



Central Oregon Independent
Practice Association
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October 28, 2015

Thank you for your interest in joining Central Oregon Independent Practice Association (COIPA). The following three sections outline important information about COIPA membership and the steps necessary to apply.

COIPA MEMBERSHIP CRITERIA, CONTRACTS & CREDENTIALING

Membership Criteria: COIPA's service area is comprised of the Oregon counties of Crook, Deschutes, Grant, Harney, Jefferson, Lake, Wheeler, Wasco, Sherman, Hood River, and the Washington counties of Klickitat and Skamania. We welcome the application of practitioners who maintain a residence and establish a practice within these twelve counties and who meet membership criteria. Criteria for COIPA membership include (but are not limited to): 1) licensure as an MD, DO, DPM, PA, NP, CNM, CRNA or OD; 2) hospital privileges as defined in COIPA bylaws and policies at a hospital located in the COIPA service area; 3) agreed upon callshare with COIPA members of the same specialty 24/7; 4) maintain a residence in COIPA's twelve county service area; and 5) maintain appropriate malpractice insurance coverage of \$1 million per incident, \$3 million aggregate.

COIPA Member Contracts: COIPA contracts with health care insurers offering managed care organizations (MCO) to residents of the Central Oregon and Columbia Gorge regions. COIPA currently negotiates contracts with PacificSource Prime and Choice Plans, PacificSource Medicare Advantage (HMO and PPO), PacificSource Community Solutions (OHP), Providence Health Plans (Medicare) and Oregon's Health Co-Op. COIPA members are contracted as panel members for these managed care organizations.

Health Plan Delegated Credentialing: In addition, COIPA is delegated to credential COIPA members for the following non-MCO health plans: Providence Health Plans (EPO), Health Net Health Plan of Oregon, PacificSource Preferred Plan (PPO), Moda Health and Health Management Network. COIPA practitioners are responsible for contacting and obtaining direct contracts with the non-MCO health plans. All health plans which delegate credentialing to COIPA retain the right to approve or deny COIPA applicants for addition to their panel. Once you receive notification of your credentials review results, you must verify with each of these health plans that their approval process has been completed prior to seeing their members. If you are not individually approved by each plan prior to seeing members, they will not reimburse you for rendering care. All plans will ensure compliance with credentialing standards via annual audit.

Centralized Credentialing: In an effort to decrease practitioner paperwork and streamline practitioner credentialing, COIPA formed a credentialing verification organization (CVO) and provides credentialing services, using a single application process, to the following local hospitals and other healthcare facilities, in addition to contracting credentialing services with health plans: Asher Community Health Center, Bend Surgery Center, Blue Mountain Hospital, Cascade SurgiCenter, Doctors Park Surgery Center, Harney District Hospital, Heppner Pioneer Memorial Hospital, Lake District Hospital, Mosaic Medical, Quality Care Associates, Volunteers in Medicine Clinic, and Wallowa Memorial Hospital. Affiliation or membership approval is at the discretion of each entity. COIPA must receive a "request for service" from these organizations authorizing COIPA to credential you on their behalf, prior to initiating the credentialing process.

TO APPLY FOR COIPA MEMBERSHIP

Complete Application Forms: After reviewing the COIPA Membership Criteria*, please complete the enclosed forms in their entirety:

- ✓ **COIPA Participating Physician or Associate Provider Agreement** (appropriate Agreement enclosed)
- ✓ **Amendment to Participating Physician or Associate Provider Agreement** (CMS requires each individual practitioner to sign an intent to see Medicare members)
- ✓ **Business Associate Agreement Amendment** (documents intent to comply with Federal HIPAA regulations)
- ✓ **COCS Membership Request Form** (Check-mark all organizations at which you are requesting membership and/or privileges, and complete form in its entirety. If a section does not apply, indicate "N/a".)
- ✓ **Oregon Practitioner Credentialing Application** (*IMPORTANT: The current Oregon Practitioner Credentialing Application was last updated 07/16/15 but is not mandated for use until the Oregon Common Credentialing Program is fully implemented, which is anticipated to be in January 2017. For more information on Common Credentialing, please visit <http://www.oregon.gov/oha/OHPR/occp/Pages/index.aspx> . We are still accepting version 05/01/12. Any version older than 05/01/12 submitted to COIPA is considered invalid and will be returned.*)
- ✓ **Include your NPI number on your credentialing application**
- ✓ **Call Coverage / Inpatient Coverage Statement**
- ✓ **COIPA annual membership dues of \$250.00** (check payable to COIPA or call (541) 585-2590 to pay by credit card)

*If you do not meet criteria for COIPA membership, we will send you written notification, and automatically discontinue processing your application for COIPA membership.

Additional Application Information Required: In addition to the enclosed forms, please supply the following information:

- ✓ **An outline of the services you plan to provide for patients** (If you are an MD, DO, NP, or PA who practices family medicine, internal medicine, or pediatrics, and do not wish to be listed as a PCP, submit explanation describing your practice plans)
- ✓ **Copy of DEA certificate reflecting local (OR/WA) practice address** (or receipt of address change request submitted to DEA office)
- ✓ **Copy of current local malpractice insurance face sheet** (must list name, address, effective/expiration dates and minimum \$1/\$3 limits of liability)
- ✓ **Medicare Provider Identification Number** (You must obtain a Medicare PIN prior to seeing PacificSource or Providence Medicare patients) **
- ✓ **OMAP Provider Identification Number** (You must obtain an OMAP PIN prior to seeing PacificSource Community Solutions patients) **

** Even if your Medicare and Medicaid numbers are pending, you are welcome to submit your credentialing application for COIPA membership.

COIPA Application Deadline: Please complete and return the enclosed forms, in addition to providing a description of your practice plans, within 15 days. PLEASE NOTE: Per Senate Bill 507, COIPA is required to make a credentialing decision within 90 days of receipt of a "complete application" If the forms or agreements are not completed in full, or the required documentation listed above is not included, your application will be returned. If you are unable to complete the enclosed forms in their entirety, please attach an explanation detailing why you cannot provide all requested information, and when you expect to be able to provide it, if at all. Return the forms, explanation, agreements and membership dues to COIPA within 15 days.

COIPA MEMBERSHIP

Application / Membership Status: After you have submitted your application, you may contact COIPA regarding the status of your credentialing application. You have the right to review your COIPA credentials file unless the information collected by COIPA is peer review protected. In the event that COIPA receives information that substantially conflicts with the information you supplied on your application, you will be notified by COIPA in writing. If erroneous information was received from a third party, you have the right to correct that information, with the exception of peer review information. If you provide erroneous information or omit information, you will be required to provide a written response to COIPA within 30 days from notification to explain the discrepancy or omission of information and provide any proof that may be available. If COIPA does not receive a response from you within 30 days, your application will be deemed incomplete and processing will be discontinued. Your application will be returned to you notifying you that your application has been discontinued, with instructions on how you may reapply in the future.

Credentialing Verification Process: As outlined in your Agreement, all COIPA applicants and members must complete initial credentialing and periodic recredentialing. You will be deemed to have voluntarily resigned from COIPA for failure to submit a complete recredentialing application on time. Written notification will be sent to you documenting your voluntary resignation, including instructions on how you may reapply in the future. Within 30 days of the credentials review, you will be notified in writing of the outcome.

Please feel free to contact us at credentialing@coipa.org or (541) 585-2590 with any questions or concerns regarding the above-mentioned items.

Sincerely,

Jennifer Waite, CPCS
COIPA Credentialing Manager