

**TO:** Colorado State Board of Health

**FROM:** George Dikeou, Chairman Health Care Credentials Application Review Committee

**DATE:** August 19, 2015

**RE:** Request for a Rulemaking Hearing  
Proposed Amendments to the Colorado Health Care Professional Credentials Application, 6 CCR 1014-4

The Application Review Committee (Committee) is mandated by statute to meet at least once a calendar year to receive input from the public as well as consider changes to the Professional Credentials Application (Application). Earlier this year the committee recommended and the Board of Health adopted changes to application. The committee has since learned that a question in Section I, Part E. requesting the applicant's National Provider Identifier (NPI) number was removed in error. In addition, our partners at the Colorado Physicians Health Program (CPHP) have asked that we revisit the note for Supplemental B, Question 2. The note, which was intended to provide clarifying instruction, does not align with other instructions provided in the application. Specifying identifying CHPH could create confusion for applicants. This rulemaking addresses both issues by restoring the NPI number and removing the over-specific note.

Al Schwindt and I are happy to address any questions or concerns you may have about the Application and the proposed Amendments. Thank you for your consideration and cooperation.

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY**

for Amendments to  
Colorado Health Care Professional Credentials Application  
6 CCR 1014-4  
August 19, 2015

**Basis and Purpose.**

The Health Care Credentials Application Review Committee, per § 25-1-108.7, C.R.S, recommends the Colorado Health Care Professional Credentials Application be amended. The changes restore the requirement that an individual provide their National Provider Identifier # and remove the "Note" at Supplemental B, Question 2 and instead let applicant's self-identify what treatment programs may affect her/his ability to practice or exercise clinical privileges.

**Specific Statutory Authority.**

These rules are promulgated pursuant to the following statutes: § 25-1-108.7, C.R.S.

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SUPPLEMENTAL QUESTIONS

**Is this rulemaking due to a change in state statute?**

\_\_\_\_\_ Yes, the bill number is \_\_\_\_\_; rules are \_\_\_ authorized \_\_\_ required.  
\_\_\_X\_\_\_ No

**Is this rulemaking due to a federal statutory or regulatory change?**

\_\_\_\_\_ Yes  
\_\_\_X\_\_\_ No

**Does this rule incorporate materials by reference?**

\_\_\_\_\_ Yes  
\_\_\_X\_\_\_ No

**Does this rule create or modify fines or fees?**

\_\_\_\_\_ Yes  
\_\_\_X\_\_\_ No

**REGULATORY ANALYSIS**

for Amendments to  
Colorado Health Care Professional Credentials Application  
6 CCR 1014-4  
August 19, 2015

**1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

Health care professionals who are registered, certified or licensed by the state of Colorado, who are practicing or intend to practice and subject to credentialing are affected and will benefit by the proposed changes. There are no anticipated costs associated with these changes.

**2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.**

Restoring the National Provider Identifier number will assist credentialing entities in the timely processing of applications. Removing the note, "Treatment programs include the Colorado Physicians Health Program or similar program," ensures that "treatment" is not too narrowly defined and that applicants identify any treatment programs that may be applicable.

**3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

None.

**4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

The effort required to update the application is minimal. The benefits of the proposed rule will make for a more user friendly and efficient document for credentialing purposes.

**5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

There are no costs. The changes do not make the rule any more or less intrusive.

**6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.**

Because of how the statute is written, the application is in rule and thus, any changes to the application must occur with rulemaking.

**7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.**

These recommended changes address the feedback received from health care providers, their various credentialing entities, the Colorado Physicians Health Program and health care professionals. Because professional credentialing is important to the careers of each professional being credentialed, clarity of questions asked, clarity of expected and anticipated answers and wide-ranging understanding of the process governs the Committee in making its recommendations to the Board.

**STAKEHOLDER COMMENTS**

for Amendments to  
Colorado Health Care Professional Credentials Application  
6 CCR 1014-4  
August 19, 2015

**The following individuals and/or entities were included in the development of these proposed rules:**

The Application Review Committee is comprised of individuals that represent a statewide association or society of physicians, a statewide association or society of Colorado hospitals, a statewide association or society of health plans, a professional liability insurance carrier that provides professional liability insurance to health care professionals in Colorado, a statewide association or society of Colorado health care medical staff service specialists, and advanced practice nurses. The Committee making these recommendations to you is representative of most, if not all, of the stakeholders who have an interest in the process of credentialing health care providers in Colorado. The committee is acting on feedback from credentialing entities, applicants and the *Colorado Physicians Health Program*.

**The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:**

Including committee members who represent the Colorado Medical Society, the Colorado Hospital Association, the Colorado Association of Health Plans, COPIC Insurance Company, the Colorado Association of Medical Staff Services and Advanced Practice Nurses, also represented and informed of the rule-making are: Elaine Gatto from Colorado Permanente Medical Group; Jane Berg of Colorado Imaging Associates; Holly Browning of Longmont United Hospital; Aimee Woolley-Randall of Penrose-St. Francis Health Services; Denise Ross and Tommy Lee of Centura Health Physician Group, Danielle Roper and Lacey Peterson of Greater Colorado Anesthesia and Sandra Taylor of Denver Health. While these are typical attendees at the meeting, notice is sent to various entities and persons who typically attend and have participated in the past or have expressed an interest in the process.

**Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.**

No major factual or policy issues were encountered. The changes streamline the application and protect the privacy of applicants.

**Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?**

There are no health equity or environmental justice concerns. The application treats all healthcare professionals similarly and the benefit of uniform credentialing impacts Coloradoans similarly.

Proposed revisions are highlighted in yellow; editorial comments appear in red and are used to identify the nature of the change. The highlighting and editorial comments are not part of the rule.

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**6 CCR 1014-4**

**COLORADO HEALTH CARE PROFESSIONAL CREDENTIALS APPLICATION**

**Adopted by the State Board of Health \_\_\_\_\_, effective September 1, 2015.**

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<b>I. Identifying Information <i>Please provide your full legal name.</i></b>			
A. Last Name(include suffix, Jr., Sr., III): _____	First: _____	Middle: _____	Title: _____
B. Other name used (e.g., maiden name, nickname)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: _____	Dates used (mm/dd/yyyy): From: _____		To: _____
Name: _____	Dates used (mm/dd/yyyy): From: _____		To: _____
Name: _____	Dates used (mm/dd/yyyy): From: _____		To: _____
C. Home Address: _____			
City: _____		State: __	Zip: _____
D. Home Telephone Number: _____			
Cell Phone: _____		Email Address: _____	
E. Social Security Number: _____			
Place of birth: _____		<b>National Provider Identifier #:</b> _____ (Add)	

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## Supplemental B

**Health Status.** *Please answer each of the following questions in full. DO NOT ANSWER THESE QUESTIONS if you are seeking to be employed by the credentialing entity.*

1. Do you currently have any physical or mental condition(s) that may affect your ability to practice or exercise the clinical privileges or responsibilities typically associated with the specialty and position for which you are submitting this Application? *If the answer to this question is "YES", please give full explanation of the specific details on an Explanation Form and attach to the Application.*

Yes  No

*(Note: Physical or mental condition(s) include, but are not limited to, current alcohol or drug dependency, current treatment programs for alcohol or drug dependency, medical limitation of activity, workload, etc., and prescribed medications that may affect your clinical judgment or motor skills.)*

2. Are you currently in a treatment program(s) that may affect your ability to practice or exercise the clinical privileges or responsibilities typically associated with the specialty and position for which you are submitting this application? *If the answer to this question is "YES", please give full explanation of the specific details on an Explanation Form and attach to the Application.*

*(Note: Treatment programs include the Colorado Physicians Health Program or similar program.)* (Remove)

Yes  No

3. Are you able to perform all the essential functions of the position for which you are applying, safely and according to accepted standards of performance, with or without reasonable accommodation? *If reasonable accommodation is required, please specify such on an attached Explanation Form explain.*

Yes  No

4. I have had a TB test within the last 12 months and the test was negative. I have not experienced new risk factors for TB nor am I experiencing symptoms of active TB since my last TB test. Documentation is attached. If no, please explain.

Yes  No

I have had a history of previous infection with Mycobacterium Tuberculosis or a positive TB test but I since have had a chest x-ray which was read as normal. I currently have no symptoms of active disease and have not experienced new risk factors for TB in the past year.

Yes  No

I currently have active TB disease which is being adequately treated.

Applicable documentation is attached.

Yes  No

I have not had a TB test within the past 12 months, but have scheduled an appointment for the test and will forward the results within 30 days from that date.

Yes  No

Please print your name:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REMEMBER TO SAVE THE COMPLETED APPLICATION TO YOUR PERSONAL COMPUTER!**