Right to know Status of Application
All providers have the right to contact the Provider Services Department at any time to request the status of their applications for initial credentialing or recredentialing in any of the following methods:

Mail: The CHP Group,
   Attn: Provider Services Dept.
   6600 SW 105th Avenue, Suite 115
   Beaverton, OR 97008
Fax: 877.482.2856
Email: providerservices@chpgroup.com

The provider will be advised of any outstanding information, reasons for any delay in the credentialing process, and an approximate Committee date for review of the provider’s file.

Timely Notification of Credentialing Committee Decision
All providers have the right and will be notified of the decisions made by the Credentialing Committee within 10 business days of the meeting. Providers having Clean files approved by the Medical Director or Associate Medical Director will also be notified of their approval within 10 business days.

1.03 CHP Philosophy of Care
The CHP Group (CHP) provides access to members and enrollees to quality health care services through insured benefits and access plans. Regardless of the financial arrangement, CHP and its providers adhere to a philosophy of care that is patient-centered and evidence-based. CHP believes:

- Patients deserve care that is accessible, appropriate for their condition, considerate of their values and preferences and respectful of their autonomy, time and resources.
- Providers must have the latitude to advocate for quality care for their patients and be able to provide that care without intrusion.
- Those who pay for the care deserve assurance that the resources they are paying for are used in ways consistent with contracted arrangements and expectations for appropriate care.

Access to CHP providers is of primary importance to patients. CHP policies set explicit targets for wait times, expectations for follow up of test results, missed appointments and referrals. Treatment plans and care recommendations are expected to adhere to community standards of practice and be consistent with best practices benchmarks established by CHP clinicians, advisory groups, and medical directors.

Under contracts for insured benefits CHP providers have an obligation to provide “medically necessary” health care services to health plan members. Medical necessity implies that the care is appropriate for the condition, is being provided for that condition, is within the community standards of good care, and is for the benefit of the patient, not the caregiver. In practical terms, our philosophy of care can be summarized as:

- “Treat and release.” Care is rendered to correct the presenting condition, bring it to maximum improvement, and lead to discharging the patient with appropriate instruction for follow-up, self-care and prevention of future occurrences.
• The condition itself is one that is generally recognized throughout the health care community. While there may be discipline-specific clinical assessments (for example, subluxation or dysfunction in chiropractic or stagnation of blood and chi in acupuncture), these must also be characterized in diagnostic terms relevant and comprehensible to all clinicians.

• “Maintenance” or “wellness” care is not a covered benefit in insured health plans. While these modes of care are of value, they are not part of the insurance benefit that the payer is obligated to provide in most instances. Maintenance and wellness care are usually the financial responsibility of the patient. Maintenance care, wellness care and other non-covered services are featured in all access plans (such as the CHP CAMplus program).

These expectations and values are shared with each provider and held by all. We enable and encourage providers continuously to evaluate and enhance their own practices, philosophies, and goals.

1.04 Participation and Contracting Options
The CHP Group (CHP) contracts with various health plans, employer groups, and associations to provide coverage and access for their enrolled members and employees. Contracts include: capitated/CHP discounted fee for service contracts, direct pay/discounted fee for services contracts, Worker’s Compensation (MCO) contracts, Administrative Services Only (ASO) contracts, Preferred Provider Organization (PPO) contracts, and the Affinity Program.

This policy will outline CHP's expectations in providing care to contracted members and serves as a guideline to providers making business/contracting decisions.

The service contracts with individual payers vary by product. For example, one health plan may contract with CHP to provide only chiropractic services with a specific product line and offer another product that includes all disciplines. The same health plan may have various fee schedules depending on the products. CHP is expected to provide a fully credentialed, qualified and available network of participating providers to meet a variety of needs, regardless of the type of product.

Most health plans require a network, such as CHP’s, to provide services for all lines of business rather than allowing individual providers to select which types of service agreements they will accept. CHP providers must provide services to any enrolled members/patients covered under a plan in which the provider has contracted through CHP.

CHP providers may opt out of one contract or another, but must provide services for all lines of business within a specific health plan or contract unless otherwise prohibited by State Rules and Regulations. This requirement does not apply to CHP’s CAMplus program.

Providers should refer to their Professional Services Agreement Attachment “A” to verify which plans are effective within their signed contract with CHP.