

## Initial Credentialing and Recredentialing - Completion Checklist

**Your application for credentialing can be processed more quickly if all materials are received in a completed format and in a timely fashion. Please use the checklist below to help send a completed application within 2 weeks from the date of this request.**

- Application:** We can only accept the 2012 or later version of the OPCA/OPRA. Please initial and date all pages. To ensure timely processing of your application, signature dates should be no more than 120 days from current date. Applications must include: SSN, DOB, NPI, License #, Practice Name, Address, Effective Date and Tax ID.
- Attestation:** Answer all questions. Sign and date and note that the date must be on the same line as the signature. If any questions are answered YES, a detailed explanation is required.
- Release of Information (ROI)** - Please include 'CareOregon' or 'All Contracted Health Plans' in the permissions section. Sign and date and note that the date must be on the same line as the signature.
- Work History:** Please write "Current" in the **work history** "to" date for all locations that do not have an end date for employment. Please include current employer in the work history.
- Enclose legible copy of the provider's current **DEA certification**, (if applicable).
- Attach copy of **board certification** (if applicable).
- Enclose certification of **professional liability insurance** (face sheet). Please make sure the certification has not expired and that the provider's name is present on at least one copy.
- 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 answer is yes, please include a written explanation.
- Please include **hospital admit plan**
- Include the clinic/office/provider's **restraint and seclusion policy** or a statement on the entity's letter head and signed by a person with authority that the clinic or provider "prohibits the use" of seclusion and restraint for patients.

**Email above to: [credentialing@careoregon.org](mailto:credentialing@careoregon.org)**  
**Fax to: (503) 416-3665**

- In addition, providers billing for services on behalf of CareOregon members must be enrolled with Oregon Health Authority (OHA) in order to receive claims payment. If your provider is not enrolled with OHA, you must complete the appropriate form (links below) and submit to [providerupdates@careoregon.org](mailto:providerupdates@careoregon.org)
  - [Individual Practitioners](#)
  -



# CareOregon

## **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.