

SUMMARY OF CHANGES TO THE OCTOBER 21, 2003 CREDENTIALING AND RE-CREDENTIALING APPLICATIONS

The Advisory Committee met on September 28, 2004 and reviewed both the credentialing and recredentialing application forms. **They made the following changes to the Oregon Practitioner Credentialing Application:**

- Page 1, Section I, INSTRUCTIONS
 - 2nd Bullet Point – Separate the directive into three separate bullet points numbers 2, 3 and 8, respectively
 - 5th Bullet Point – Add the word “*related*” after “health care”.
- Page 2, Section II, PRACTITIONER INFORMATION - Add cells for *Country, Citizenship, Immigrant Visa Number, Status, and Type.*
- Page 2, Section III, SPECIALTY INFORMATION, in the first cell add “*Professional Specialties List*” after “(select from Attachment B)”
- 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.*”
- Pages 2, 3, 4, 5, 7, 8, 9 - 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 3, Section VI, PRACTICE INFORMATION - Add cells for the *Credentialing Contact’s e-mail address.*
- Page 4 and 5, Sections VIII through and including XIII - Use **bold font** for (*If you did not complete the program, please explain on a separate sheet*)
- Page 5 – Section XI, Switch “INTERNSHIP / POST-GRADUATE YEAR 1” to read as “*POST-GRADUATE YEAR 1 / INTERNSHIP*”
- Page 6, Section XIV, HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATES & ID NUMBERS
 - Add a cell for the *National Provider Identifier (NPI) Number* to comply with the Health Insurance Portability & Accountability Act (HIPAA) of August 21, 1996, Public Law 104-191.

- Move cells *Education Commission for Foreign Medical Graduates (ECFMG) Number and Date Issued* to Page 2 under Section II, PRACTITIONER INFORMATION.
- Add “*Month / Year*” in date cells.
- 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 cells for *Professional Liability Insurance Carrier* and *Contact’s E-mail Address, if available*.
- Page 8, Section XVIII, PEER REFERENCES
 - Add “*include Department if available*” after each “*Complete Address*”.
 - Add cells for *E-mail address, if available*.
- Page 9, Section XIX, PROFESSIONAL LIABILITY INSURANCE – Add another professional liability insurance field request (group of cells) to this page taking the total number of fields from four (4) to five (5).
- 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, 1st component - Add, “*closed and/or*” preceding “*...filed against you.*”
 - Item M, 2nd component – Add “*Professional Liability Action Detail*” after “*Attachment A*”
 - Field *e.g. - Replace “*medical school facility*” with “*health care facility*”

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

- Page 1, Section I, INSTRUCTIONS
 - 2nd Bullet Point – Separate the directive into three separate bullet points numbers 2, 3 and 8, respectively

- 5th Bullet Point – Add the word “*related*” after “health care”.
- Page 2, Section II, PRACTITIONER INFORMATION - Add cells for *Country, Citizenship, Immigrant Visa Number, Status, and Type*
- Page 2, Section III, SPECIALTY INFORMATION, in the first cell add “*Professional Specialties List*” after “select from Attachment B”
- 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 cells for the *Recredentialing 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 IX, CONTINUING MEDICAL EDUCATION
 - Add cells for *Month / Year Attended.*
 - Add three (3) more lines for continuing education.
- Page 4, Section X, HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATES & ID NUMBERS
 - Add a cell for the *National Provider Identifier (NPI) Number* to comply with the Health Insurance Portability & Accountability Act (HIPAA) of August 21, 1996, Public Law 104-191.
 - Move cells *Education Commission for Foreign Medical Graduates (ECFMG) Number* and *Date Issued* to Page 2 under Section II, PRACTITIONER INFORMATION.
 - Add “*Month / Year*” in date cells.
- Page 5, Section XI, OTHER CURRENT STATE HEALTH CARE LICENSES, REGISTRATIONS & CERTIFICATES
 - Delete “*Current*” from the title.
 - Place the date cells in the following order: *Year Obtained, Expiration Date, Year Relinquished.*
- 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/or (B) applications in process (e.g., hospitals, surgery centers and/or any other health care related facility).**”

- *Delete* affiliations informational field request (group of cells), taking the total number of fields from four (4) to three (3) in order to keep all the cells on this page.
 - Item A – Change the title from “Current Affiliations” to “*Affiliations in the Past Three (3) Years*” and add “*From*” and “*To*” in the Month / Year of Appointment cells.
- Page 6, Section XIII, PROFESSIONAL PRACTICE / WORK HISTORY, Item A - Add cells for *Professional Liability Insurance Carrier* and *Contact’s E-mail Address*.
 - Page 6, Section XIV, PEER REFERENCES – Add “*include Department if applicable*” after each Complete Address and add cells for *E-mail Address, if available*.
 - Page 7, Section XV, PROFESSIONAL LIABILITY INSURANCE
 - In the instructions box – Replace “...within the past five (5) years” to “*...within the past three (3) years*”.
 - Add another professional liability insurance field request (group of cells) to this page taking the total number of fields from four (4) to five (5).
 - Page 7, Section XVI, MEDICARE / MEDICAID CONDITIONS OF PARTICIPANTS – Delete this section in its entirety.
 - Page 8, Section XVI, ATTESTATION QUESTIONS
 - Renumber Section XVI to **XV**, due to 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*”
 - Page 9, Top of AUTHORIZATION AND RELEASE OF INFORMATION FORM, change the spelling from “Practitioner” to “*Practitioner*”.

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

- ATTACHMENT A, PROFESSIONAL LIABILITY ACTION DETAIL
 - Add to Instructions the following statement: “*It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field.*”
 - For the recredentialing detail add to the Instructions field: “*in the past three (3) years*” at the end of the first sentence.
 - Move the Instructions cell to the top of the form and increase the font size.
 - Add “*Month / Day / Year*” in the cells that asks for “date of”

- ATTACHMENT B, PROFESSIONAL SPECIALTIES LIST
 - Update with the current listing of The Professional Specialties List from the National Health Care Provider Taxonomy Code List, version 4.1, published in cooperation with the National Uniform Claim Committee (NUCC).
 - Include on the first page of Attachment B, the web page address: <http://www.wpc-edi.com/codes/Codes.asp>; designation: **OnlyConnect hipaa Health Care EDI, Code Lists; Provider Taxonomy Codes.**

- ATTACHMENT C, GLOSSARY OF TERMS AND ACRONYMS - Add definitions of *National Provider Identifier (NPI) Number* and *Provider Taxonomy Codes*