OHA Provider Discrimination Review Request

Providers: According to Oregon Revised Statute (ORS) 414.613, a coordinated care organization (CCO) may not discriminate in the participation of any health care provider based on the provider's license or certification. The plan or organization must give written notice containing the reasons for its action if the plan or organization declines the participation of any provider or group of providers.

Use this form to request an OHA review of possible discrimination by a CCO as outlined in Oregon Administrative Rule (OAR) 410-141-3510. Only complete this form if you have done the following:

- Applied to a CCO for participation in their provider network.
- Been denied participation and received a written notice of the CCO's denial; **and**
- Appealed the decision through the CCO.

Please attach a copy of the written original decision and written appeal denial you received from the CCO. You may also attach any pertinent information to your request for review.

Provider information:

Provider name	National Provider Identifier (NPI) – *(if applicable)*
License or certificate number – *(if applicable)*	Provider type and specialty
Service location address	
Types of health care services provided	

Please tell us the following about your request for review:

Name of CCO	Original date of application	
Date original application was denied	Date of appeal	Date appeal was denied
Additional statement (if any) and/or attach additional documentation		

OHA Provider Discrimination Review Process

- Within the scope of Oregon's coordinated care delivery system, a CCO may not discriminate in the participation of any health care provider based on the provider's license or certification.
- (ORS) 414.613 requires the Oregon Health Authority (OHA) to establish, and promulgate in rule (OAR 410-141-3510), a process for resolving claims of discrimination from providers who have received a denial of participation from a CCO.
- If a CCO 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 shall first appeal the decision through the CCO's internal review process.

- The Health Systems Division will coordinate the discrimination review process.

OHA Provider
Providers who want OHA to review a CCO's decision to deny participation shall complete and provide an OHA Provider Discrimination Review Request form (OHP 2021) and supporting documents to the Provider Enrollment Unit (PEU) fax or e-mail. E-mails should indicate "Provider Discrimination Review" in the subject line.

- Toll-free phone for questions: 800-336-6016, option 6
- Fax: 503-947-1177
- E-mail: Provider.Enrollment@odhsoha.oregon.gov
- Mailing address: Provider Enrollment, 500 Summer St NE, E44, Salem OR 97301

Provider Enrollment staff will confirm a written denial and written appeal of participation from the CCO.

Process steps for provider discrimination review committee

Required information	The provider must submit the following: • A completed Provider Discrimination Review Request Form. (Forms may be submitted electronically by e-mail, fax, or mail); **and** • A copy of the original participation denial notice; **and** • Written appeal denial received from the CCO. • Additional statements and/or attached additional documentation.
Coordination with organization	Health Systems Division (HSD) will notify the CCO about the review request. • The CCO will have an opportunity to submit information for consideration. • PEU, HSD may also request specific information related to services the provider furnishes, available service metrics and reasons for the denial.
Review	The HSD, OHA Provider Discrimination Review Committee (PDRC), comprising division leadership and clinical staff, will meet regularly to review received requests. The PDRC will determine whether denial of participation was discrimination based on requirements outlined in OAR 410-141-3510.
Communication	The PDRC will communicate the determination signed by the division's Provider Enrollment Manager or HSD Manager to: • Notify the individual or provider organization about the outcome of the review; and • Notify the CCO about the outcome of the review. It may communicate to the CCO regarding an expectation of compliance with (ORS) 414.613.