

OHA Provider Discrimination Review Process

Within the scope of Oregon’s integrated and coordinated care delivery system, a fully capitated health plan, physician care organization or coordinated care organization may not discriminate in the participation of any health care provider based on the provider’s license or certification.

Senate Bill 1509 (2012) requires the Oregon Health Authority (OHA) to establish, and promulgate in rule (Oregon Administrative Rule 410-141-3120), a process for resolving claims of discrimination from providers who have received a denial of participation from a plan or organization.

If a plan or organization declines to include an individual or group of providers in its network, it must give the affected providers written notice of the reason for its decision. Before requesting a review from OHA, providers must first appeal the decision through any internal review process the plan or organization has.

Contact for provider discrimination review requests

The Division of Medical Assistance Programs (DMAP) will coordinate the discrimination review process.

Providers who want OHA review of a plan or organization’s decision to deny participation must first contact DMAP Provider Services Unit by phone, fax or e-mail. E-mails should indicate “Provider Discrimination Review” in the subject line.

- Toll free phone: 800-336-6016
- Fax: 503-945-6873
- E-mail: dmap.providerservices@state.or.us
- Mailing address: 500 Summer St NE, E44, Salem OR 97301

PSU staff will confirm that provider has received a written denial of participation from the plan or organization and provide information on the review process.

Process steps for provider discrimination review

Required information	<p>If the provider has already appealed the denial decision with the plan or organization, PSU will ask the provider to submit the following information:</p> <ul style="list-style-type: none"> ■ A completed Provider Discrimination Review Request Form. Forms may be submitted electronically by e-mail, fax, or mail; and ■ A copy of the denial letter from the plan or organization. <p>Providers will have the opportunity to submit other materials they feel are pertinent to OHA review.</p>
Coordination with plan or organization	<p>When PSU receives all required information, DMAP will notify the affected plan or organization about the review request.</p> <ul style="list-style-type: none"> ■ This notification provides an opportunity for the plan or organization to submit relevant information for OHA to consider. ■ DMAP may also request specific information, such as documentation of the plan or organization’s capacity and access to services, and any quality concerns or other reasons for denial.
Review	<p>An OHA Provider Discrimination Review Committee (PDRC), comprising DMAP Executive Staff and clinical staff, will meet regularly to review all requests received. The PDRC will determine whether denial of participation was appropriate, or if there was discrimination, based requirements outlined in OAR 410-141-3120.</p>

Communication

DMAP will communicate PDRC determinations using decision letters signed by the DMAP Administrator in order to:

- Notify the individual or provider group about determinations in favor of the plan or organization; and
- Notify the plan or organization about determinations in favor of the provider or group, and communicate an expectation that it reconsider the provider's or group's application in compliance with Senate Bill 1509 (2012).