

Advisory Committee on Physician Credentialing Information
Mt. Neahkanie Room, General Services Building
1225 Ferry Street SE, Salem Oregon 97301
September 22, 2008

Members Present: Rebecca Burdg, CPMSM CPCS, Chair; Valery Kriz, CPMSM, Amy Lyons, CPMSM; Julie McCann, CPCS; Joan Peak, RN HCA; Victor B. Richenstein, MD (conference call); Paul Frisch JD, CAE. (conference call); Jean Steinberg, CPMSM, CMSR.

Members Absent: Kerry Gonzales.

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 10:00 am in Mt. Neahkanie 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

Review of Minutes:

Date is incorrect, change to read, "June 16, 2008."

MOTION: To accept the June 16, 2008 Minutes with corrections. MOTION CARRIES: 8-0.

Membership Update

Ms. McCann, Ms. Gonzales and Ms. Steinberg's terms will expire January 2009. Each member has committed to another term. Ms. Burdg gave each member present their re-appointment letter. Ms. Gonzales's letter will be mailed.

III. New Committee Business

Recommendations for Application Changes

Ms. Burdg, as a reminder, shared 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.

REVIEW: Recommendations to the application were reviewed and accepted in June, 2008. Below represents a review of the credentialing and recredentialing application edits.

Credentialing Application

Page	Details	Action
Cover	Remove reference to Attachment B; change name of Attachment C to "Glossary of Terms and Acronyms"	new / accepted
Cover	Change text to direct to the webpage and correct spelling of the word "specialties."	accepted
Cover	Add a 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 recredential practitioners within the State of Oregon.	Typo correction
1	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.	accepted
1	Bold and enlarge statement which begins: I am applying to (please list: Hospital Staff, HMO, IPA):	accepted
1	Add at bottom: *Note: Please return completed application to the health care related organization to which you are applying; not to the State of Oregon.	accepted
2	Add cell number or secondary phone number.	accepted
2	Add: Principal clinical specialty (For most current specialties list, see: http://www.wpc-edi.com/codes) (Replacing text: Principal clinical specialty (select from Attachment B, Professional Specialties List):)	accepted
3	Add name of secondary clinical practice.	accepted
4	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.	accepted
6	Keep UPIN, Remove "Clinic" NPI, Add Individual NPI	new / accepted
6	Change OMAP to DMAP	accepted
7	Add areas for phone numbers for hospital or facility.	accepted
8	Professional Practice Work History Section to a full page. Add the statement: "Attach Additional Sheets as necessary" underlined	accepted
8	Professional Practice Work History Section, correct "current" and "previous", add email to missing entries	Typo correction
9	To Peer References add the phrase: "Relationship: How qualified to evaluate you?"	rejected
9	Expanded "2-month gap" section to balance the page.	accepted
9	Change text to read: "Please list three (3) references, from peers who through recent observations are directly familiar with your clinical skills and current competence."	new / accepted

Credentialing review continued.

Page	Details	Action
9	Change reference box to "Professional relationship" and move to separate box between specialty and telephone number.	new / accepted
Attestation	Question A: add "had a corrective action" after the phrase "stipulated or probationary conditions."	accepted
Attestation	Question C: Strike the word "employment" the first time it appears.	accepted
Attestation	Between F and G add a new question G: "Have you ever voluntarily or involuntarily left or been discharged from medical school or subsequent training programs?"	accepted
Attestation	Re-letter G through N to G through O	accepted
Attachment A	Add a check box: "No past or current claims and/or lawsuits."	rejected
Attachment A	Change 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." - delete checkbox	new / accepted
Attachment B	To provide the most current information, delete the list of Provider Taxonomy Codes (Attachment B pages 1-7), provide a link to the web page, and edit language direct individuals to the web for most recent information.	rejected
Attachment B	Delete Attachment B	new / accepted
Attachment C	Call Coverage definition: Practitioners who provide care for your patients when you are unavailable.	accepted
Attachment C	Add the definition of 'peer' - Individual(s) in the same professional discipline as the applicant with personal knowledge of the applicant.	accepted
Attachment C	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.	accepted
Attachment C	Professional Liability Claim: Written demand for money or services. Add definition of HIPPA to NPI; change HCFA to CMS	new / accepted
Attachment C	Change name to: GLOSSARY OF TERMS AND ACRONYMS	new / accepted
All Pages	Add phone and fax numbers added to all entities requested.	accepted
All Pages	Bold all instructions on all pages.	accepted
	Add phone and fax numbers added to all entities requested.	
	Page 4 X	accepted
	Page 5 XI, XII & XIII	accepted
	Page10 XIX	accepted

Recredentialing Application

<u>Page</u>	<u>Details</u>	<u>Action</u>
Cover	Remove reference to Attachment B; change name of Attachment C to "Glossary of Terms and Acronyms"	new / accepted
Cover	Change text to direct to the webpage and correct spelling of the word "specialties."	accepted
Cover	Add a 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 recredential <u>practitioners</u> within the State of Oregon.	Typo correction
1	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.	accepted
1	Add at bottom: *Note: Please return completed application to the health care related organization to which you are applying; not to the State of Oregon.	accepted
1	Bold and enlarge statement which begins: I am applying to (please list: Hospital Staff, HMO, IPA):	accepted
2	Add cell number or secondary phone number.	accepted
2	Add: Principal clinical specialty (For most current specialties list, see: http://www.wpc-edi.com/codes) (Replacing text: Principal clinical specialty (select from Attachment B, Professional Specialties List):)	accepted
3	Add name of secondary clinical practice.	accepted
4	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.	accepted
4	Keep UPIN, Remove "Clinic" NPI, Add Individual NPI	new / accepted
4	Change OMAP to DMAP	accepted
5	Add areas for phone numbers for hospital or facility.	accepted
6	Professional Practice Work History Section to a full page. Add the statement: "Attach Additional Sheets as necessary" underlined	accepted
7	To Peer References add the phrase: "Relationship: How qualified to evaluate you?"	rejected
7	Change text to read: "Please list three (3) references, from peers who through recent observations are directly familiar with your clinical skills and current competence."	new / accepted
7	Change reference box to "Professional relationship" and move to separate box between specialty and telephone number.	new / accepted
7	Expanded "2-month gap" section to balance the page. Add phrase "within the last 3 years"	new / accepted
Attestation	Question A: add "had a corrective action" after the phrase "stipulated or probationary conditions."	accepted
Attestation	Question C: Strike the word "employment" the first time it appears.	accepted

Recredentialing review continued.

Page	Details	Action
Attestation	Between F and G add a new question G: "Have you ever voluntarily or involuntarily left or been discharged from medical school or subsequent training programs?"	accepted
	Question G. add phrase: "In the past 3 years" to "have you ever voluntarily or involuntarily left or been discharged from medical school or subsequent training programs?"	new / accepted
Attestation	Re-letter G through N to G through O	accepted
Attachment A	Add a check box: "No past or current claims and/or lawsuits."	rejected
	Change 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." - delete checkbox	new / accepted
Attachment B	To provide the most current information, delete the list of Provider Taxonomy Codes (Attachment B pages 1-7), provide a link to the web page, and edit language direct individuals to the web for most recent information.	rejected
	Delete Attachment B	new / accepted
Attachment C	Call Coverage definition: Practitioners who provide care for your patients when you are unavailable.	accepted
Attachment C	Add the definition of 'peer' - Individual(s) in the same professional discipline as the applicant with personal knowledge of the applicant.	accepted
Attachment C	Glossary changes: OMAP to DMAP, OMPRO to AcumentraHealth, JCAHO to TJC, HCFA to CMS, OMBE to Oregon Medical Board, NPI – Change sentence tense from future to past.	accepted
	Professional Liability Claim: Written demand for money or services. Add definition of HIPPA to NPI; change HCFA to CMS	new / accepted
	Change name to: GLOSSARY OF TERMS AND ACRONYMS	new / accepted
All Pages	Add phone and fax numbers added to all entities requested.	accepted
All Pages	Bold all instructions on all pages.	accepted
	Add phone and fax numbers added to all entities requested.	
	Page 4 VIII	accepted
	Page 5 XII A, B	accepted
	Page 7 XV	accepted

MOTION: To accept the application and reapplication changes as stated above. MOTION PASSES 8-0.

Other Discussion:		
<p>Initial and Date Each Page</p> <p>At the June 2008 the members discussed the question. "Is it an NCQA requirement to initial and date each page?" and came to this conclusion: "It is no longer an NCQA requirement; however, as it is an individual hospital requirement; do not remove the initial/date fields. It is the opinion of the ACPCI Members that if that part is not completed, it will not constitute an incomplete application."</p>	<p>Ms. Steinberg stated that from a hospital perspective, failure to initial and date each page would constitute an incomplete application.</p>	
<p>Is a legal review required when Attestation Questions are amended?</p>	<p>The members agree that changes to the attestation should be reviewed.</p>	<p>Mr. Paul Frisch will ask the legal team at the OMA to review the attestation questions.</p>
<p>Question regarding CAQH from June 2008 meeting</p> <p>Is it allowable for the provider to enter all the information from the OPCA into an online format (CAQH), and for the payors to access that information for credentialing purposes?</p> <p>Oregon Administrative Rule 836-052-0700 states in part: (2) Each health care service contractor <i>shall use</i> the application forms adopted in section (1) of this rule.</p> <p>The Members were unable to respond until this language is clarified.</p>	<p>Ms. Allen shared that this committee is able to go through a hearings process to amend the language.</p> <p>Ms. Burdg stated that nothing in the rules preclude a credentialing organization from requesting additional information. The CAQH application falls under that clause.</p>	<p>Leave the rule as written.</p> <p>Ms. Allen will relay this information.</p>
<p>Next Steps</p> <ul style="list-style-type: none"> Ms. Allen will edit the applications and email to the members for review. ACPCI may meet again in November to finalize their recommendations before starting the rule-making process. After approval from the members, Ms. Allen will start the process for amending the application. 	<p>Can also be approved via email.</p> <p>Recommendation: Choose an effective date for the new application.</p>	<p>Members will review edits and approve non-substantive changes via email.</p>

Adjournment: The meeting was adjourned at 12:30 p.m.

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

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

June 16, 2008

Members Present: Valery Kriz, CPMSM, Chair Pro tempore; Amy Lyons, CPMSM; Julie McCann, CPCS; Joan Brock, RN HCA; Victor B. Richenstein, MD; Paul Frisch JD, CAE. (conference call); Jean Steinberg, CPMSM, CMSR; Kerry Gonzales (conference call).

Members Absent: Rebecca Burdg, CPMSM CPCS, Chair.

Guests: Soane Pongji; Everlee Flanigan, Portland IPA.

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

I. Call to Order

Valery Kriz, Chair Pro tempore, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:00 am in Mt. Neahkanie Room, General Services Building, 1225 Ferry Street SE, Salem Oregon 97301.

Ms. Kriz 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

Review of Minutes:

MOTION: To accept the October 29, 2007 Minutes without corrections. MOTION CARRIES: 8-0.

Membership Update

Ms. McCann, Ms. Gonzales and Ms. Steinberg's terms will expire January 2009. Each member committed to another term. Ms. Allen will prepare the paperwork.

III. New Committee Business

Recommendations for Application Changes

Ms. Kriz, as a reminder, shared 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. Kriz 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	2008 Discussion/Decision	2008 Action
2007		
1). Add space for phone/fax numbers added to all entities requested.	Thought most credentialing departments use the internet to collect the most current information, this addition may save time.	Accepted.
2). "We would like the spouse's name to be included. Thank you"	Not credentialing related. Credentialing organizations use an internal addendum for these types of questions.	<i>Rejected.</i>
3). 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."	Page 8 XVII Professional Practice Work History Section to a full page. Add the statement: "Attach Additional Sheets as necessary" in italics.	Accepted.
4). 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."	Both Applications, Section 6, page 3, add name of secondary clinical practice.	Accepted.
5a). Make the instructions bold.	Bold all instructions on all pages.	Accepted.
5b). New discussion regarding applications misdirected to State of Oregon offices.	i. Add "to the health care related organization to which you are applying" to the second bullet point of page 1. ii. Bold and enlarge: I am applying to (please list: Hospital Staff, HMO, IPA): _____ for: _____ (i.e., staff membership, network	Accepted. Accepted.

	participation, if applicable).	
	iii. Add at bottom of page 1: *Note: Please return completed application to the health care related organization to which you are applying; not to the State of Oregon.	Accepted.
5c). Both Applications page 2, add cell number or secondary phone number.	Add.	Accepted.
From 2006 Review	2008 Discussion/Decision	2008 Action
6). Add the definition of 'peer' to Attachment C.	Ms. Kriz will send the Joint Commission's definition.	Accepted.
7). Change Professional Liability Insurance to 10 years of history, rather than the current 5 year requirement.	Leave at 5 years	<i>Rejected.</i>
8). Relationship of references i.e. colleague, supervisor, etc.	To Peer References add: "Relationship: How qualified to evaluate you?" Credentialing, Page 8 Recredentialing, Page 6	Accepted.
9). Add the phrase "Have you ever voluntarily or involuntarily left or been discharged from medical school or subsequent training programs?" to the Attestation page.	Add the phrase between Attestation Questions F and G:	Accepted.
From 2005 Review	2008 Discussion/Decision	2008 Action
10). On Page 7 – Section 16: Add areas for phone numbers for hospital or facility.		Accepted.
11). Update Taxonomy codes.	To provide the most current information, delete the list of Provider Taxonomy Codes (Attachment B), provide a link to the web page, and edit language direct individuals to the web for most recent information. Add to page 2: For most current specialties list, see: http://www.wpc-edi.com/codes	Accepted.
12). Do not change application.	Members wish to see the application updated every four years, at a minimum.	<i>Rejected.</i>

New Discussion: 2008	2008 Discussion/Decision	2008 Action
13). Attachment C Glossary changes: OMAP to DMAP OMPRO to AcumentraHealth JCAHO to TJC OMBE - Oregon Medical Board NPI – Change sentence tense from future to past.		Accepted.
14). Change OMAP to DMAP	Credentialing, Page 6 Recredentialing, Page 4	Accepted
15). On page 4, Section VII "Practice Call Coverage", change wording – suggested: "Who can see your patients if you are unavailable" or "Who can see your patients in an emergency".	Both Applications, page 4 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. Add to Attachment C: Call Coverage definition: Practitioners who provide care for your patients when you are unavailable.	Accepted. Accepted.
<u>Initial</u> 16). Additional room for current/past affiliations and work history	See 2007 Suggestion #3 - Accepted	Duplicate question.
17). Combining licensure/ID types in one section	Certain organizations need these listed separately.	<i>Rejected.</i>
18). N/A check box for Attachment A	Add a check box "No past or current claims and/or lawsuits."	Accepted.
19). Address – check boxes for type (Primary/Mailing/Billing)	Billing information is not credentialing-specific.	<i>Rejected.</i>
20). Strike CV not acceptable, substitute work history	CV is not acceptable.	<i>Rejected.</i>
<u>Recredentialing</u> 21.) More room for current affiliations	See 2007 Suggestion #3 - Accepted	Duplicate question.
22). N/A check box for attachment A	Add a check box "No past or current claims and/or lawsuits."	Accepted.

<p>23). Address – check boxes for type (Primary/Mailing/Billing)</p> <p>24). Strike CV not acceptable, substitute work history</p>	<p>Billing information is not credentialing-specific.</p> <p>CV is not acceptable.</p>	<p><i>Rejected.</i></p> <p><i>Rejected.</i></p>
<p>For Cred:Section XIV, Page 6 Recred: Section X, Page 4</p> <p>25). Replace UPIN or add space for Clinic NPI Number</p> <p>26). Add Individual in front of NPI Number</p>	<p>Keep UPIN, Add “Clinic” NPI</p> <p>Add Individual NPI</p>	<p>Accepted.</p> <p>Accepted.</p>
<p>27). Section II. Practitioner Information</p> <p>a) Languages Spoken (other than English)</p> <p>b) Add Marital Status, Spouse Name & Phone number and/or</p> <p>c) Add Emergency Contact Name, Relation & Phone Number</p> <p>28). Section XVII-B Explanation of Gaps in professional history:</p> <p>a) Washington State Credentialing Requirement (18.71 RCW) requires explanation of gaps greater than 30 days. Since most of our providers have clinical privileges in Oregon and use the Oregon Application, please consider changing this from 60 to 30 days to alleviate us from requesting this additional information.</p>	<p>Not credentialing related.</p> <p>Not credentialing related.</p> <p>Not credentialing related.</p> <p>Do not change.</p>	<p><i>Rejected.</i></p> <p><i>Rejected.</i></p> <p><i>Rejected.</i></p> <p><i>Rejected.</i></p>
<p>29). page 10 – Attestation <u>Question A: Add the wording "corrective action" to the description of "has your license . . . ever . . . (had a corrective action)"</u></p>	<p>Change text to read: Has your license, certification, or registration to practice your profession, Drug Enforcement Administration (DEA) registration, or narcotic registration/certificate in any jurisdiction ever been denied, limited, suspended, revoked, not renewed, voluntarily or involuntarily relinquished, or subject to stipulated or probationary conditions, <u>had a corrective action</u> or have you ever been fined or received a letter of reprimand or is any such action pending or under review.</p>	<p>Accepted.</p>

30). Add "purpose statement"	Add a purpose statement to the Credentialing and Recredentialing cover pages. 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.	Accepted.
Other Discussion:		
<p>Attestation Question C 32). Have you ever been denied clinical privileges, membership, contractual participation or employment by any health care related organization*, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?</p> <p>Question: is it the intent of the question to discover positions one has applied for (presumably in an applicant pool) but were not offered?</p>	<p>Discussion resolved that it is not the intent of this question. That may be made clear by striking the word "employment" the first time it appears. Amended text to read: Have you ever been denied clinical privileges, membership or contractual participation by any health care related organization*, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?</p>	Accepted.
<p>Initial and Date Each Page Is it an NCQA requirement to initial and date each page?</p>	It is no longer an NCQA requirement; however, as it is an individual hospital requirement, do not remove the initial/date fields. It is the opinion of the ACPCI Members that if that part is not completed, it will not constitute an incomplete application.	<i>Rejected.</i>
Follow up:		
<p>Is a legal review required when Attestation Questions are amended?</p>	There was an extensive legal review by hospitals, health plans and the OMA when the uniform application was created.	Dr. Smits and Ms. Allen will investigate.
<p>Question regarding CAQH Is it allowable for the provider to enter all the information from the OPCA into an online format (CAQH), and for the payors to</p>	Oregon Administrative Rule 836-052-0700 states in part: (2) Each health care service contractor <i>shall use</i> the application forms adopted in section (1) of	Dr. Smits and Ms. Allen will investigate.

access that information for credentialing purposes?	this rule. The Members are unable to respond until this language is clarified.	
<u>Final review of all suggestions</u>	Although none of the suggestions are required by a governing accrediting body, the members discussed the need to make a change at least every four years.	<u>MOTION:To amend the applications to reflect the changes discussed</u> <u>MOTION</u> <u>CARRIES: 6-0</u> <i>(Gonzales, Richenstein, Burdg absent for vote)</i>
Next Steps <ul style="list-style-type: none"> • Ms. Allen will edit the applications and email to the members for review. • ACPCI will meet in September to review the edited applications. • ACPCI may meet again in November to finalize their recommendations before starting the rule-making process. 		Next Meeting is September 22, 2008: Mt. Neahkanie Room General Services Building 1225 Ferry Street SE, 1st floor Salem, OR 97301 10:00 a.m. to 12:00 p.m.

Adjournment

The meeting was adjourned at 12:50 p.m. with a reminder that the next meeting will be in September, 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