

Minutes

Advisory Committee on Physician Credentialing Information Meridian Park Hospital Community Health Education Center Room 117B

June 13, 2011

Members Present: Rebecca Jensen, CPMSM CPCS, Chair; Joan Peak, RN HCA; Valery Kriz, CPMSM; Victor B. Richenstein, MD (conference call); Jean Steinberg, CPMSM, CMSR (conference call); Julie McCann, CPCS; Nicholetta Vlandis; Gwen Dayton, JD.

Members Absent: Kerry Gonzales.

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

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 8:50 am. She welcomed everyone and introductions were made.

The steps for amending the application were reviewed. The flowchart can be found on the ACPCI's website: <http://www.oregon.gov/OHA/OHPR/ACPCI/docs/FlowChart.pdf>

Old Committee Business

Minutes Review

There were no changes suggested.

MOTION: To accept the September 28, 2010 Minutes as written. MOTION CARRIES: 8-0.

Administrative Simplification

The Committee acknowledged that the Oregon Healthcare Leadership Council (OHLC) was deferring action at this time on administrative simplification matters while monitoring the progress of similar work in Washington state. The group asked that someone from the Credentialing Workgroup of the OHLC attend the next ACPCI meeting to provide an official update.

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.

- A. Recommendations for Application Changes
-recommended changes for 2010 and 2011, and actions taken, are listed in Appendix A

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

Next Steps

- 1) Staff will prepare copies of the credentialing and recredentialing applications with the accepted changes. These documents will be reviewed at the next meeting
- 2) After final approval of the revised applications, staff will begin the rule making process to have the revised forms become the required state forms. There will be a 3 month waiting period after the final rule is issued before the forms become mandatory.
- 3) Staff and ACPCI members will identify a speaker to come to the next meeting to update the committee on statewide administrative simplification process.

Adjournment 10:55 am

Next meeting: August 22, 2011 from 10AM-12 PM in Salem

ACPCI Suggestions
2011

2011 Suggested Changes				
Page	Location	Suggestion	2011 Discussion / Decision	2011 Action
		My recommendation would be that if any changes are made to the OPCA & OPRA applications they be made as an addendum.	This suggestion was considered to not be practical.	No change
		Since CMS is now requiring that providers supply information on restraint and seclusion policies can a section be added to both applications to address this.	Health plans and hospitals are accountable to CMS for tracking provider restraint policies. However, this was felt to be a contracting issue and not a credentialing issue. Decision: This should be handled as an addendum or contractual issue, and should not be part of the credentialing form	No change
1 App		My suggested verbiage would be: "Please complete, sign and date Attestation Questions page 11, sign & date Authorization and Release of Information Form, page 12 & Professional Liability Action Detail, page 1 of Attachment A. (if you have no cases to report, line through and write N/A on the form)"	The major suggestion to have Attachment A be required even if there are no malpractice cases to report was rejected. However, the point about the page numbers not being accurate requires correction.	Change the page numbers in the instructions on page 1, bullet point 3, to refer to the correct pages.
1 App		There is no reference to inclusion or listing of CME activities. This is a JC requirement and, I feel, should be included in the initial and recredentialing applications.	CME will be added to the OPCA per the 2010 discussion. The committee felt that there was no need to require documentation of CME, as this can be provided if the health plan requests it of the provider.	No change to 2010 decision
3 App	Section II	Include a field for expiration date of the Visa.	Yes, this is necessary information. A box will be added for VISA expiration date (make 4 boxes on line with Visa number). The term "status" in this section was considered unclear. Members will look into what "status" means for their organizations and bring back for the August meeting.	Accepted

ACPCI Suggestions
2011

Page	Location	Suggestion	2011 Discussion / Decision	2011 Action
3 App	Section III	Suggestion to modify the Clinical Practice choices to have 2 separate columns. First column, FT, PT, Locum/Temp; Second column to read Hospitalist, Clinic, Office-based, Telemedicine, Other (explain)	It was determined that "telemedicine" was a distinct category that should be included here. This type of provider has unique credentialing needs. Other types of providers are not as important to distinguish. Add definition for telemedicine in the glossary (there is a definition in Oregon law)	Add "telemedicine" as a box with PT/FT, etc. Add definition of "telemedicine" to the glossary.
3 App and Reapp	Section VI	Replace mailing address with billing/ mailing address (2 comments)	Change accepted with 2010 suggestions	Accepted
6 App	Section XII	Suggestion to include fields for Program Director name & contact information. (phone/fax/email) (at the very least, a phone number). I have worked applications with this information provided and it is extremely helpful in obtaining residencies, fellowships & other clinical training programs	The committee felt that program directors change frequently and inclusion of the program director would not be helpful.	No change
6 App	Section XIV App/Section X Reapp	Replace UPIN with Group NPI	Change accepted with 2010 suggestions. However, the group revisited the 2010 discussion. It was felt that group NPI was only used for billing. Individual NPI was important for credentialing. The decision was to delete the UPIN box, move individual NPI to the space the previous UPIN box held, and to delete the current individual NPI box in Section XIV (OPCA) and Section X of OPRA. Get rid of UPIN from the glossary.	1) delete UPIN 2) place "individual NPI" in the UPIN box 3) delete current individual NPI box section XIV (cred), section X of reced. 4) delete UPIN from the glossary
7 App	Section XIV App/Section X Reapp	Suggestion to modify this field to state: Individual NPI number(s). Many providers have more than one NPI number, depending on their practices. You will most likely locate this information when vetting the file, but an inexperienced credentialer may not know to look for it. This will tickle the practitioner and/or staff to include all numbers assigned.	Individual NPI is unique, so there is not need for more than one spae for a number. Group NPI numbers are used just for billing, and are not needed for the credentialing process.	No change (reverses previous 2010 decision)

ACPCI Suggestions
2011

Page	Location	Suggestion	2011 Discussion / Decision	2011 Action
12 App	Attestation	On page...12 (the Attestation Page), question N asks, "Have any professional liability claims ever been closed and/or filed against you? If yes, please complete Attachment A, Liability Action Detail, for each past or current claim and/or lawsuit." On the top of Attachment A, it reads, "Please list any past or current professional liability claim or lawsuit, which has been filed against you in the past five (5) years. It seems to me that we either want a 5 year history (Attachment A) or we want a full history	addressed in 2010--see decision there. There was discussion of removing the timeframe from attachment A of the OPRA. This was not accepted as it would be too onerous for the OPRA form.	No change other than previous 2010 change
12 App	Attestation	Initial Credentialing Application, Attestation M needs a checkbox alongside Yes		Accepted
13 App	Release of Information	Change the wording of clause #5 to "To the fullest extent permitted by law, I extend absolute immunity to, release from any liability, and agree not to sue the members of the Medical Staff, the Hospital, its authorized representatives and third parties, as defined below, for any actions, recommendations, reports, statements, communications, or disclosures involving me, which are made, taken or received by this Hospital or its authorized representatives relating to...".	The group felt that most plans have their own release. This type of wording was thought to be too extensive to be acceptable.	Uncapitalize E in Extent in clause 5
13 App	Release of Information	It might be worth considering adding Reliant Behavioral Health's standardized authorization/release form as an attachment to both applications.	This was thought to be too confusing and not applicable to many providers. This form can be sent to providers who are in the program. Did not accept	Not accepted
Attach A/ Attestation		I require answers to the questions on the attachment... Would any of these be appropriate for insertion into application?		Not accepted
Attach A/ Attestation		Attachment A to the OPCA asks for the details of any malpractice suits from the past 5 years, but the attestation questions ask if any suits have ever been filed. It would be helpful if Attachment A was worded to match the attestation questions (explain all past suits)	see 2010 discussion	see 2010 discussion

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2 Reapp	Section II	Maybe include a check-box to indicate whether information has changed from the initial application. This will flag the processor to check database(s) and update information. If no indication of change is identified, this may be missed and databases can quickly become inaccurate	The provider should place their most current address on the form.	Not accepted
2 Reapp	Section II	There really is no need for ECFMG numbers on Recred applications	It was felt that the ECFMG box was not needed on the OPRA. Also, the "status" box was thought to have no meaning on the OPRA, unlike the OPCA (see discussion above). There was a decision to remove the ECFMG line.	1) Delete the ECFMG line 2) Remove the "status" box and replace with "expiration date"
5 Reapp	Sectiton XII	the affiliations are no longer valid, we need an area for the practitioner to indicate the reason for leaving, as in the Previous affiliation section of	No-plans will get this type of information from the institution	Not accepted
6 Reapp	Sectiton XIII	Suggestion to add a Reason for Leaving section for each of the Professional Practice/Work History areas	No--a provider can leave a practice for many reasons. This information is not required for credentialing.	Not accepted

ACPCI Suggestions
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2010 Suggested Changes				
Page	Location	Suggestion	2010 Discussion/Decision	2010 Action
		OPCA: It would be nice if there was some kind of disclaimer within the application, or an additional attachment explaining Senate Bill 507.	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.	No change.
3	Section VI	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"	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. 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. Vote: accepted, hold until major changes need to be made	Accepted Billing address will be added
6 App 4 Reapp	Section XIV Section X	Remove UPIN number box (no longer issued) [2 comments]	Agree not needed	Accepted
6	Section XIV	Add box for organizational (group) NPI (2 comments)		Accepted* *readdressed at 2011 June meeting and not accepted
8 Reapp	Section XV	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"		See below

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2011

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Attach A/ Attestation		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?"	Important to match accrediting standards. Needs to be changed soon. Ms. Jensen will discuss with NCQA. If this change is required, then the committee would like the changes made as soon as feasible.	OPRA - Attestation Page, Question N - change from "in the last three (3) years" to "in the last five (5) years" OPCA - at top of Attachment A, remove the reference to "five (5) years", end the sentence at "...which has been filed against you". OPRA - Attachment A, change from "in the last three (3) years" to "in the last five (5) years"
		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. Ms. Kris bring this up from Providence Portland Med Center.	Put a section for continuing medical education on the bottom of page 9 of the OPCA. Use the CME section from the OPRA (section IX), requesting only 2 years of CME rather than 3). Shorten section B above if needed to make additional space.	Place CME section from OPRA -- Section IX at bottom of page 9 of OPCA. Request CME information for only the past 2 years (not 3). Renumber Sections 19 and 20.

Minutes

Advisory Committee on Physician Credentialing Information Meridian Park Hospital Community Health Education Center Room 105

September 28, 2011

Members Present: Rebecca Jensen, CPMSM CPCS, Chair; Valery Kriz, CPMSM
By conference call: Joan Peak, RN HCA; CMSR, Julie McCann, CPCS; Nicholetta
Vlandis; Gwen Dayton, JD; Kerry Gonzales.

Members Absent: Victor B. Richenstein, MD; Jean Steinberg, CPMSM

Staff Present: Ariel Smits, MD, MPH; Lisa Leone (conference call).

Rebecca Jensen, Chair, called the Advisory Committee on Physician Credentialing Information (ACPCI) meeting to order at 9:05 am.

The steps for amending the application were reviewed. The flowchart can be found on the ACPCI's website: <http://www.oregon.gov/OHA/OHPR/ACPCI/docs/FlowChart.pdf>

Old Committee Business

Membership Update

Becky Jensen, Jean Steinberg, and Kerry Gonzales' terms expire January, 2012. Becky has agreed to reappointment. Jean and Kerry were thanked for their service to the Committee. Their positions will be open, and members were asked to forward names of interested and qualified persons to ACPCI staff. Staff will also post a recruitment letter to the listserve.

Minutes Review

The June, 2011 minutes were reviewed. The name of the statewide group working on administrative simplification was noted to be the "Oregon Healthcare Leadership Council (OHLC)" rather than the Oregon Leadership Task Force (OLTF) as noted in the minutes. The minutes were changed to reflect the correct name.

MOTION: To accept the June 2011 Minutes with the change as noted above.
MOTION CARRIES: 7-0.

Administrative Simplification

The Committee briefly discussed administrative simplification updates. The next meeting of the OLTF was noted to be in a few weeks. Members will send out emails to notify the group of the exact date, time and location..

New Committee Business

The members reviewed the revised Oregon Practitioner Credentialing and Recredentialing Applications as presented in the meeting materials. Two additional changes were made to the credentialing application: 1) in Section VI Practice Information, the first box was changed to Name of Primary Practice/Affiliation or Clinic to make it clearer that the initial information was requested concerning the primary practice site; 2) the section after XVIII was numbered XIX. One additional change was made to the recredentialing application: in Section VI Practice Information, the first box was changed to Name of Primary Practice/Affiliation or Clinic.

Several other suggestions were made which were not accepted for the current change cycle, but which will be reconsidered at the next meeting in 2012:

- 1) Adding email address for malpractice carriers (OPC, OPRA)
- 2) Changing the wording of the first statement in the attestation section to move “voluntarily or involuntarily relinquished” earlier in the sentence to give it more emphasis
- 3) An outside provider contacted ACPCI staff to request that “all redundant questions on the recredentialing application which duplicate questions on the credentialing application be eliminated.”

MOTION: To accept the application and reapplication changes as presented in the meeting materials with the changes noted above. MOTION PASSES 7-0.

Next Steps

- 1) Staff will prepare copies of the credentialing and recredentialing applications with the final accepted changes. These documents will be circulated via email for final comments.
- 2) After final review of the revised applications, staff will begin the rule making process to have the revised forms become the required state forms. There will be a 3 month waiting period after the final rule is issued before the forms become mandatory.

Adjournment 9:55 am

Next meeting: Planned for June, 2012