

Advisory Committee on Physician Credentialing Information
Mt. Ashland Room, General Services Building
1225 Ferry Street SE, Salem Oregon 97301

October 29, 2007

Members Present: Rebecca Burdg, CPMSM CPCS, Chair; Amy Lyons, CPMSM; Julie McCann, CPCS; Joan Brock, RN HCA; Victor B. Richenstein, MD (conference call); Jean Steinberg, CPMSM, CMSR (conference call); Kerry Gonzales (conference call).

Members Absent: Valery Kriz, CPMSM; Paul Frisch JD, CAE.

Staff Present: Ariel Smits MD, MHP; Dorothy Allen.

I. Call to Order

Rebecca Burdg, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:05 am in Mt. Ashland Room, General Services Building, 1225 Ferry Street SE, Salem Oregon 97301.

Ms. Burdg read through sections of House Bill (HB) 2144 that clarify the committee's role and purpose, stressing that committee's direction is to keep the application focused on credentialing and regulatory requirements. She also reviewed the ACPCI Flowchart for amending the Oregon Practitioner Credentialing and Recredentialing application, enumerating the necessary steps to have changes to the application accepted and finalized. The entire process takes, at a minimum, three months.

The flowchart can be found on the ACPCI's website:
<http://www.oregon.gov/OHPPR/ACPCI/docs/FlowChart.pdf>

The members also reviewed Amended Oregon Administrative Rule 836-052-0700 which carries language regarding the use of this Advisory Committee's application. It reads in part: (2) Each health care service contractor shall use the application forms adopted in section (1) of this rule. (Please see Attachment A)

II. Old Committee Business

Membership Update

Ms. Kris, Dr. Richenstein and Ms. Burdg's terms will expire January 2008. Each member committed to another term. Ms. Allen will prepare the paperwork.

III. New Committee Business

Recommendations for Application Changes

Ms. Burdg, as a reminder, stated that the philosophy of this Committee (ACPCI) is to ensure the Oregon Practitioner Credentialing and Recredentialing Applications are kept as credentialing applications. The focus is to only add what is necessary for credentialing/recredentialing. Ms. Burdg said as they review the solicited recommendations, the members should 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 other information (i.e., languages spoken, billing information, etc). When the application is changed, credentialing staff state-wide must re-key every application for every provider into the new format. Changes should be made to the application when they are required by a credentialing accreditation or regulatory body.

Suggestions reviewed are as follows:

Suggestion	Discussion	Action
2007		
"I would like to see a space for phone/fax numbers added to all entities requested."	Most credentialing departments use the internet to collect the most current information.	<u>MOTION: To consider adding when the application is next changed. Hold for review next year. MOTION CARRIES: 7-0.</u>
"We would like the spouse's name to be included. Thank you"	Not credentialing related.	<u>MOTION: Do not add to application or consider further. MOTION CARRIES: 7-0</u>
Expand Work History page "I think practitioners need at least ½ page to detail more places they have worked. The practitioners seem to only fill as much information as they have space for and don't attach a separate page. Usually, I have to go back and ask them questions and that delays the processing of their applications."	Members discussion led to the suggestion to change the verbiage to be bolded and to read, "Please add additional information on Attachment A and to add an Attachment A. Change title and order of attachments.	<u>MOTION: To consider adding when the application is next changed. Hold for review next year. MOTION CARRIES: 7-0.</u>
It would be very beneficial to include a box above the secondary clinical practice address box on page three and request the practitioner provide the name of the secondary clinic he/she is affiliated with. I would recommend the same additional box be included with the recredentialing application."	Section 6, page 3, add name of clinic	<u>MOTION: To consider adding when the application is next changed. Hold for review next year. MOTION CARRIES: 7-0.</u>
Additional: J. Steinberg: 1) Make the instructions bold. 2) Recredentialing, page 2, add cell number or secondary phone number.	Add also to the Credentialing application.	<u>MOTION: To consider adding when the application is next changed. Hold for review next year. MOTION CARRIES: 7-0.</u>
From 2006 Review		
<ul style="list-style-type: none"> • Add the definition of 'peer' to Attachment C. • Change Professional Liability Insurance to 10 years of history, rather than the current 5 year requirement. • Relationship of references i.e. colleague, supervisor, etc. • Add the phrase "Have you ever voluntarily or 	Attachment C is the Glossary of Terms and Acronyms Considered a "best practice" though not required by the credentialing governing body.	<u>MOTION: To consider adding when the application is next changed. Hold for review next year. MOTION CARRIES: 7-0.</u>

<p>involuntarily left or been discharged from medical school or subsequent training programs?" to the Attestation page.</p>		
<p>From 2005 Review</p>		
<ul style="list-style-type: none"> • On Page 7 – Section 16: Add areas for phone numbers for hospital or facility. • Update Taxonomy codes. • Do not change application. 		<p><u>MOTION: To consider adding when the application is next changed. Hold for review next year. MOTION CARRIES: 7-0.</u></p>
<p><u>Final review of all suggestions</u></p>	<p>None of the suggestions are required by a governing accrediting body. Discussed was the need to make a change at least every four years.</p>	<p><u>MOTION: To make no changes to the Oregon Practitioner Credentialing and Recredentialing Applications until there are regulatory changes required by a governing accrediting body: 7-0</u></p>
<p>Next Steps</p> <ul style="list-style-type: none"> • Solicitation letters will be mailed in April or May. • ACPCI will meet in June to review an edited application and review new suggestion. • ACPCI will meet in August or September to review revised application incorporating all changes. • ACPCI may meet again in November to finalize their recommendations before starting the rule-making process. 	<p>A point of discussion is that if we do not make changes to the application, the constituents may feel like we are not listening to their ideas. Members will educate the community regarding the lengthy rule making process.</p>	<p><u>MOTION: Due to the sheer volume of suggestions, amend the applications in 2008, adding in all the recommendations that have been held-over: MOTION CARRIES: 7-0</u></p>

Adjournment

The meeting was adjourned at 12:20 p.m. with a reminder that the next meeting will be in June, 2008.

ATTACHMENT A

Excerpted from: http://arcweb.sos.state.or.us/rules/0405_Bulletin/0405_ch836_bulletin.html

Adm. Order No.: ID 2-2005

Filed with Sec. of State: 3-1-2005

Certified to be Effective: 3-1-05

Notice Publication Date: 1-1-05

Rules Amended: 836-052-0700

Subject: This rulemaking amends the rule that adopts the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application in order to incorporate recent changes recommended by the Advisory Committee on Physician Credentialing Information in the Office for Oregon Health Plan Policy and Research. The applications allow collection of uniform information needed by health care service contractors to credential and recredential physicians seeking designation as participating providers for health plans. The Director of DCBS and the Director of Human Services are required to adopt identical rules in a timely manner to carry out the recommendations.

The Oregon Practitioner Credentialing Application with the changes incorporated may be accessed at www.ohpr.state.or.us/advisory/CredentialMenu.htm. The Oregon Practitioner Recredentialing Application with the changes incorporated may be accessed at www.ohpr.state.or.us/advisory/RecredentialMenu.htm.

Rules Coordinator: Sue Munson--(503) 947-7272

836-052-0700

Physician Credentialing, Health Care Service Contractors

- (1) The Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application, both of which were approved by the Advisory Committee on Physician Credentialing Information (ACPCI) on September 28, 2004, and both of which carry that date, are adopted with respect to health care service contractors as Exhibits 1 and 2 to this rule.
- (2) Each health care service contractor shall use the application forms adopted in section (1) of this rule
- (3) This rule is adopted pursuant to the authority of ORS 442.807 for the purpose of enabling the collection of uniform information necessary for health care service contractors to credential physicians seeking designation as a participating provider for a health plan, thereby implementing ORS 442.800 to 442.807 with respect to health care service contractors.

Stat. Auth.: ORS 442.807

Stats. Implemented: ORS 442.800 - 442.807

Hist.: ID 12-2001, f. & cert. ef. 10-15-01; ID 1-2004, f. & cert. ef. 2-3-04; ID 2-2005, f. & cert. ef. 3-1-05

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Directory: U:\ACPCI\Minutes-2007
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Data\Microsoft\Templates\Normal.dot
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Subject:
Author: Laura Lanssens
Keywords:
Comments:
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