

**HealthSmart Management Services Organization, Inc.**  
P.O. Box 6300, Cypress, CA 90630-0063  
Tel: (714) 947-8600; Fax: (714) 947-8709

**CREDENTIALING/RE-CREDENTIALING CRITERIA**  
**for the**  
**California Participating Practitioner Application (CPPA)**  
**&**  
**Council for Affordable Quality Healthcare (CAQH)**  
**APPLICATION**  
**ADDENDUM QUESTIONNAIRE**

**PLEASE SEE OPTIONAL QUESTIONS LISTED BELOW TO MEET NCQA STANDARDS**

- Race \_\_\_\_\_
- Language \_\_\_\_\_
- Ethnicity \_\_\_\_\_

**Please Note: The requested information above is optional for you to provide.**

No aspect of IPA participation shall be denied based on origin, religion, national identity, gender, age, sexual orientation and the organization does not discriminate or base credentialing and re-credentialing decisions on an applicant's race, ethnicity or language.

**Please sign as acknowledgement of receiving this addendum.**

Address: **PO Box 6300**    City: **Cypress**    State: **CA**    Zip: **90630**

**Main Phone: (714) 947-8600    Credentialing Dept. Fax: (714) 947 - 8709**

\_\_\_\_\_  
APPLICANT SIGNATURE (Stamp is Not Acceptable)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE