happy to be invited to attend this meeting because her office also revises the licensing rules based on what the Committee recommends.

II. Old Committee Business

Ms. Burdg gave a brief recap of the Committee's activities over the last year. She stated that some recommendations for changes to the application had been made, specifically the change from a two-year recredentialing cycle to a three-year cycle. In the process of obtaining approval for these changes, the Committee educated itself about the rulemaking process. Because of the importance of coordination with state regulatory agencies, it was suggested that the program manager of the OHCLC be included in correspondence and meetings of the ACPCI.

Ms. Burdg referred to the flow chart (see Attachment A) that Dr. Little had created. Dr. Little asked Ms. Smail if the flow chart was accurate, as the bottom portion was Dr. Little's interpretation of the rulemaking process. Ms. Smail said that the flow chart looked like it was basically sound, however she recommended including the DHS Administration Rules Coordinator. Ms. Smail further mentioned her office, OHCLC, is quite small and the few staff members she has are doing multiple jobs, Resulting in

some difficulty meeting deadlines. She suggested that the flow chart connect the boxes of *DHS Assistant Director of Health Services, DHS Program Manager of Health Care Licensure & Certification and DHS Administration Rules Coordinator*, since they all work closely together in the rulemaking process.

Dr. Little asked if there was anything further that ACPCI or the Support Staff could do to aid in the rulemaking process. Ms. Smail requested continued notification of upcoming meetings and that minutes be provided for those meetings she is unable to attend. Dr. Little asked if there was a time estimate Ms. Smail could give the Committee for how long it takes to process rule changes. Ms. Smail replied that the time varies, but a couple of months would be accurate and reasonable.

It was suggested that Staff contact the rules coordinators for DCBS and DHS, and have them review the flow chart to see if any additions or changes need to be made. An updated flowchart will be submitted at the next ACPCI meeting.

A. Review and Approve Minutes from November 2003, January 2004

Ms. Burdug asked if everyone had a chance to review the minutes from November 18, 2003 and January 20, 2004 meetings that were sent by Staff via e-mail. There were affirmative nods. Dr. Foster moved for a motion to approve both sets of minutes as written. Karen Smith gave the second. The motion carried with 5-0 votes.

III. New Committee Business

A. Recommendations for Application Changes

Review of proposed changes

Staff informed the ACPCI that they had not received any new suggestions or recommendations for updating the Oregon Practitioner Credentialing and Recredentialing applications. However a revised application was in the packet showing the Committee's proposed revisions from last year.

Dr. Wheeler asked if Staff found the proposed revisions ambiguous when setting up the draft application. Staff reported the revisions appeared straightforward.

Staff asked the Committee to review the application completion checklist. Dr. Wheeler suggested it would be useful to have a notation at the beginning of the application mentioning what page the practitioner could find each item on the checklist. Also, Dr. Wheeler said he did not remember suggesting that a photo ID be included on the checklist. Staff replied that a member of the Committee gave the sample list to them, and that sample list included photo ID. Dr. Wheeler said that the completion checklist should only include required elements of the applications. Dr. Foster agreed with Dr.

Wheeler. Dr. Foster stated that the sample checklist appears to be a checklist of what a credentialing department may wish to have, but does not relate to the applications. Ms. Burdg pointed out there was a brief checklist on the face sheet of the application, copied below:

<p style="text-align: center;">Current copies of the following documents must be submitted with this application:</p> <ul style="list-style-type: none">• State Professional License(s)• DEA Certificate or CSR Certificate• ECFMG (if applicable)• Face Sheet of Professional Liability Policy or Certificate <p style="text-align: center;">A curriculum vitae is optional and not an acceptable substitute.</p>

Staff asked if more items needed to be listed. Mr. Kronenberg mentioned that this list was pretty straightforward and that perhaps a checklist may not be needed after all, especially since most credentialing organizations send out a letter for their particular requests. Ms. Snow and Ms. Smith concurred. After a brief discussion, Ms. Burdg said it might be better for the individual organizations to continue to send out their own checklists to the practitioner. The most important documents have been captured on the face sheet. Dr. Wheeler still thought it would be beneficial to have a checklist at the end of the application. He provided Staff an example of what the practitioner application checklist should look like. Ms. Burdg recommended tabling the subject until next meeting. The other members agreed.

Taxonomy codes

Dr. Wheeler gave a website address to Staff in January 2004 for the taxonomy codes for specialties. Staff extracted and reformatted the codes in a draft list for the convenience of the Committee, which was included in the meeting packet. It was suggested that Staff verify that this is the most up-to-date list. Dr. Wheeler said it was important to have a standard taxonomy code list that is nationally recognized, because there are all sorts of borderline practices that invent categories for themselves. Staff agreed to check on the website to see if all the categories had been included and had gone into effect. Staff will submit a final list at the next meeting.

B. Committee Membership

The Committee reviewed the membership roster and asked Staff to make a couple of minor address and title changes.

Ms. Burdg informed the Committee that Faye Gilbarg had retired in May 2004 from Providence Health System, hence a vacancy existed. Ms. Burdg asked the Committee for their thoughts about filling Ms. Gilbarg's seat the balance of the year. Ms. Gilbarg's term will expire January 1, 2005. She has recommended someone from her staff, Valery Kriz, CPMSM, to attend in her place for the next couple of meetings, until the end of the

year. This would ensure full hospital representation. Dr. Foster thought this was a good idea, as long as the Committee asked for recommendations for filling the seat once the term expired. The motion was to fill the vacant seat temporarily with Valery Kriz until the end of the year. Linda Snow gave the second. The motion carried with 5-0 votes.

Dr. Alison Little asked whether the Committee would want Valery Kriz to stay on after the term expired. Dr. Foster said he was comfortable with that. However, Jim Kronenberg mentioned there was someone from Grants Pass that was interested in sitting on the Committee. Ms. Burdg said that when this discussion last took place, the Committee had agreed to solicit new members for the three positions that are expiring in 2005. Recruiting new members would create freshness and diversity in the Committee, and it would be in keeping with the current Governor's policy that members only sit on a committee for two terms. Dr. Foster and Mr. Kronenberg both agreed that representation from other parts of the state would be useful. Dr. Foster also mentioned that Victor Richenstein, MD, from NorthWest Mental Health Associates in Eugene had expressed an interest in serving on the Committee. He comes highly recommended and would be willing to commit to traveling from Eugene to Salem for the ACPCI meetings.

Mr. Kronenberg made a motion to solicit new members for the three positions, which will expire January 1, 2005. Dr. Foster gave a second. The other members agreed and the motion carried 5-0 votes.

The ACPCI asked Staff to send a letter to the stakeholders asking for recommendations for individuals interested in sitting on the Committee for a three-year term. Staff agreed to have the letter sent out within the next two weeks.

C. CAQH (Council for Affordable Quality Healthcare) Update – Telephone Presentation by Richard Galica

Prior to receiving the telephone presentation by Richard Galica, discussion ensued regarding the impact of CAQH here in Oregon. Dr. Foster expressed concern over CAQH wanting Oregon to adhere to their application process, which is somewhat different than Oregon's mandated application.

Ms Burdg explained that, to the best of her knowledge, CAQH is a single information repository. The applications and formatting may look different in different states, but the information that comes from the applications is maintained in a single repository. Ms. Burdg further explained when CAQH last spoke with the Committee, they were informed that Oregon has a state mandated application, and when CAQH puts the application on their website, it needs to look like the application that is in use. The Committee was not opposed to having CAQH gather extra information but they would have to make it very clear on their website that any additional information would be optional and not required. Once the information is in CAQH's central database, the practitioner would have to keep it updated. It was Ms. Burdg's understanding that the application

information could be purchased. The information is priced differently for members and non-members. Someone questioned who would be allowed to purchase this information, but before the question could be answered, Mr. Richard Galica called in and the teleconference was in process. A copy of a PowerPoint presentation was in each member's meeting folder so that they could follow through the presentation.

Mr. Galica introduced himself as the Product Manager for Credentialing from the Council for Affordable Quality Healthcare (CAQH), in Washington D.C. He explained that CAQH is a non-profit alliance of health plans and networks that promote collaborative initiatives to make healthcare more affordable, share knowledge to improve quality of care and make administration easier for physicians and their patients.

The basic steps of credentialing are:

1. collect self-reported data from practitioners via applications that are submitted by fax or online;
2. verification of certain practitioner-reported data against primary sources (Primary Source Verification or Credentials Verification Organization); and
3. review committee makes an independent decision about whether practitioner meets that organization's standards for participation.

Mr. Galica gave a background of the problems with traditional data collection processes. He further explained the advantage of a universal credentialing database and how it works. The question arose about whom would be allowed access to the practitioner's credentialing information. Mr. Galica replied that the data would be shared with organizations that have been authorized by the practitioner. He assured the Committee that CAQH is committed to maintaining the practitioners trust, therefore the data is encrypted and the database is housed in a secure data center. Access to interfaces and data is restricted to password-authenticated users.

Mr. Galica reported the American Academy of Family Physicians (AAFP) endorses CAQH, and they are formally supported by the American College of Physicians (ACP). CAQH has already registered over 100,000 practitioners in various states. CAQH is planning on coming to Oregon by July 1st, 2004. To accomplish this, CAQH will have a modified system that conforms to the exact wording of the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application. The Oregon practitioners who wish to participate have to belong to an organization that is a member of the CAQH network. The practitioner completes an application and submits it to the network, then will be able to print copies of their completed applications at no charge to use with non-participating organizations or plans. CAQH assures once the practitioner completes an application the practitioner will not have to complete another application again. CAQH will send the practitioner a registration kit with instructions on how to input information online. The participating practitioners must keep their data up to date; and they may access their information online any time of day. Reminders are sent to the practitioners to attest to the most recent information. Data is refreshed every

90 days to avoid problems with differing recertification cycles. The two goals of CAQH are to be a paperless data collection system and a universal credentialing data source, totally free to the practitioner. Mr. Galicia ended his presentation with the offer of his e-mail rgalica@caqh.org in case there were questions. Also he provided the website address: <http://www.caqh.org/> for those who wish further information.

Ms. Burdug confirmed with Mr. Galicia that this was an informational presentation and that the ACPCI did not need to take any action. He replied that his intention was to communicate and keep the ACPCI abreast of what was happening with CAQH's activities in Oregon. Ms. Burdug thanked him kindly for his presentation.

D. Responsibility for Communication of Committee Actions

Ms. Burdug introduced the topic of whose responsibility it is to answer questions that the Staff receives regarding the House Bill, the committee, the application, etc. Dr. Wheeler felt it was not the committee member's role to do so. The ACPCI is available to give advice on content, but it should be up to State officials to answer the questions regarding how the laws are written. It goes beyond the scope of the Committee's authority issue guidance regarding a legislative process. If there is a question of the ACPCI's intent then the Committee may clarify for Staff. Dr. Wheeler further stated the ACPCI is a policy committee. For example: It is good public policy to not ask for photos so as not to discriminate, it is good public policy to use standard categories, and it is good public policy to ask important questions regarding quality and safety. Questions regarding the exception process and the use of the Oregon Practitioner Credentialing and Recertification Applications should go to the State. The State's responsibility is to enforce the ACPCI's recommendations.

Ms. Burdug mentioned that when questions arise, she has often pulled out the House Bill to review the charge of the ACPCI, which is to make recommendations to ensure the applications meet accrediting body and regulatory requirements. Interpreting or enforcing rules, etc. goes beyond the scope of the ACPCI.

Ms. Smith mentioned that this has not been a problem with her organization. They receive very few questions, if any. It appears that there is a good understanding. However if a question did arise, her organization would like to know where to receive an answer.

Ms. Burdug asked Dr. Little her opinion on this issue. Dr. Little agreed with the Committee and offered to be the contact person for answering questions for the State. However if need be, she would like to be able to discuss issues with the Chair or someone else on the committee. For interpreting the legislation, ultimately the first line of authority lies with the Administrator of the Oregon Health Policy & Research (OHPR) and then with the Attorney General. Ms. Burdug said she was happy to be the Dr. Little's contact person if she needed a perspective.

E. HIPAA's New Identifier – National Provider Identifier (NPI)

Ms. Burdg thought this would be useful information to distribute to the ACPCI to review. At the next meeting, when suggestions and recommendations for the applications are reviewed, she proposed that the Committee might wish to add a field for the National Provider Identifier in order to be in compliance with HIPAA. The regulation effective date is May 23, 2005 and the compliance date is May 23, 2007 for most covered entities (May 23, 2008 for small health plans). For further information go to:

<http://www.hipaadvisory.com/regs/finalprovid/>

IV. Adjournment

Ms. Burdg asked if there was any other business, and recommended that all committee members be looking into any Joint Commission and NCQA changes in the standards and bring them to the next meeting. The next ACPCI meeting is scheduled for Tuesday, September 21, 2004, 11:00 a.m. – 12:45 p.m. in room 500A of the Public Service Building, 255 Capitol Street NE, Salem, Oregon. Ms. Burdg adjourned the meeting at 12:47 p.m.

Rebecca Burdg, CPMSM, CPCS, Chair

MINUTES
Advisory Committee on Physician Credentialing Information
September 28, 2004

Members Present: Rebecca Burdg, CPMSM, Chair; Karen Smith, CPMSM; James Kronenberg; Amy Lyons, CPMSM; Robert Wheeler, MD; Valery Kriz, CPMSM.

Members Absent: Linda Baker, CPMSM; Tom Foster, MD; Linda Snow; CPCS.

Staff Present: Alison Little, MD; Laura Lanssens.

I. Call to Order and Introductions

Rebecca Burdg, Chair, called the meeting to order at 11:15 a.m. in Conference Room 500A of the Public Service Building, 255 Capitol Street NE, Salem, Oregon.

Introductions were made all around for the benefit of the newest ACPCI Member, Valery Kriz, Medical Staff Coordinator from Providence Portland Medical Center. Ms. Burdg welcomed and thanked Ms. Kriz for filling the seat that Faye Gilbarg had left vacant when she retired. For the benefit of Ms. Kriz, Ms. Burdg briefly reviewed the updated flowchart for the process of amending the Oregon Practitioner Credentialing/Recredentialing Applications. *Note: The flowchart can be found on the ACPCI's website: http://www.ohppr.state.or.us/advisory/index_advisory.htm*

II. Old Committee Business - Review and Approve Minutes from June 2004

Ms. Burdg asked if everyone had previously reviewed the Minutes. The members confirmed they had. Dr. Robert Wheeler suggested an administrative revision to the June 29, 2004 Minutes and future minutes. The revision was to change the time of arrival of members who appear after the meeting has begun from the number of "*minutes late*" to the "actual time of arrival". Dr. Wheeler explained this would eliminate the ambiguity of how many minutes were actually missed of discussion, since the ACPCI meetings often do not actually convene at 11:00 am. Staff said they were happy to make the revision. Karen Smith made a motion to approve the minutes and Amy Lyons gave the second.

MOTION: To accept the June 29, 2004 Minutes with Dr. Wheeler's suggestions.

MOTION CARRIES: 6-0.

III. New Committee Business

A. Recommendations for Application Changes

National Provider Number

Ms Burdg directed the ACPCI to the handout with information on the Nation Provider Identifier (NPI) number. She noted that the final rule was published in the Federal Register, January 23, 2004 and the regulation will become effective May 23, 2005. Ms. Burdg proposed adding the NPI at this time since it will be HIPPA required, with the compliance date being May 23, 2007 for most covered entities and May 23, 2008 for small health plans. After some discussion, the ACPCI decided to add a field on both the credentialing and recredentialing applications.

MOTION: Add the NPI to the following:

- Credentialing Application, page 6, Section XIV, HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATE & ID NUMBERS
- Recredentialing Application, Page 4, Section X, HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATE & ID NUMBERS

MOTION CARRIES: 6-0.

For further information go to: <http://www.hipaadvisory.com/regs/finalprovid/>

Taxonomy Codes

The ACPCI reviewed the new Attachment B, Professional Specialties List. After some discussion the ACPCI decided that some revisions needed to be made. They were as follows:

- (Page 7 & 8) *Remove the full list titled Non-Individual Facilities List.*
- (Page 1) *Remove heading titled Individual or Groups (of Individuals).*
- (Page 1) *Remove the first three (3) lines at the beginning of the List. They are: Group, Multi-Specialty, Single Specialty.*
- (Page 4) Add to the heading of Nursing Service Related Providers another line that states (Also see Physician Assistants & Advanced Practice Nursing Providers).
- (Page 1) Add brief statement at the beginning of Attachment B. “This Professional Specialties List is from the National Health Care Provider Taxonomy Code List, version 4.1, published in cooperation with the National Uniform Claim Committee (NUCC).” Also add web page address: <http://www.wpc-edi.com/codes/Codes.asp>; designation: **OnlyConnect hipaa Health Care EDI, Code Lists; Provider Taxonomy Codes.**

MOTION: To accept the suggested revisions to Attachment B, Professional Specialties List as suggested pending review of the brief statement addition on page 1. MOTION CARRIES: 6-0.

Review of Proposed Changes

Per the ACPCI request, Staff sent a letter, dated July 9, 2004, soliciting recommendations for changes to the Oregon Practitioner Credentialing/Rec credentialing Applications. Copies of the letter and the received recommendations were part of the meeting packets.

Ms. Burdg, as a reminder, stated that the philosophy of this Committee (ACPCI) is to ensure the Oregon Practitioner Credentialing and Rec credentialing Applications are kept as credentialing applications. The focus is to only add what is necessary for credentialing/rec credentialing. Ms. Burdg said as they go through the solicited recommendations, the members need to ask themselves whether this is a recommendation for credentialing or would the recommendation be better off as an addendum question. Each health care organization may send out a letter requesting the other information (I.e., languages spoken, billing information, etc). Therefore the applications are not cluttered with the unnecessary information that may be nice to have but really is not required in order to credential/rec credential the practitioner.

The ACPCI reviewed and discussed each recommendation at length. The amendments are as follows:

CREDENTIALING APPLICATION

Page 1, Section I, Instructions, 5th Bullet Point – Add the word “related” after “health care”.

Page 2, Section IV, Board Certification / Recertification - Use **bold font** for “If not currently board certified, describe below your intent for certification, if any, and dates of previous testing and/or intended future testing for certification. Please attach additional sheets, if necessary.”

Page 3, Section VI, Practice Information - Add fields for the Credentialing Specialist’s e-mail address.

Page 4 and 5, Sections X through XIII
Use **bold font** for (If you did not complete the program, please explain on a separate sheet).

Page 6, Section XIV, Health Care Licensure, Registrations, Certificates & ID Numbers
Add a field for the National Provider Indicator (NPI) Number; also add definition to Attachment C., Glossary of Terms and Acronyms.

Page 6 Section XV, Other Current State Health Care Licenses, Registrations & Certificates – Delete “Current” from the title.

Page 7, Section XVI, Current Hospital and Facility Affiliations

- Change title to “Hospital and Other Health Care Facility Affiliations”
- Directions field – Change the first two sentences to read, “**Please list in reverse chronological order with the current affiliation(s) first, all health care institutions where you have and/or have had clinical privileges and/or staff membership.** Include (A) current affiliations, (B) applications in process, and (C) previous hospitals and other facility affiliations (e.g., hospitals, surgery centers or any other health care related facility).”

Page 8, Section XVII, Professional Practice / Work History, Item A. – Add fields for Professional Liability Insurance Carrier and Contact’s E-mail Address.

Page 10, Section XXI, Attestation Questions

- Renumber Section XXI to XX, due to previously removing the section titled “Medicare / Medicaid Condition of Participation”
- Item K. – Delete the word “recently”
- Item M – Add, “closed and/or” preceding “...filed against you.”
- Field *e.g. - Replace “medical school facility” with “health care facility”

RECREDENTIALING APPLICATION

Page 1, Section I, Instructions, 5th Bullet Point – Add the word “related” after “health care”.

Page 2, Section IV, Board Certification / Recertification - Use **bold font** for “If not currently board certified, describe below your intent for certification, if any, and dates of previous testing and/or intended future testing for certification. Please attach additional sheets, if necessary.”

Page 3, Section VI, Practice Information – Add fields for the Credentialing Specialist’s e-mail address.

Page 4, Section VIII, Additional Education - Use **bold font** for (If you did not complete the program, please explain on a separate sheet).

Page 4, Section X, Health Care Licensure, Registrations, Certificates & ID Numbers – Add a field (as previously discussed) for the National Provider Indicator (NPI) Number, also add definition to Attachment C., Glossary of Terms and Acronyms.

Page 5, Section XI, Other Current State Health Care Licenses, Registrations & Certificates – Delete “Current” from the title.

Page 5, Section XII, Current Hospital and Facility Affiliations

- Change title to “Hospital and Other Health Care Facility Affiliations”
- Directions field – Change the first two sentences to read, “**Please list for the past three (3) years all health care institutions where you have and/or have had clinical privileges and/or staff membership.** Include (A) current

affiliations, and (B) applications in process (e.g., hospitals, surgery centers and/or any other health care related facility)."

- Item A – Change the title from “Current Affiliations” to “Affiliations in the Past Three (3) Years”

Page 6, Section XIII, Professional Practice / Work History, Item A - Add fields for Professional Liability Insurance Carrier and Contact’s E-mail Address.

Page 8, Section XVI, Attestation Questions

- Renumber Section XVI to XV, due to previously removing the section titled “Medicare / Medicaid Condition of Participation”
- Item K. – Delete the word “recently”
- Item M – Add, “closed and/or” preceding “...filed against you.”
- Field *e.g. - Replace “medical school facility” with “health care facility”

MOTION: To accept the amendments, as discussed, to both the Oregon Practitioner Credentialing and Recredentialing Applications. MOTION CARRIES: 6-0.

***Note:** Staff will make the requested changes and electronically send a copy of the applications and attachments to the ACPCI. Once the ACPCI has had a chance to review the final drafts, their recommendations will be submitted to Dr. Bruce Goldberg, OHPR Administrator. Dr. Goldberg will then forward the ACPCI’s recommendations to the Department of Human Services and Department of Consumer and Business Services to begin proceedings to adopt rules to carry out the efficient implementation and enforcement of the those recommendations, pursuant to [Oregon Statutes 443.800-442.807 \(1999\)](#). The process will take approximately 60 to 90 days and the revised applications will go into effect once filing has been completed and notification has been received.*

B. Committee Membership

Ms. Burdug reported Linda Baker had tendered her resignation as Health Care Service Organization Representative, therefore leaving her seat vacant. Ms. Burdug further informed the group that Ms. Baker was no longer working in credentialing and had accepted a new position within Health Net. She felt she would be unable to spend the time needed for the ACPCI therefore Ms. Baker sent her apologies and best wishes.

Ms. Burdug mentioned that in the meeting packet there was a copy of the congratulatory letter from Dr. Bruce Goldberg, Oregon Health Policy Administrator (OHPR) to Valery Kriz. Dr. Little noted the membership roster showed Ms. Kriz’s term expiration as January 2005, which is when Ms. Gilburg’s term was to expire. Dr. Little explained she had spoken with Dr. Goldberg and the intent was for Ms. Kriz to stay on for another term for continuity. Ms. Burdug asked Ms. Kriz if she was willing to fill the seat beyond January 2005. Staff clarified a term was for three years. Ms. Kriz answered that she would be honored to sit on the ACPCI for another term. Ms. Kriz will fulfill the remainder of Faye Gilburg’s term plus a three-year term as a Hospital Representative. Her term expiration will be January 2008.

Dr. Little also explained that prior to the ACPCI meeting, she had spoken with Ms. Burdg about staying on another term per Dr. Goldberg's request. Ms. Burdg said she had agreed and was happy to continue on as a Health Care Service Organization Representative for another three years. Ms. Burdg's term expiration will be January 2008.

Finally, Ms. Burdg directed the members to the letters of interest and resumes for ACPCI membership. It was also noted that Dr. Tom Foster's term as Physician Organization Representative is also due to expire January 2005. The ACPCI reviewed the letters and resumes. The members discussed each applicant's qualifications and whether they would meet the needs of the State and the ACPCI. The Committee recommends filling Dr. Tom Foster's seat with Victor Richenstein, MD, from Eugene, Oregon.

The ACPI decided to continue the search for someone to fill the recently vacated Health Care Service Organization Representative with term expiration January 2006. Members will contact Staff with names of prospective members. Dr. Little informed the ACPCI she would submit their recommendation(s) to Dr. Goldberg.

MOTION: Recommend Dr. Victor Richenstein to fill the soon to be vacant Physician Organization Representative seat, term expiration January 2008. MOTION CARRIES: 6-0.

IV. Adjournment

Ms. Burdg asked if there was any other business. She thanked the committee for their hard work. Staff mentioned that the next meeting was scheduled for Tuesday, November 16, 2004, in Conference Room 500A of the Public Service Building, 255 Capitol Street NE, Salem, Oregon. Ms. Burdg, along with the other committee members, asked for the meeting to be scheduled as tentative. Since the ACPCI had approved all the changes and attended to all the business at hand, they felt that another meeting might not be necessary for 2004. Staff will electronically send revised copies of the Oregon Practitioner Credentialing and Recredentialing Applications for their review by approximately mid-October. At that time, it will be decided if another meeting needs to be convened. Ms. Burdg adjourned the meeting of the ACPCI at 1:07 p.m.

Rebecca L. Burdg, CPMSM, CPCS, Chair