

# Traditional Health Worker Enrollment Form



Last updated: February 2025

Please email completed forms to [ProviderDataUpdates@careoregon.org](mailto:ProviderDataUpdates@careoregon.org)

Organization or practice information	
Organization name:	_____
Primary office address 1:	_____ Location NPI (type 2): _____
Office address 2:	_____ Location NPI (type 2): _____
Office address 3:	_____ Location NPI (type 2): _____
Primary office phone:	_____ Primary office fax: _____
Practice/office manager name:	_____
Practice/office manager phone:	_____
Primary mailing street address:	_____
City:	_____ State: _____ ZIP: _____
Primary billing address:	_____
City:	_____ State: _____ ZIP: _____
TIN/EIN:	_____ Billing phone: _____ Billing fax: _____
Organization DMAP number:	_____

CareOregon partners with BetterDoctor for quarterly provider directory validation. Contracted offices will receive an email, a fax or a mailed letter with a key to be entered into their proprietary portal for provider demographic validation. CareOregon wants to ensure our provider directory is current and accurate for our providers and members. Contracted provider support in this quarterly validation is required.

### Traditional health worker 1 information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN (no dashes): \_\_\_\_\_ Individual NPI (type 1): \_\_\_\_\_

Male  Female  Non-binary

Taxonomy code: \_\_\_\_\_ Oregon Medicaid ID: \_\_\_\_\_

Are you currently on the OHA THW registry?  Yes  No

THW type:  Peer wellness specialist  Peer support specialist  Community health worker

Doula  Personal health navigator Languages spoken other than English: \_\_\_\_\_

What is the THW's ethnic or racial identity?

American Indian  Alaskan Native  Asian  Black or African American  Hispanic/Latino

Native Hawaiian  Pacific Islander  White

At which locations does this provider take patient appointments?  Location 1  Location 2  Location 3

Does THW identify as someone living with a disability?  Yes  No  Decline to answer

### Traditional health worker 2 information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN (no dashes): \_\_\_\_\_ Individual NPI (type 1): \_\_\_\_\_

Male  Female  Non-binary

Taxonomy code: \_\_\_\_\_ Oregon Medicaid ID: \_\_\_\_\_

Are you currently on the OHA THW registry?  Yes  No

THW type:  Peer wellness specialist  Peer support specialist  Community health worker

Doula  Personal health navigator Languages spoken other than English: \_\_\_\_\_

What is the THW's ethnic or racial identity?

American Indian  Alaskan Native  Asian  Black or African American  Hispanic/Latino

Native Hawaiian  Pacific Islander  White

At which locations does this provider take patient appointments?  Location 1  Location 2  Location 3

Does THW identify as someone living with a disability?  Yes  No  Decline to answer

### Traditional health worker 3 information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN (no dashes): \_\_\_\_\_ Individual NPI (type 1): \_\_\_\_\_

Male  Female  Non-binary

Taxonomy code: \_\_\_\_\_ Oregon Medicaid ID: \_\_\_\_\_

Are you currently on the OHA THW registry?  Yes  No

THW type:  Peer wellness specialist  Peer support specialist  Community health worker

Doula  Personal health navigator Languages spoken other than English: \_\_\_\_\_

What is the THW's ethnic or racial identity?

American Indian  Alaskan Native  Asian  Black or African American  Hispanic/Latino

Native Hawaiian  Pacific Islander  White

At which locations does this provider take patient appointments?  Location 1  Location 2  Location 3

Does THW identify as someone living with a disability?  Yes  No  Decline to answer

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