

# Practitioner Credentialing Application Data Form



Thank you for your interest in becoming a participating practitioner with Health Net of Oregon and/or Trillium Community Health Plan. Prior to participation you will need to complete the Oregon Practitioner Credentialing Application (OPCA) and return to our Provider Data Team. Health Net of Oregon and Trillium Community Health Plan make every effort to contract with highly qualified practitioners by using standardized credentialing requirements outlined by The National Committee for Quality Assurance (NCQA) and Oregon Health Authority (OHA). Complete credentialing applications are processed within 30 days of receipt. Incomplete applications will be returned (to address any missing information), which will delay the credentialing process. This credentialing process is required every three years to remain as participating practitioner within Health Net of Oregon and/or Trillium Community Health Plans.

## 1. Documentation Checklist

- ☐ Please complete the attached Oregon Practitioner Credentialing Application (OPCA) Fillable:  
[https://sharesystems.dhsoha.state.or.us/DHSForms/Served/me9048\\_2019.pdf](https://sharesystems.dhsoha.state.or.us/DHSForms/Served/me9048_2019.pdf)

**NOTE:** Any yes answers to the Attestation Questions must include an explanation from the provider, with a full signature and date.

- ☐ Copy of licensure and certification(s) (if applicable)
- ☐ Professional Liability Insurance (PLI) certificate
- ☐ Cultural Competency Continuing Education Recordkeeping Form (ORS 676.850 (HB 2011) [Click here for link](#))
- ☐ DEA number (if applicable)
- ☐ Hospital Admit Plan

Email this form and your supporting documentation to our Provider Data Coordinator team:

For Health Net Enrollment Email: [HNOR\\_ProviderOperations@Healthnet.com](mailto:HNOR_ProviderOperations@Healthnet.com)

For Trillium Enrollment Email: [TCH\\_ProviderOperations@Centene.com](mailto:TCH_ProviderOperations@Centene.com)

*\*Please note, any information that varies substantially from the information verified during the validation process may require follow-up and clarification to proceed with the enrollment process.*

## 2. Practitioner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Other Names Used \_\_\_\_\_ Degree \_\_\_\_\_ CAQH number \_\_\_\_\_

### Credentials/certification (check all that apply)

☐ Birth Doula ☐ Hospital Based ☐ Specialist ☐ Primary Care Physician

Taxonomy (alpha numeric) \_\_\_\_\_

Certification/License Number (Number/State/Exp. Date) \_\_\_\_\_

DEA Number (Number/State/Exp. Date) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Individual (Type I) NPI No. \_\_\_\_\_

Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Language(S) Spoken by the Practitioner \_\_\_\_\_

If PCP, member capacity (number of members to be assigned) \_\_\_\_\_

Medicaid number & effective date \_\_\_\_\_ Medicare number & effective date \_\_\_\_\_

☐ Please check if not currently enrolled with Oregon Medicaid, and assistance with enrollment is required. Provider Enrollment Agreement (3975) Form may be download from: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3975.pdf>

### Supervisor information

For providers whose credential requires them to be clinically supervised for licensure or certification requirements (provider listed must meet the requirements for supervision by the appropriate licensing/certifying board):

Supervisor Name: \_\_\_\_\_ Supervisor license/certification no. \_\_\_\_\_

## 3. Practice Information

Name of Practice/Clinic \_\_\_\_\_

Tax ID No. \_\_\_\_\_ Group Billing NPI \_\_\_\_\_

**Practice Information** (Please attach additional copies of this page for each additional Group Billing NPI and/or location)

Primary location ☐ Yes ☐ No

Effective Date at Location \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Office Manager Name \_\_\_\_\_ Email Address \_\_\_\_\_

Group Medicare No. \_\_\_\_\_ Group Medicaid No. \_\_\_\_\_

Languages Fluently Spoken by Office Personnel \_\_\_\_\_

Please check all that apply ☐ Accepting New Patients ☐ Office is Wheelchair Accessible

List Practitioner in Directory at this location ☐ Yes ☐ No

Practice Limitations (E.G., Age, Gender) ☐ Yes ☐ No If Yes, Specify \_\_\_\_\_

Office Hours of Operation (Open – Close) ☐ Default 8 am – 5 pm (M-F)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you provide 24-hour call coverage? ☐ Yes ☐ No

If no, please explain how your patients obtain advice and care after hours: \_\_\_\_\_

Does your Office offer Telehealth Services ☐ Yes ☐ No

### Credentialing Information

Contact information where validation materials and correspondence can be sent within your facility.

☐ Check here if credentialing contact information is the same as the primary practice.

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Billing Information (same as mailing address)** ☐ Yes ☐ No

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Mailing Information**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## 4. Behavioral Health Non-Licensed Qualifications and Competencies

If you have non-licensed practitioners you are required to complete the BH\_MASTERFILESV2022, linked here:

<https://www.trilliumohp.com/providers/Request-Participation-within-our-Network.html>

Please provide information of all education and training programs, relevant to obtaining your current certification only. Qualifications and competencies must meet the OHA and State standards for certification and/or licensure.



## Cultural Competency Continuing Education Recordkeeping Form

**Do Not Return This Form to the Oregon Medical Board, unless audited**

ORS 676.850 (HB 2011) requires cultural competency continuing education as a condition of license renewal, every other time a license is renewed. Continuing education must be approved by the Oregon Health Authority or meet the skill requirements established by OHA. The form below may be used to document your completion of the requirement.

Name:	License #:
Course Name or Description of Educational Experience:	
Sponsor of Continuing Education (if applicable):	
Location:	
Date:	# CE Hours:

☐ Course approved by the Oregon Health Authority, [list of OHA approved courses](#)

☐ Course or experience meets the skills requirements established by the Oregon Health Authority

**Continuing Education Format (select one)**

- ☐ Course delivered either in person or electronically
- ☐ Experiential learning such as cultural or linguistic immersion
- ☐ Service learning
- ☐ Specially designed cultural experiences

**Continuing Education Content (select all that apply)**

*Teach attitudes, knowledge and skills that enable a health care professional to care effectively for patients from diverse cultures, groups and communities.*

- ☐ Applying linguistic skills to communicate effectively with patients from diverse cultures, groups and communities
- ☐ Using cultural information to establish therapeutic relationships
- ☐ Eliciting, understanding and applying cultural and ethnic data in the process of clinical care
- ☐ Other, please explain: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Cultural Competency Continuing Education

Below are portions of the Oregon Revised Statutes governing cultural competency continuing education in Oregon.

### **ORS 676.850, as amended by Oregon Laws 2019, chapter 186 (HB 2011)**

#### **Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules. (2)**

(a) A board shall adopt rules to require a person authorized to practice the profession regulated by the board to complete cultural competency continuing education. Completion of the continuing education described in this subsection shall be a condition of renewal of an authorization to practice the profession regulated by the board every other time that the person's authorization is subject to renewal.

(b) Cultural competency continuing education courses may be taken in addition to or, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(c) A board shall consider the availability of the continuing education described in this subsection when adopting rules regarding the required number of credits of continuing education.

(d) A board shall encourage, but may not require, the completion of continuing education approved by the Oregon Health Authority under ORS 413.450. A board shall accept as meeting the requirements of this subsection continuing education that meets the skills requirements established by the authority by rule.

(3) The requirements of subsection (2) of this section do not apply to a person authorized to practice a profession regulated by a board if the person is:

- (a) Retired and not practicing the profession in any state;
- (b) Not practicing the profession in this state; or
- (c) Residing in this state but not practicing the profession in any state.

### **ORS 413.450 Continuing education in cultural competency.**

(1) The Oregon Health Authority shall approve continuing education opportunities relating to cultural competency.

(2) The authority shall develop a list of continuing education opportunities relating to cultural competency and make the list available to each board, as defined in ORS 676.850.

(3) The continuing education opportunities may include, but need not be limited to:

(a) Courses delivered either in person or electronically;

(b) Experiential learning such as cultural or linguistic immersion;

(c) Service learning; or

(d) Specially designed cultural experiences.

(4) The continuing education opportunities must teach attitudes, knowledge and skills that enable a health care professional to care effectively for patients from diverse cultures, groups and communities, including but not limited to:

(a) Applying linguistic skills to communicate effectively with patients from diverse cultures, groups and communities;

(b) Using cultural information to establish therapeutic relationships; and

(c) Eliciting, understanding and applying cultural and ethnic data in the process of clinical care.

(5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Moneys received by the authority under this subsection shall be deposited into the Oregon Health Authority Fund established by ORS 413.101.

(6) The authority may contract with or award grant funding to a public or private entity to develop the list of or offer approved continuing education opportunities relating to cultural competency. The authority is not subject to the requirements of ORS chapters 279A, 279B and 279C with respect to contracts entered into under this subsection.