



CORPORATE POLICY & PROCEDURE

Policy Name: CR6 - Credentialing and Re-Credentialing Process	
Department: Credentialing	Policy Number: CR6
Version: 8	Creation Date: 10/24/1996
Revised Date: 6/18/19, 10/31/19, 6/10/21, 2/9/22, 8/21/23	
Line of Business: <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Umpqua Health Alliance	<input checked="" type="checkbox"/> Umpqua Health Management
<input type="checkbox"/> Umpqua Health - Newton Creek	<input checked="" type="checkbox"/> Umpqua Health Network
Approved By: Credentialing Committee, Quality Improvement Committee, Douglas Carr (Chief Medical Officer)	
Date: 08/28/2023	

POLICY STATEMENT

Umpqua Health Alliance (UHA) has delegated credentialing and recredentialing activities to Umpqua Health Management (UHM) who has subdelegated these activities to Umpqua Health Network (UHN). These entities shall, in accordance with Oregon Administrative Rule (OAR) 410-141-3510, and the Coordinated Care Organization (CCO) Contract require all healthcare providers and non-licensed provider types to complete initial credentialing prior to participation and re-credentialing every 46 months (to the day) pursuant to Patient Protection and Affordable Care Act (PPACA) Section 6402, 42 Code of Federal Regulation (CFR) §§§ 438.214, 455.400 through 455.470 (excluding § 455.460). This process includes completion of the initial Oregon Practitioner Credentialing Application (OPCA), primary sources verification of specific elements as delineated in this policy, followed by review and decision by the Credentialing Committee (CR5 - Credentialing Committee).

PURPOSE

To provide a procedure for the UHN Credentialing Department and Credentialing Committee to collect evidence of credentials, screen the credentials, report credentialed information of participating providers including acute, primary, dental, behavioral, substance use disorders, long term services and supports (LTSS), telemedicine providers and facilities used to deliver covered services. This process helps lead to early detection of incomplete/lack of education or training in practitioner’s scope of stated practice. In addition, this policy is provided as a guidance document for oversight through UHA’s Quality Improvement Committee to assist with routine monitoring of UHN provider network.

RESPONSIBILITY

- UHN Credentialing Department
- UHN Credentialing Committee
- UHA Quality Improvement Committee

DEFINITIONS

Clinical Supervision: Oversight by a qualified clinical supervisor of substance use, problem gambling, and mental health services and supports provided according to these rules, including ongoing evaluation and improvement of the effectiveness of those services and supports.



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Clinical Supervisor: An individual qualified to oversee and evaluate substance use, problem gambling, or mental health services and supports (OAR 309-019-0105).

Community Health Worker (CHW): An individual who meets qualification criteria adopted by the authority under ORS 414.665.

Credentialing Bodies:

- Oregon Medical Board;
- Oregon Board of Psychologist Examiners;
- Oregon Board of Licensed Social Workers;
- Oregon Board of Licensed Provision Counselors and Therapist; or
- Oregon State Board of Nursing.

Curriculum Vitae (CV): Overview of a provider’s education, qualifications, and previous experience.

High Risk: Provider types as defined under 42 CFR § 424.518(b)(1).

Licensing Action: Any action that suspended, revokes, limits, or conditions licensure or certification in any way and includes warnings, reprimands, probation, and administrative penalties.

Licensed Health Care Professional: A practitioner of the healing arts acting within the scope of their practice under state law who is licensed by a recognized governing board in Oregon.

Limited Risk: Provider types as defined under 42 CFR § 424.518(a)(1).

Local Mental Health Authority (LMHA): One of the following entities (OAR 309-019-0105):

- The board of county commissioners of one or more counties that establishes or operates a CMHP;
- The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or
- A regional local mental health authority composed of two or more boards of county commissioners.

Mental Health Intern: Program staff who meet qualifications for QMHA and are currently enrolled in a graduate program approved by the Division-approved certification or licensing body but does not have the necessary graduate degree in psychology, social work, or related field



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of behavioral science, or have an equivalent degree as determined by the Division-approved certification or licensing body (OAR 309-019-0105).

Moderate Risk: Provider types as defined under 42 CFR § 424.518(b)(1).

National Committee for Quality Assurance (NCQA): An independent nonprofit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.

National Practitioner Data Bank (NPDB): A database of confidential information created by Congress and run by the U.S. Department of Health and Human Services (HHS). The information provided allows qualified organizations to run a query on a provider applying for network participation. The query will provide insight into but not limited to the following: adverse action, sanctions, and previous performance issues.

Non-Licensed Provider: Any applicant holding certification(s) as one of the following:

- Certified Alcohol and Drug Counselor (CADC) I, II, & III
- Certified Gambling Addiction Counselor (CGAC) I & II
- Certified Prevention Specialist (CPS)
- Certified Recovery Mentor (CRM) I & II
- Certified Gambling Recovery Mentor (CGRM)
- Qualified Mental Health Associate (QMHA) and QMHA II
- Qualified Mental Health Professional (QMHP)
- Peer Support Specialist (PSS)
- Community Health Worker (CHW)
- Peer Wellness Specialist (PWS)
- Traditional Health Worker (THW)

Peer Delivered Services Supervisor: A qualified individual, with at least one year of experience as a PSS or PWS in behavioral health treatment services, to evaluate and guide PSS and PWS program staff in the delivery of peer delivered services and supports (OAR 309-019-0105).

Peer Support Specialist: An individual providing peer delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are made available. A peer support specialist shall be certified by the Authority’s Office of Equity and Inclusion as required by OAR 410-180-0300 (Purpose) to 0380 and be:

- A self-identified individual currently or formerly receiving mental health or substance use services;



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- A self-identified individual in recovery from a substance use disorder who meets the abstinence requirements for recovering staff in substance use disorders treatment and recovery programs;
- A self-identified individual in recovery from problem gambling; or
- A person who has experience parenting a child who:
 - Is a current or former recipient of mental health or substance use treatment; or
 - Is facing or has faced difficulties in accessing education and health and

Peer Support and Peer Wellness Specialist Supervision: Supervision by a qualified clinical supervisor and a qualified peer delivered services supervisor as resources are available. The supports provided include guidance in the unique discipline of peer delivered services and the roles of peer support specialists and peer wellness specialists.

Peer Wellness Specialist: An individual who supports an individual in identifying behavioral health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and behavioral health issues in order to reduce stigma and discrimination toward consumers of behavioral health services and to provide direct services to assist individuals in creating and maintaining recovery, health, and wellness. A peer wellness specialist shall be:

- A self-identified individual currently or formerly receiving mental health services;
- A self-identified individual in recovery from a substance use or gambling disorder who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or
- A family member of an individual who is a current or former recipient of mental health or substance use or problem gambling services.

Primary Source Verification: Verification of credentialing information directly from the entity (e.g., state licensing board) that conferred or issued the original credential.

Qualified Mental Health Associate (QMHA): An individual delivering services under the direct supervision of a Qualified Mental Health Professional (QMHP) who meets the minimum qualifications as authorized by the Local Mental Health Authority (LMHA) or designee and specified in OAR 309-019-0125.

Qualified Mental Health Professional (QMHP): A Licensed Medical Practitioner (LMP) or any other individual meeting the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.



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Re-Credential: The process of reviewing and verifying a provider credentials still meets standardized credentialing criteria.

Sanctions: Action taken against a provider in cases of fraud, waste, abuse, or violation of contractual requirements.

Traditional Health Worker (THW): A community health worker, peer wellness specialist, personal health navigator, peer support specialist, or birth doula not otherwise regulated or certified by the State of Oregon (OAR 410-180-0305).

PROCEDURES

General

1. Primary source verification, as followed in CR3, Element A of the NCQA guidelines, is completed by the UHN Credentialing Department for provider types outlined in CR1 – Practitioners Within Credentialing Scope and may be written, electronic or oral.
 - a. Oral verification requires a dated and signed note in the credentialing file by the staff completing the verification. The notation must state who verified the item and how it was verified.
2. UHN shall maintain records documenting academic credentials, training received, licenses or certifications of staff and facilities used, and reports from the NPDB (CR4 - Oversight of Credentialing Files).
3. UHA, UHM, and UHN shall apply the same credentialing and enrollment criteria required of providers enrolling with OHA as Fee for Service Providers.
4. Telemedicine provider requirements shall be consistent with policies PN13 – Telehealth/Telemedicine and PN14 – Teledentistry.

Initial Credentialing Process

1. UHN’s protocol is to inform the provider that, if they are new medical professionals in their first area of practice, they will follow the direction of obtaining the proper DMAP and Medicare numbers in order to proceed with the credentialing process.
2. Application
 - a. Healthcare providers applicants must fully complete a current Oregon Practitioner Credentialing Application (OPCA) and be accompanied by supporting documentation (see section Required Supporting Documentation) provided by the provider requesting network participation prior to initiating the credentialing process.
 - i. Applicant must include a current copy of the provider’s CV with the OPCA.



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- ii. A signed attestation must accompany the OPCA.
- iii. A signed Authorization and Release of Information must accompany the OPCA.
 - 1. The Authorization and Release of Information form allows UHN to conduct its primary source verification.
- b. Non-licensed provider applicants must fully complete a Non-Licensed Provider Credentialing application and be accompanied by supporting documentation provided by the applicant requesting network participation prior to initiating the credentialing process.
 - i. Applicants must meet the requirements, qualifications and competencies outlined in CR19 – Traditional Health Worker Requirements or CR20 – Non-Licensed Provider Qualifications and Competencies.
 - ii. A signed attestation must accompany the Non-Licensed Provider Credentialing application.
 - iii. A signed Authorization and Release of Information must accompany the Non-Licensed Provider Credentialing application.
 - 1. The Authorization and Release of Information form allows UHN to conduct its primary source verification.
 - iv. Applicant must have a clinical supervisor and provide supervision plan by a licensed health care professional. Including clinical supervisor name and copy of certificate or license.
 - 1. Supervision plan components include but are not limited to the following:
 - a. Clinician name (applicant) and credentials.
 - b. Clinician name (applicant) certification/license numbers and expiration date (include all applicable certification or licensure).
 - c. Date of supervision plan implemented.
 - d. Anticipated date of supervision completion, if applicable.
 - e. Type of supervision (e.g. hours of supervision provided (frequency), consultation, in person supervision, documentation review, group supervision).
 - f. Expected trainings to be completed.
 - g. Clinical supervisor’s name and credentials.
 - h. Clinical supervisor’s certification or licensure and expiration date.



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- i. Clinical supervisor’s duties, responsibilities, and scope of competence.
- j. Must be signed by both clinician and clinical supervisor.
- 2. Clinical supervisors must meet requirements outlined in CR20 - Non-Licensed Provider Qualifications and Competencies.
- 3. UHN will primary source verify supervising clinical supervisor certification/license through the appropriate certificate/license issuer.
- 3. UHN will obtain a signed authorization from the applicant to conduct a criminal background check.
- 4. Primary source verification is completed by qualified UHN staff or its delegate, and may be written, electronic, or oral.

Primary Source Verification

- 1. Primary Source Verification elements must be verified within 180 days prior to the Credentialing Committee's decision. The following items will be verified by primary sources unless otherwise noted:
 - a. Applicant/Provider information.
 - b. Specialty information.
 - c. Board certification, *if applicable*.
 - i. Board certification is currently not required by UHA/UHN.
 - 1. If a provider indicates certification is held, documentation must be submitted with the OPCA and verified by the appropriate medical board.
 - 2. A query will be conducted in the National Practitioner Databank (NPDB) on the provider to confirm the absence of sanctions or limitations on licensure from the appropriate licensing board.
 - d. Any Oregon State licenses, registrations and/or certificates held.
 - i. State licenses will be verified through the Oregon State Medical Board of licensing or applicable license/certificate issuer to ensure licensure or certification(s) are absent any licensing action.
 - 1. Provider will hold a current and unrestricted Oregon license or certification to practice within the acceptable “Scope of Practice” rules in Oregon.
 - 2. If a provider is not required to be licensed or certified by a State of Oregon board, licensing agency, or recognized Credentialing Body, then the provider will be credentialed as Non-Licensed Provider:



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- a. Applicant must meet the definition for either:
 - i. Traditional Health Worker or
 - ii. QMHA or QMHP.
 - iii. Certified Alcohol Drug Counselor (CADC)
- b. Must not be permitted to provide services without the supervision of a licensed medical practitioner.
- 3. If programs or facilities are not required to be licensed or certified by a State of Oregon board or licensing agency, then UHN will obtain documentation from the program or facility that demonstrates accreditation by a nationally recognized organization recognized by the OHA for the services provided (e.g. Council on Accredited Rehabilitation Facilities (CARF), or The Joint Commission (TJC) where such accreditation is required by OHA rule to provide the specific service or program.
- ii. UHN will not refer UHA members to or use providers who do not have a valid license or certification required by applicable law.
 - 1. If UHN knows or has reason to know that a provider’s license or certification is expired, has not been renewed, or is subject to sanction or administrative action, UHN must report such finding to UHA so that OHA is notified immediately through Administrative Notice of such circumstances.
- e. Current certifications and any other certifications held, *if applicable*.
 - i. For THWs: Verification of certification and registry will be completed from OHA’s THW Registry (OAR 410-180-0300): <https://traditionalhealthworkerregistry.oregon.gov/>
 - 1. THW Types:
 - a. Doula.
 - b. Peer Support Specialist (PSS).
 - c. Peer Wellness Specialist (PWS).
 - d. Family Support Specialist.
 - e. Youth Support Specialist.
 - f. Personal Health Navigator (PHN).
 - g. Community Health Worker (CHW).
 - 2. For QMHP/A and other non-licensed provider certification: Verification is completed through Mental Health & Addiction Certification Board of Oregon (MHACBO).



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- f. Education (e.g. undergraduate, graduate, *if applicable*, medical/professional, residencies, fellowships, preceptorships, or other clinical training programs, *if applicable*).
 - i. The provider must complete his/her graduation from accredited medical school. Successful completion of an accredited residency program is the minimum requirement for all physician applicants. Residency must be verified and applicable to their specialty if provider is not board certified.
 - 1. For physicians who are not board certified, a primary source verification of the highest level of education in the following areas will be completed:
 - a. Residency training program.
 - b. Fellowship training program.
 - c. Educational Commission for Foreign Medical Graduates (ECFMG) must be verified for foreign graduates.
 - 2. For non-physicians:
 - a. Graduate education.
 - b. Accredited medical education.
 - c. Clinical training.
 - ii. Education is not reverified during the re-credentialing process unless new education was obtained since the last credentialing period.
- g. Postgraduate/internship, *if applicable*.
 - i. Federal Drug Enforcement Agency (DEA) certificate must be current and unrestricted, or a provider may hold a Controlled Dangerous Substances (CDS) certificate. A current copy of the certificate must be included with OPCA. UHN will allow a verification print out from the DEA website if one is not submitted with the OPCA.
 - 1. Must state current Oregon practice address.
 - a. If the DEA certificate does not state a current practice address, verification the provider has submitted a change of address will be confirmed.
 - b. The provider must submit a copy of the DEA with the current Oregon address to UHN to proceed with the credentialing process.
 - 2. Providers with pending DEA or CDS certificates may be approved. However, documentation including a copy of the provider Oregon State Medical License and DEA certification from the covering



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provider who will be writing the prescriptions is required, until the certificate is approved.

3. Absence of physical, mental health or substance abuse problems that currently interfere with the ability to safely and competently practice with or without accommodation.
- h. Absence of suspension or probation from professional medical societies or hospital privileges.
 - i. Absence of Medicare or Medicaid sanctions. Verification is completed through the NPDB, the Office of Inspector General (OIG) and System for Award Management (SAM). Including, a CMS Provider Audit Report queried through UHN' third party exclusion monitoring vendor. If any sanctions are present, if possible, UHN will make three attempts to obtain information from the source of the sanction and obtain an explanation from the provider which will be documented within the credentialing file for the Credentialing Committee to make an informed decision.
 - i. UHN will not refer UHA members to or use providers who have been terminated from OHA or excluded as Medicare, CHIP, or Medicaid providers by Centers for Medicare and Medicaid Services (CMS) or who are subject to exclusion for any lawful conviction by a court for which the provider could be excluded under 42 Code of Federal Regulation (CFR) §§ 1001,101 or 455.3(b).
 - ii. UHN will not employ or contract with providers excluded from participation in Federal health care programs under 42 CFR § 438, 214(d).
 - j. Verification of Social Security Death Master File.
 - k. The NPDB is queried for every provider. All adverse information reported will be evaluated by the Credentialing Committee.
 - l. Call coverage arrangement for the provider, *if applicable*.
 - i. If a provider indicates there is call coverage, documentation must be submitted with the OPCA.
 - m. Hospital admit plan, *if applicable*.
 - i. Prior and current hospital affiliations, if applicable, must be in good standing at the facility(s) designated by the provider.
 - ii. If the provider does not have hospital clinical privileges, they must have a formalized inpatient coverage arrangement with another credentialed provider, or a hospital admit plan on file. If UHN has no admit plan on file one will be requested.



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1. Must be included if the provider does not have admitting privileges at a local facility.
 2. There are exceptions and the Credentialing Committee Chair will approve if the hospital admin plan is not required for a particular provider or provider type. Non-licensed providers do not require a hospital admit plan.
- n. Professional Practice or Work History must include a minimum of five (5) years employment history, if applicable, through the provider's OPCA.
- i. Any lapses of more than two (2) months require an explanation from the provider either submitted with the OPCA or on a separate sheet of paper.
 - ii. A Curriculum Vitae (CV) will not be considered a sufficient substitution.
 - iii. Work history may not be applicable to some non-licensed provider types.
 - iv. Work history is not reverified during re-credentialing process unless new employment was obtained since the last credentialing period.
- o. Three (3) peer references must be provided.
- i. Must include a peer with recent observation or is directly familiar with the provider's clinical skills and current competence.
 - ii. Relatives listed as a peer reference will not be accepted.
 - iii. A minimum of two (2) responses must be received from peer references inquiries to proceed with the credentialing/re-credentialing process. If UHN does not receive sufficient responses, UHN will request additional peer references from the applicant.
- p. Provider must maintain a log of Continuing Medical Education (CME).
- i. Provider must submit a current CME log upon UHN's request.
- q. UHN requires current professional liability insurance coverage to be held at a minimum of \$1 million per occurrence and \$3 million aggregate.
- i. UHN will accept a professional liability coverage face sheet indicating the insurance effective date and expiration date.
 1. If face sheet comes directly from the carrier, no verification is required, NPDB will be utilized to confirm to any malpractice history.
 - ii. Professional liability coverage may be provided and held by the applicant's employer.
 - iii. Federal Tort Letter as an addendum to the application, must indicate the insurance effective date and expiration date (the future effective date is acceptable).



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- iv. Malpractice history must not contain a pattern of excessive suits over a five (5) year period based on incident date.
 - 1. This will be verified through the NPDB or the malpractice insurance carrier.
 - 2. If there are claims history information on current or previous malpractice coverage derived from the NPDB or malpractice insurance carrier, the provider is required to submit relevant documentation pertaining to those claims with the OPCA to complete the credentialing process.
 - a. All malpractice claim history will be submitted to the Credentialing Committee for review.
 - b. If the claim history is deemed acceptable, the credentialing process will continue.
 - c. If deemed not acceptable, the Credentialing Committee will determine the most suitable way to analyze and review claims history before OPCA is accepted or denied.
- r. UHN requires each provider to have a unique provider identification number (NPI) that is verified through the National Plan and Provider Enumeration System (NPPES).
 - i. NPI and taxonomy codes are reported to OHA in its Provider Capacity Report (as required under Ex. G of this Contract) for purposes of Encounter Data submission, prior to submitting encounter data in connection with services by the provider and that complies with 42 U.S. Code (USC) 2320d-2(b).
- s. Proof of enrollment as a Medicaid provider with the OHA. UHA, UHM and UHN are contractually required to confirm that any provider designated as “moderate” or “high” risk by CMS has been screened by OHA and enrolled in Oregon’s Medicaid program prior to entering into a contract with the provider.
 - i. UHA, UHM, UHN may execute provisional provider contracts pending the outcome of screening and enrollment with OHA, for no longer than 120 days. UHA, UHM, UHN will terminate the contract immediately if notified by OHA that the provider is precluded from being enrolled as a Medicaid Provider. Notwithstanding the foregoing, UHA may not execute provisional provider contracts with [moderate or high-risk providers](#) who are required to undergo fingerprint-based background checks until the provider has been approved for enrollment by OHA. UHM or UHN will notify UHA upon termination of any contract with a precluded provider.



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1. For providers or provider types designated by OHA as “moderate or “high-risk,” UHM or UHN will verify OHA’s Provider Enrollment files to confirm a provider’s enrollment with OHA. <https://www.oregon.gov/oha/HSD/OHP/Pages/Plan-Tools.aspx>
 2. OHA is responsible for performing site visits for such “moderate” or “high” risk providers and for ensuring that such “high” risk providers have undergone a fingerprint-based background check.
 3. For a provider who is actively enrolled in Medicare and has undergone a fingerprint-based background check as part of Medicare enrollment, OHA deems this will be deemed to satisfy the provider to have satisfied the same background check requirement for OHA Provider Enrollment.
- t. UHA Practitioner Questionnaire.
- i. Data provided in the questionnaire is used to aid members in selecting a health care provider. The questionnaire is not used to make credentialing decisions, and the collected information can be used to improve health equity and eliminate health disparities as it collects information on the following components:
 1. Practitioners’ languages (other than English) and their ability to read, write and/or speak.
 - a. Oregon Administrative Rules (OAR) 950-050 states that a health care provider must document proficiency in the preferred language of the person with limited English proficiency or communicates in the signed language of choice.
 - b. Bilingual providers contracted with UHA that offer services in non-English languages will be asked to submit proof of language proficiency during the credentialing process.
 - c. Evidence of proficiency must be made available to the Oregon Health Authority (OHA) and relevant provider licensing and certification boards upon request. Visit the Clinician Language Proficiency Requirement Checklist for a full overview of the language.
 - ii. Practitioners’ race and ethnicity.
 - iii. Completion of Cultural Competency Training.
 - iv. Languages available through the practice/clinic.



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Re-Credentialing Process

1. The re-credentialing application shall include all information necessary to update and re-evaluate the qualifications of the provider.
 - a. A provider must submit a completed current Oregon Practitioner Re-Credentialing Application (OPRA) or Non-licensed Provider Application.
 - b. Current documentation qualifying the provider to the appropriate scope of practice must accompany the application:
 - i. Current Curriculum Vitae (CV).
 - ii. Oregon State professional licenses.
 - iii. Current unrestricted Federal Drug Enforcement Agency (DEA) certificate, *if applicable*.
 - iv. Current professional liability insurance certificate.
 - v. Current hospital admit plan.
 1. Must be included if provider does not have admitting privileges at a local facility.
 - vi. Continuing Medical Education (CME).
 1. Must include recent two (2) years of completed CME certifications.
 - c. Provide evidence of completing annual cultural competency continuing education.
 - d. Signed and dated OPRA attestation page.
 - e. Signed and dated OPRA’s Authorization and Release of Information page.
 - f. Signed Seclusion and Restraint Attestation and policy, if applicable.
 - g. Provider must specifically address:
 - i. Any yes response to OPRA attestation questions.
 - ii. Reasons for any inability to perform the essential functions of the position with or without accommodation.
 - iii. Any present illegal drug use.
 - iv. History of loss of license and/or felony convictions.
 - v. History of loss or limitations of privileges or disciplinary activity.
 - vi. Correctness and completeness of the application.
 - vii. Any claims against the provider’s malpractice insurance, if any.
2. Primary source verification is completed by qualified UHN staff or its delegate, and may be written, electronic, or oral.
3. Quality of care reviews, claims review, grievances, and any corrective action are reviewed and taken into consideration at the time of re-credentialing. Any findings or grievances including with the credentialing file presented to the Credentialing Committee.

Provider Notifications



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1. Upon completion of the credentialing process and decision from the Credentialing Committee, the provider will be notified in writing of approval and or denial via mail, secured email, or fax within (10) ten business days of the Credentialing Committee decision.
 - a. Once UHN’s Credentialing Committee has reviewed/approved a provider, he or she is re-credentialed at least every three (3) years (not to exceed 36 months to the day). The re-credentialing form shall include all information necessary to update and re-evaluate the qualifications of the provider (OAR 410-141-3510).

Required Supporting Documentation

1. Current CV.
2. Oregon State professional licenses/certifications.
3. DEA certificate, *if applicable*.
4. Board certification, *if applicable*.
5. Professional degree(s) or training program(s) certificate of completion.
6. Diploma or certification where medical school was completed in a foreign country, *if applicable*.
7. Professional liability insurance certificate.
 - a. Must provide proof of professional liability for the previous (5) five years.
 - b. Any history of claims made against professional liability, *if applicable*.
8. Hospital admit plan.
9. Signed Seclusion and Restraint Attestation of QI01- Freedom of Seclusion and Restraint policy review, *if applicable*.
10. UHA Practitioner Questionnaire.
11. Provider must specifically address:
 - a. Reasons for any inability to perform the essential functions of the position with or without accommodation.
 - b. Attest to no substance use or provide reasons for impairment from any substance or drug use.
 - c. History of loss of license and/or felony convictions.
 - d. History of loss or limitations of privileges or disciplinary activity.
 - e. Any gaps greater than 2 months in professional history.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
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CORPORATE POLICY & PROCEDURE

	Policy Name: CR6 - Credentialing and Re-Credentialing Process
Department: Credentialing	Policy Number: CR6
Version: 8	Creation Date: 10/24/1996
Revised Date: 6/18/19, 10/31/19, 6/10/21, 2/9/22, 8/21/23	

Credentialing	NA	NA	NA	NA
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