|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Effective Date (mm/dd/yy): | | Click here to enter a date. |  |  |
|  |  | |  |  |
| **Credentialing Staff Contact Information** | | | **Provider's Clinic Information** | |
| Staff Name: | Click here to enter text. | | Clinic Name: | Choose an item. |
| Phone: | Click here to enter text. | | Practice Address 1: | Click here to enter text. |
| Fax: | Click here to enter text. | | [FTE %](#FTE): | Click here to enter text. |
| Email: | Click here to enter text. | | Practice Address 2: | Click here to enter text. |
|  |  | | [FTE %](#FTE): | Click here to enter text. |
|  |  | |  |  |
| **Provider Information** | | | | |
| Provider Name: | Click here to enter text. | | NPI # | Click here to enter text. |
| SSN: | Click here to enter text. | | License Type: | Choose an item. |
| Date of Birth (mm/dd/yy): | Click here to enter a date. | | License # | Click here to enter text. |
| Gender: | Female Male | | DEA # | Click here to enter text. |
| [Employment Type](#Employment): | Select an item. | | Medicare # | Click here to enter text. |
| [Member Assignment:](#MmbrAssgnt) | Yes No | | Specialty (MD/DO only): | Click here to enter text. |
| Provider’s clinic  email address: | Click here to enter text. | | Board Certification: | Choose an item. |
| Provider Class: | Specialist Primary Care | | [Rubicon Account](#Rubicon): | Yes No |
| OCHIN ID ( **Required** when requesting a Rubicon accounts ):  For specialists, does the provider see CHCN members from other health centers? | | | | Click here to enter text.  Yes No |

**Employm****ent Types:**

|  |  |
| --- | --- |
| Regular: | A PCP that is an employee of the clinic organization with 0.5 or greater FTE. |
| Part time: | A PCP that is an employee of the clinic organization with less than 0.5 FTE. |
| In-patient: | A MD that provides services to clinic patients within an inpatient hospital setting only. |
| Locum: | A PCP that is hired to cover shifts at the health center for regular or part-time PCP’s that are out on medical leave, sabbatical or other absence.  Locum providers could be employees of the clinic organization, or employees of an outside locum agency. |
| On-Call : | A PCP that works per-diem for the clinic organization. |
| Consultant: | A PCP that is self-employed or that works for another organization (UCSF, CHO) that has a contract with the clinic organization. |
| Volunteer: | A PCP or Specialist that provides services to clinic patients without payment from the clinic. |
| In Home Primary Care | A PCP that is an employee providing primary care services for home bound CHCN members. |
| Telehealth: | A PCP that is an employee of the clinic proving not in person services, but telehealth “the mode of delivering health care services and public health via information and communication technologies.” |

**FT****E:**

CHCN is required to report the full time equivalent (FTE) for each provider to the health plans and the state each month. FTE is based on a 40-hour workweek. FTE is used to evaluate the adequacy of the primary care provider network.

**Mem****ber Assignments:**

The state and health plan calculate member assignments based on the number of providers at a clinic site. CHCN must report “no panel” to the health plan and state if a provider does not receive member assignments from the health center. Example providers that do not receive member assignments are: locum, on-call, specialists, and inpatient. Please confirm with your Medical Director if you are unsure.

**Rub****icon:**

CHCN provides access to electronic consults for most primary care providers and certain behavioral health providers and specialists. Please confirm with your Medical Director if you are unsure.