

To: Provider Services Unit 500 Summer St NE, E44, Salem OR 97301	Fax: 503-945-6873 E-mail: dmap.providerservices@state.or.us
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Providers: According to Oregon Revised Statute (ORS) 414.646, 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 OHA review of possible discrimination by a CCO as outlined in Oregon Administrative Rule (OAR) 410-141-3120. 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 decision notice(s) you received from the CCO. You may also attach any other information you feel is pertinent to your request for review.

Provider information:

Provider name and credentials	Provider specialty
License or certificate number	National Provider Identifier (if applicable)
Types of health care services provided	Service location

Please tell us the following about your request for review:

Have you applied for and been denied participation in a coordinated care organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you appealed to the organization to reconsider their decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe the outcome of your appeal to the organization:		
Did you receive notice of the outcome in writing from the organization? <i>(If Yes, please attach copy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have other information that we should consider in this review? <i>(If Yes, please describe below and attach pertinent documentation)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OHA Provider Discrimination Review Process

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

(ORS) 414.646 requires the Oregon Health Authority (OHA) to establish, and promulgate in rule (OAR 410-141-3120), a process for resolving claims of discrimination from providers who have received a denial of participation from an organization.

If an 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 shall first appeal the decision through any internal review process the organization has.

Contact for provider discrimination review requests

The Health Systems Division will coordinate the discrimination review process.

Providers who want OHA review of an organization’s decision to deny participation shall first contact the Provider Services Unit (PSU) 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 organization	<p>When PSU receives all required information, the Health Systems Division 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.• OHA 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 division executive staff and clinical staff, will meet regularly to review all requests received.</p> <p>The PDRC will determine whether denial of participation was appropriate, or if there was discrimination, based on requirements outlined in OAR 410-141-3120.</p>
Communication	<p>The division will communicate PDRC determinations using decision letters signed by the division’s Provider Services and Enrollment Manager in order to:</p> <ul style="list-style-type: none">• Notify the individual or provider group about determinations in favor of the organization; and• Notify the 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 (ORS) 414.646.