CORPORATE POLICY & PROCEDURE

	Policy Name: PN11 - Provider Selection Process
Department: Provider Network	Policy Number: PN11
Version: 3	Creation Date: 08/21/2018
Revised Date: 6/10/21, 04/30/2025	
Line of Business: ☐ All ☒ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek	☐ Umpqua Health Management ☒ Umpqua Health Network
Approved By: Jamie Smith Reese (Compliance Officer)	Date: 04/30/2025

POLICY STATEMENT

In accordance with OAR 410-141-3510(2) and 42 CFR 438.12, Umpqua Health Alliance (UHA) is prohibited from discriminating against providers with respect to network participation based on a provider's license or credentials. Furthermore, UHA does not discriminate against any provider that serves high-risk populations or specializes in conditions that require costly treatment in compliance with 42 CFR 438.214. Accordingly, UHA must have an internal review process for providers who are aggrieved by the decision to decline participation.

PURPOSE

The purpose of this policy is to communicate the expectation that UHA does not engage in discriminatory practices when selecting in-network providers, and to offer a forum for an internal review in the event such allegations are made.

RESPONSIBILITY

Provider Network, Credentialing

DEFINITIONS

None

PROCEDURES

1. Providers may request to join UHA's network at any time.
2. Upon request to join the network, UHA's Provider Network Department will submit a questionnaire for the provider to complete.
3. UHA shall not apply any requirement that any entity operated by the IHS, an Indian tribe, tribal organization or urban Indian organization be licensed or recognized under the State or local law where the entity is located to furnish health care services, if the entity meets all the applicable standards for such licensure or recognition. This requirement is pursuant to 25 USC 1621t and 1647a.
4. UHA shall not require the licensure of a health professional employed by such an entity under the State or local law where the entity is located, if the professional is licensed in another State.
5. UHA shall offer contracts to all Medicaid eligible IHCPs and provide timely access to specialty and primary care within its networks to Medicaid enrolled IHS beneficiaries seen and referred by IHCPs, regardless of the IHCPs status as contracted provider within the network in accordance with OAR 410-141-3510(8).

6. UHA's Provider Network Department will review the questionnaire and decide as to whether to contract with the provider.
    a. If UHA decides to add the provider into the network, UHA will notify the provider in writing of the decision and begin the contracting process.
    b. If UHA decides to deny a provider's application to join its network, UHA will provide a written notice to the provider and include UHA's Provider Selection policy in accordance with OAR 410-141-3510(2), 42 CFR 438.214(c) and 42 CFR 438.12(a).
7. The written notice shall include:
    a. Reason for UHA's decision to deny participation.
    b. A brief explanation that providers may serve UHA's members on a case-by-case basis through the prior authorization process, as permitted by regulatory requirements.
    c. Provide a dispute resolution process, including the use of an independent third-party arbitrator, for a Provider's refusal to contract with Contractor or for the termination, or non-renewal of a Provider's contract with Contractor, pursuant to OAR 410-141-3560.
    d. UHA's Provider Selection policy.
8. UHA rationale for denial may include but is not limited to the following reasons:
    a. Network is at capacity.
    b. Quality concerns.
    c. Limited historical services performed by the applicant.
    d. Duplicate services with other contracted providers.
9. UHA, however, is prohibited from denying network participation on the basis of a provider's license or credentials.
    a. Providers who believe that the decision for UHA to decline participation was due to discrimination against their license or credentials, may file an appeal to UHA.
10. Additionally, UHA may not discriminate against a provider that serves high-risk populations or specializes in conditions that require costly treatment.
11. Providers may file an appeal in the event they believe that UHA discriminated against him/her during the application process in compliance with OAR 410-141-3510(3)(4).
12. To file an appeal, providers will be requested to supply in writing the rationale as to why they feel that discrimination occurred.
    a. Providers will be permitted to supply supporting documentation to UHA's Credentialing Committee who will conduct the internal review.
13. Once complete, the request for appeal will be submitted to UHA's Credentialing Committee for review.
14. UHA's Credentialing Committee will review the appeal and support documentation submitted by the providers.

a. The Committee will then determine if there is evidence of discriminatory practices by UHA and notify the provider in writing of the decision.

15. UHA shall screen their participating providers to follow 42 CFR 455 Subpart E (42 CFR 455.410 through 42 CFR 455.470) and retain all resulting documentation for audit purposes in accordance with CO23 – Record Retention and Destruction.
    a. This rule doesn't apply when credentialing COVID-19 vaccine administration providers for the sole purpose of administering COVID-19 vaccines.
        i. COVID-19 vaccination administration provider means a healthcare provider that has successfully enrolled with the OHA's Public Health Division to be a COVID-19 vaccination administration provider, completed all required training, and has agreed to all terms of program participation.
16. Provider Retention

    In accordance with 42 CFR §438.214(b)(1) and OAR 410-141-3510, Umpqua Health Alliance (UHA) maintains strategies and internal processes to support the retention of high-quality, culturally competent, and accessible network providers. These efforts are designed to ensure continuity of care, minimize member disruption, and preserve network adequacy and stability.

    Retention Strategies Include:
    a. Provider Engagement and Feedback:
       UHA solicits regular feedback from contracted providers through satisfaction surveys, Provider Advisory Committee meetings, and direct outreach. Feedback is analyzed and used to inform quality improvement efforts and strengthen provider relationships.
    b. Support and Education:
       UHA offers training and technical assistance on regulatory compliance, quality measures, documentation standards, and culturally and linguistically appropriate service delivery. When needed, individualized support is provided to providers at risk of disengagement or termination due to performance or administrative issues.
    c. Network Monitoring and Early Intervention:
       UHA monitors trends in credentialing timelines, provider complaints, access concerns, and termination notices to identify patterns that may impact provider retention. Early interventions are deployed when indicators of dissatisfaction or network risk are observed.
    d. Performance Recognition and Incentives:
       UHA participates in the Oregon Health Authority's Quality Incentive Program (QIP), issuing performance-based incentive payments to providers who meet or exceed established clinical and access benchmarks. Measures may include:
        1) Timeliness of prenatal and well-childcare

2) Emergency department utilization rates
3) Diabetes and hypertension control
4) Adolescent well-care visits
5) Member satisfaction metrics

These incentives serve as both recognition and motivation for ongoing participation in the network.

e. Patient-Centered Primary Care Home (PCPCH) Incentives:
UHA promotes and supports PCPCH certification among its contracted providers. Support includes:
1) Tiered financial incentives based on PCPCH tier (Tier 1 through Tier 5)
2) Technical assistance for achieving and maintaining certification
3) Access to pilot initiatives and care coordination programs

Recognizing and rewarding PCPCHs aligns with UHA's broader goals of advancing member-centered, coordinated care.

f. Exit Feedback and Continuous Improvement:
When a provider exits the network, UHA may conduct exit interviews or request feedback to identify any systemic or preventable issues contributing to termination. Findings are used to adjust policies, outreach, and provider support approaches.

g. Documentation and Oversight:
UHA documents all provider retention efforts and presents updates and trends to internal committees, including the Network Performance Subcommittee and Credentialing Committee. Provider retention and satisfaction are key components of UHA's network sufficiency and DSN monitoring activities.