WVP Credentialing Packet Instructions

Please submit the following documents to start the credentialing or re-credentialing process with WVP Health Authority (WVP):

1. **Oregon Credentialing or Re-credentialing Application** – Submit the most current version of the OPCA/ OPRA.
   • Ensure all applicable sections are completed, each page is initialed and dated, and the attestation and release pages have been signed and dated within the last 90 days.
2. W**VP Addendum**
3. **Current License to Practice**
4. **Current DEA Certificate**- if applicable or DEA Plan
5. **Certificate of Professional Liability Insurance** - minimum $1 million/$3 million coverage
6. **W-9** for the TIN associated with billing
7. **Hospital Admit Plan** – Required for MD/DO/NP/PA/DPM providers if admitting privileges are not being obtained or are still in process.
8. **After Hours/Call Coverage**
9. **ECFMG Certificate** (if applicable)
10. **Medicare and Medicaid numbers**
    • Not providing these numbers will not prevent credentialing from moving forward; however, the provider cannot be reported to applicable health plans, which may affect plan participation, directory listings, and other plan-related processes.

Return these documents to WVP Credentialing: credentialing@mvipa.org or fax (503-581-8192).

Applicant Rights

Applicants with WVP have the right to review the information submitted, that is not peer review protected, to support their credentialing application. If information differs from the application, WVP will contact the applicant for clarification or corrections.

Upon request, WVP will provide the application status, any outstanding information, and anticipated timeframe for review. Peer-protected information will not be shared. Requests can be made by email, phone, or fax.

Optional Demographic Information

Race, ethnicity, and language questions on the OPCA and OPRA are optional. WVP does not discriminate based on race, ethnicity, or language, and this information is not used in credentialing decisions. Leaving these fields blank will not delay application processing. Some health plan partners request this information for reporting; if preferred, select “Prefer Not to Answer.”

If you have any questions, please feel free to contact us.

Thank you,

WVP Health Authority Credentialing Department
Email: credentialing@mvipa.org **Phone:** 503-587-5113 **Fax:** 503-581-8192