



Initial Credentialing and Recredentialing - Completion Checklist

Your application for credentialing can be processed more quickly if all materials are received timely and fully complete. Please submit the following to credentialing@careoregon.org.

- ☐ **Application:** Effective April 01, 2025, due to the OHA mandate, only the 2024 or later OPCA/OPRA application versions will be accepted. Please initial and date all pages. To ensure timely processing of your application, **signature dates should be no more than 90 days from the current date**. Applications must include SSN, DOB, NPI, License#, Practice Name, Address, *Effective Date and Tax ID. Please list any other names used as Last, First, MI.

*NOTE: The 2024 and later versions no longer have a place for an effective date in the Practice and Employment section. Please provide this information in one of the following ways:
 - Write the effective date (month/year) in the Practice and Employment Information section.
 - Include it in the work history – List the employer and enter the effective date in the FROM date field. If the practitioner is currently working at the location, please write 'Current' or 'Present' in the TO date field.
- ☐ **Attestation:** Answer all questions. The confirmatory signature and date must be on the same line and should be no more than 90 days from the current date. ** All questions answered 'YES' require a detailed explanation on a separate sheet with the provider's confirmatory signature & date which is no more than 90 days from the current date. The exception is question 'L' on the 2024 version of the OPCA/OPRA. Per OHA: If question 'L' on the 2024 version of the OPCA/OPRA is answered 'NO' a detailed explanation would be required.
- ☐ **Attachment A/B:** Complete each field. The confirmatory signature and date must be on the same line and should be no more than 90 days from the current date.
- ☐ **Release of Information (ROI):** Please include 'CareOregon' or 'All Contracted Health Plans' in the permissions section. The confirmatory signature and date must be on the same line and should be no more than 90 days from the current date.
- ☐ **Work History:** Please write "Current" in the TO date for all locations that do not have an end date for employment. ** Please include the employer requesting affiliation in the work history.
- ☐ **DEA certification** (if applicable): Include legible copy of the provider's current certificate.
- ☐ **Board Certification** (if applicable): Include legible copy of the provider's current certificate.
- ☐ **Professional Liability Insurance** (face sheet): Include copy of active insurance and ensure provider's name is present to validate coverage.
- ☐ **Delivery Question:** Please clarify if any providers within your group perform deliveries outside of a hospital setting. ☐ YES ☐ NO (only required for PCP's and OB/GYN) **If yes; please include a written explanation.
- ☐ **Hospital Admit Plan:** Include copy of admit plan.
- ☐ **Restraint and Seclusion Policy:** Include the requesting group's policy or a confirmation statement that the group requesting affiliation "prohibits the use" of seclusion and restraint as required by Oregon Authority Rule(OAR):OAR 410-141-3590 on the group's letter head signed by the Medical Director and/or Office Manager.
- ☐ **Collaborative Agreement for PA, EPDH, and Dental Therapists:** A collaboration agreement must include: The provider's name, license number, and the name of the physician/dentist with whom the provider is entering the collaboration agreement. Please refer to the applicable state licensing board for further requirements. For dental providers, CareOregon requires the collaborative agreement provided by the state board.
- ☐ In addition, providers billing for services on behalf of CareOregon members must be enrolled with Oregon Health Authority (OHA) to receive claims payment. If your provider is not enrolled with OHA, you must complete

the appropriate form (links below) and submit to ProviderDataUpdates@careoregon.org (Physical/Dental health) or BHProviderDataUpdates@careoregon.org (Behavioral health)

- [Individual Practitioners](#)
- [Organizations \(Billing NPIs\)](#)



PROVIDER RIGHTS

The following will apply to each provider who participates on the CareOregon, CareOregon Dental, and affiliated CCO panel and who has been credentialed through the formal credentialing process.

- To be free from discrimination in terms of participation, reimbursement, or indemnification solely on the basis of licensure, as long as Providers are acting within the lawful scope of licensure/certification.
- To be free from discrimination based on the applicant's race, ethnic/national identity, gender, age, sexual orientation, or other types of procedures or patients the provider specializes in.
- To be free from discrimination based on services to high-risk populations or in conditions that require costly treatment.
- To have the right to be notified in writing of any decision that denies participation on the CareOregon provider panel.
- To be aware of the applicable credentialing/recredentialing process as outlined in the provider manual.
- To review information submitted by the applicant to support the credentialing application.
- To correct erroneous information submitted by third parties that does not fall under the Oregon Peer Review Statute protections (Section 41.675).
- To be informed of the status of the provider's credentialing or recredentialing application on request, and to have that request granted within a reasonable period of time.
- To be notified of these rights during initial credentialing and recredentialing.