

**Advisory Committee on Physician Credentialing Information**  
**1225 Ferry Street SE, Salem Oregon 97301**  
*September 28, 2010*

**Members Present:** Rebecca Jensen, CPMSM CPCS, Chair; Joan Peak, RN HCA; Kerry Gonzales; Valery Kriz, CPMSM; Victor B. Richenstein, MD; Jean Steinberg, CPMSM, CMSR (conference call)

**Members Absent:** Julie McCann, CPCS; Gwen Dayton, JD

**Staff Present:** Ariel Smits MD, MPH; Darren Coffman; Brenda Lindquister

I. Call to Order

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 10:00 am. She welcomed everyone and introductions were made.

II. Old Committee Business

Membership Update

Ms. Jensen, Ms. Kris and Dr. Richenstein's terms are due to expire in January, 2011. All have agreed to reappointment. Reappointment letters will be mailed shortly.

One position is currently vacant. Two candidates asked to be considered for the position. One candidate did not meet the criteria of being a health care services organization representative. The CV from Nicholetta Vlandis was considered. The Committee approved her nomination, which will now be forwarded to Dr. Jeanene Smith, OHPR administrator, for appointment. Dr. Smits will notify Ms. Vlandis.

**MOTION: To nominate Ms. Vlandis to the vacant health care services organization representative position. MOTION CARRIES: 6-0.**

*Review of Minutes:*

A change was made to reflect that the committee reviewed and discussed the Health Leadership Taskforce's work. No mention was made of the person bringing this discussion. The updated minutes were approved.

**MOTION: To accept the amended December, 2009 Minutes. MOTION CARRIES: 6-0.**

III. New Committee Business

The members began by reviewing 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. 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.

<b>Suggestion</b>	<b>2010 Discussion/Decision</b>	<b>2010 Action</b>
<p>OPCA: It would be nice if there was some kind of disclaimer within the application, or an additional attachment explaining Senate Bill 507.</p>	<p>Reference to Senate Bill 507 could be made on an addendum if an organization so desires. The information about the house bill and the action of the committee is available on the ACPCI website.</p>	<i>Rejected</i>
<p>Practice address(es) do not include billing addresses (4 comments).            "Does not specify space to input billing information"            "A great percentage of our practitioners have three different addresses affiliated with their groups. A "clinical" address, a "mailing/credentialing" address, and a "billing/claims" address. When all three addresses differ, we are often not aware of the correct billing address due to the fact the credentialing application does not ask for it."            "Is it possible to add a section for a remit/ payment address under VI Practice Information? Currently on the OPCA there is separate mailing address ( if different from the clinic address) , however for our facility; the clinic , mailing and remit address are all different."            "The mailing address is not necessarily the same as the billing address"</p>	<p>Committee members felt that the form should be used for credentialing and should not be altered for plans needs. Once this type of change is made, then other information such as office hours could be requested. Providers can be asked for billing address on a separate form or addendum.</p> <p>Ms. Jensen pointed out that Washington's form includes a billing address. Other members felt that this could be a helpful addition which could help constituents.</p>	<b>Accepted</b>
<p>Remove UPIN number box (no longer issued) [2 comments]</p>	<p>Change the UPIN number box to group NPI number (see below)</p>	<b>Accepted</b>
<p>Add box for organizational (group) NPI (2 comments)</p>	<p>See above</p>	<b>Accepted</b>
<p>The OPRA does not meet NCQA standard for malpractice history (2 comments). "NCQA standards state that during recredentialing an organization must obtain confirmation of the past 5 years of malpractice settlements"</p>	<p>See below</p>	<b>Accepted</b>
<p>5 comments: "The OPCA Attestation Question N states: "Have any professional liability claims or lawsuits ever been closed and/or filed against you? If yes, please complete Attachment A, Professional Liability Action Detail, for each past or current claim and/or lawsuit." Attachment A states "Please list any past or current professional liability claim or lawsuit, which has been filed against you in the past five (5) years.) The Attestation does reference, at the top, to provide details on a separate sheet, but it specifies Attachment A for question N. Is the five year notation on the Attachment A an oversight that will be corrected?"</p>	<p>Members thought that it was important to match accrediting standards. Ms. Jensen will discuss with NCQA whether such a change needs to be made. If this change is required, then the committee would like the changes made as soon as feasible.</p>	<b>Accepted</b>
	<p>Ms. Jensen reviewed the Washington state credentialing form with the group. This form asks for "all" previous malpractice suits. Ms. Jensen will send this form to the group for review.</p>	
	<p>Changes to be made:            Change page 8 of the recredentialing attestation to "past 5 years" on section N pg 9 and attachment A should say "past 5 years." Change malpractice coverage information (pg 8) to 5 years. Change credentialing change attachment A attestation to delete "past 5 years." Note: Changes to the attestation pages will need legal review.</p>	

Section for continuing education on the Credentialing form. NCQA standards requires it for recredentialing (on that form), but credentialing bodies could benefit from this question.

The group agreed that this was a worthwhile change. The suggestion was to copy the CME section (Section IX with change for past 2 years) from the recredentialing application and put it on the bottom of page 9 of the credentialing application, with only 2 years of CME required. To accomodate this change, Section B above on page 9 will need to be shortened. Sections IXX and XX will need to be renumbered. The group discussed whether the definition of CME needed to be added to the Glossary. The decision was no, this definition could be up to the organizations.

The group briefly discussed the work of the Administrative Simplification Workgroup. Committee members thought that more information could be helpful. Ms. Jensen will find someone to give update on the Administrative Simplification Workgroup for next meeting. Group members also asked for an update on federal changes. Ms. Jensen will find someone to address this topic for the next meeting as well. The group decided to hold another meeting to here these updates and review the NCQA response in the next 2-3 months. In person meeting was preferred, but a phone meeting would be acceptable.

*Solicitation letter for changes for 2011*

A new solicitation letter will need to be sent in June 2011. The letter will be sent to the group in May, then sent out once approved.

**Adjournment:** The meeting was adjourned at 11:15 a.m.