National Diabetes Prevention Program (National DPP)

Enrollment Process for National DPP Program Suppliers

Content

- Process for Coordinated Care Organizations (CCOs) enrolling National DPP program suppliers as a CCO-only provider

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- Pending CMS Approval: OHP Fee for Service (FFS) enrollment process

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What is a National DPP Program Supplier?

- Organizations recognized by the CDC for delivery of National DPP according to set evidence-based standards.

- Many are Community-based Organizations (CBOs), implementing National DPP through use of Lifestyle Coaches that do not have a clinical Medicaid enrollment number with OHP.

- For billing purposes, OHP established National DPP Suppliers as Provider Type 63 in 2019 (for suppliers that do not have existing Medicaid enrollment numbers).

  - National DPP suppliers are enrolled as Provider Type 63 at the organizational level, meaning that the CDC-recognized organization is enrolled itself, rather than individual Lifestyle Coaches within the organization.

Process for CCOs enrolling National DPP program suppliers as a CCO-only provider

Process for CCOs enrolling National DPP program suppliers as a CCO-only provider

Step One - Forms: CCO sends **Form 3108 and relevant additional forms**** to the National DPP provider to fill out and send back. CCO uses the form to submit the Application Tracking Number (ATN) via the web portal*

CDC-recognized National DPP organizations that do NOT have a clinical provider with a Medicaid enrollment number to bill under as a rendering provider are enrolled as **Provider Type 63**. Specialty codes include:

1. 497 for In-person and Distance Learning programs
2. 498 for Online programs
   * The CDC-recognized National DPP organization will need to have an NPI number. If they do not, they can apply online at the National Plan and Provider Enumeration System (NPPES) website.

* All encounter-only applications are entered via the web portal. Only CCOs can submit form 3108.

* * If the National DPP provider is an individual, PEA form 3975 will also need to be submitted. If the National DPP provider is an organization, both PEA form 3975 and Ownership Disclosure form 3974 must also be submitted.

CCO provider enrollment request form 3108

Provider Enrollment Agreement (PEA) form 3975 and the Ownership Disclosure form 3974

- If the National DPP supplier is an individual, PEA form 3975 will need to be submitted

- If the National DPP supplier is an organization, PEA Form 3975 and Ownership Disclosure form 3974 must be submitted

Process for enrolling National DPP program suppliers

Step Two: CCO contracts with National DPP supplier, ensuring that the supplier:

- Meets CMS network provider selection policies and procedures consistent with 42 CFR requirements in §438.12 to not discriminate against providers who serve high-risk populations, and

- Are not CMS excluded per 42 CFR §438.214.

CONSIDERATIONS FOR CCOs

- CDC-recognized National DPP organizations and/or Umbrella Hub Organizations (UHO) do not need to be credentialed in the same manner as a clinical provider. Rather, CCOs can develop ancillary contracts, inclusive of criteria based on the CDC's Diabetes Prevention Recognition Program Standards (DPRP).

- Working with UHOs could streamline the development of a network of CDC-recognized organizations since one contract negotiation could bring multiple subsidiaries into the CCO's network.

Source: National Diabetes Prevention Program Coverage Toolkit

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Medicare enrollment

CMS has designated National DPP providers as as "high" categorical risk and as such, these providers must enroll with Medicare. During this process, Medicare will perform "limited" and "moderate" screening:

- Requires the submission of a set of fingerprints for a national background check from all individuals who maintain a 5 percent or greater direct or indirect ownership interest in the provider or supplier; and

- Conducts a fingerprint-based criminal history record check of the Federal Bureau of Investigation's Integrated Automated Fingerprint Identification System on all individuals who maintain a 5 percent or greater direct or indirect ownership interest in the provider or supplier.

OHP Fee for Service (FFS) Enrollment Process
(contingent on CMS State Plan Amendment (SPA) approval)

National DPP State Plan Amendment (SPA)

- In June of 2024, OHA submitted a SPA to the Centers for Medicare & Medicaid Services (CMS) to add a National DPP section to the Medicaid State Plan.

- This SPA incorporates Oregon Medicaid coverage of National DPP as its own program rather than a benefit available through multiple state plan areas.

- This amendment will allow National DPP organizations to enroll as Provider Type 63 directly with the OHA, to serve Fee-for-service (FFS) members.

- **PLEASE NOTE:** CMS approval of the SPA is still pending as of this recording. While approval is anticipated by September 2024, National DPP organizations should contact OHA to confirm before proceeding with the application process.

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Online Enrollment for FFS

For step-by-step instructions for using the MMIS Provider Enrollment, reference the MMIS Provider Web Portal Provider Enrollment Guide.

https://www.oregon.gov/oha/HSD/OHP/Tools/Provider-Enrollment-Guide.pdf

Complete and save the enrollment forms to your computer or desktop.

OHA 3972, OHA 3974, OHA 3975

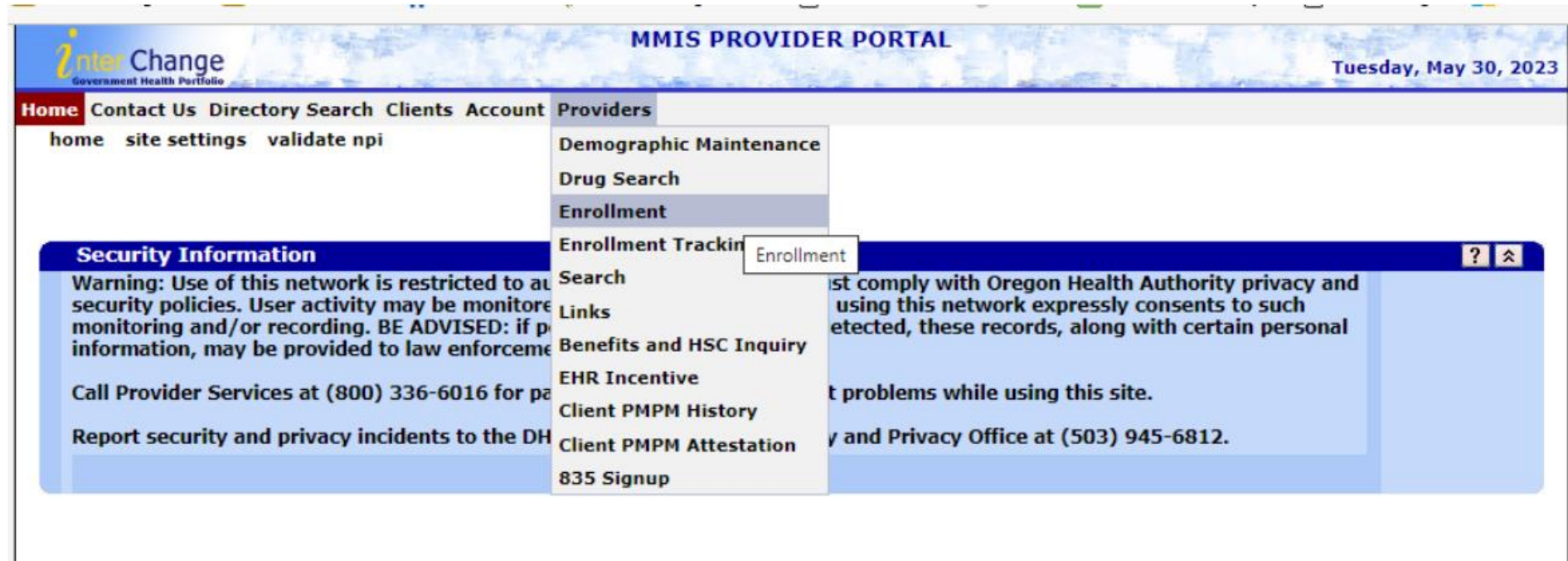To access the MMIS Provider Enrollment form submission tool, utilize the link below.

https://www.or-medicaid.gov/

Step 1: Go to MMIS Provider Enrollment Application

To use the provider portal to submit applications, **do not** log into your current provider portal. Go to https://www.or-medicaid.gov. Click **Provider** then **Enrollment**.

Step 2: Instructions Page

To start the Provider Enrollment process, please read the Instructions and then click **Next** at the bottom of the page.

As part of the enrollment process you will be submitting additional required forms which you will want to download and complete prior to starting the application process.

Step 3: Provider Type and Specialty

Provider Type is the value that indicates the type of health care provider. This includes individuals, facilities and vendors.

- Enter <u>Provider Type 63</u> in the field.

Step 3: Provider Type and Specialty cont'd.

Once you have chosen Provider Type 63, click add to choose your primary specialty code. This is the value that indicates the specific area that the provider specializes in. For this field, you must use the search function to find the specialty. Specialty codes for National DPP are **497 for In-person or distance learning and 498 for online programs.**

- The search results list the specialty codes allowed for your provider type.

- Page through the results to find your specialty, then click the row for your specialty code to choose it.

- In the Primary: Provider Specialty Search, you may alphabetize the search by clicking "Specialty Description" under Search Results.

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Provider Type   ?

| Provider Type* | 34 [Search] |
| Type Description | Physician |

Primary △   Provider Specialty   Specialty Description

A

Type data below for new record.

☐ **Primary: Provider Specialty***   [Search]

Specialty Description

add

Primary: Provider Specialty   [Close]

Search Results

Provider Specialty △	Specialty Description	Provider Type
060	CPC+ Lump Sum Adjustment - Higher Claims Payment %	34
061	CPC+ Lump Sum Adjustment - Lower Claims Payment %	34
108	Encounter Only	34
115	Oral Surgeon	34
124	Maternal Fetal Medicine	34
216	Sports Medicine	34
217	Female Pelvic Medicine & Reconstructive Surgery	34
218	Radiation Oncology	34
219	Neonatal-Perinatal	34
220	Allergist	34

1 2 3 4 5 6 7 8 9 10 ...   Next >

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Step 3: Provider Type and Specialty cont'd.

Be sure to check the box next to Primary: Provider Specialty before moving onto the next page. Select **Next** to continue.

Step 4: Base Information

Fill in the Base Information data.

Step 4: Base Information cont'd.

Base Information

Application Type*	▾
Application NPI	
License	
License State	▾
License Type	▾
License Certification	
License Certification End	
UPIN	
Ownership	No ▾
Birthdate*	
SSN*	

previous

Application Type: It is extremely important to select the correct application type for the application go into the correct queue for processing. Please review the selections below.

- **To enroll an organization**, select their organization type or **Professional**.
- **Provider Update**: Choose this option to update information for an actively enrolled individual or oreganization.
- **Revalidation**: Choose this option only when asked to complete a revalidation by Oregon Health Authority.

Birthdate and SSN:
- If application is for an **organization**, use 01/01/1900 for the birthdate and nine zeros ("000000000") for the SSN.

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Step 4: Base Information cont'd.

Name Type: Business Name is the default. Only use this if the application is for an **organization**.

Address Field: If you receive an error about address standardization, you may change the address to the Provider Enrollment's address of:

500 Summer St NE
Salem, OR 97301

Provider Enrollment will then change the address when they process your application.

Click **next** when complete.

Step 5: Service Location

Use the dropdown boxes to choose your County and Organization Code.

Click **next** when complete.

Step 6: Taxonomy

This information is **_not required for this application submission._** Taxonomy information completed on the form will applied.

To skip this step, simply click **next**.

Step 7: Tax ID

Enter the Federal Employer Identification Number (FEIN), then click **next**.

Step 8: Address

You do not need to make changes to this page. Provider Enrollment will update the provider's enrollment record using information in the form(s) submitted at the end of the application.

To skip this page, click **next**.

Step 9: Contacts

You must add at least **one** contact for this application. Name and email address **must** be included.

To do this, click **add**. Fill in data, then click **next**.

Step 10: Submit

If you need to review or update any data in the application, click **previous**.

To submit the application, click **save**.

Step 11: Completion

This page provides the **Application Tracking Number** (ATN) for your reference.

Once you leave this page, you will not be able to go back to attach any other documents or obtain a copy of the pre-printed coversheet using the buttons at the bottom of this page.

Step 11a: Attachments

Once you click on the **Attachments** button, the **Upload Attachments** panel will display.

This is the only time you will be able to add attachments to your application. If you need to send more information later, you will need to fax the information using the EDMS Coversheet.

You cannot use the **Provider Portal to view files attached to your application.** Please save the files you upload if you want to keep them for future reference.

If you call to verify that the attachments have been received, please note it takes about **one (1) hour** for the attachments to be viewable by OHA.

Step 11a: Attachments - Uploading

To upload attachments: For each file you need to attach:

- Click **Choose File** to browse for the required forms that you completed and saved before starting this application.

- Choose a form, then click **upload.**
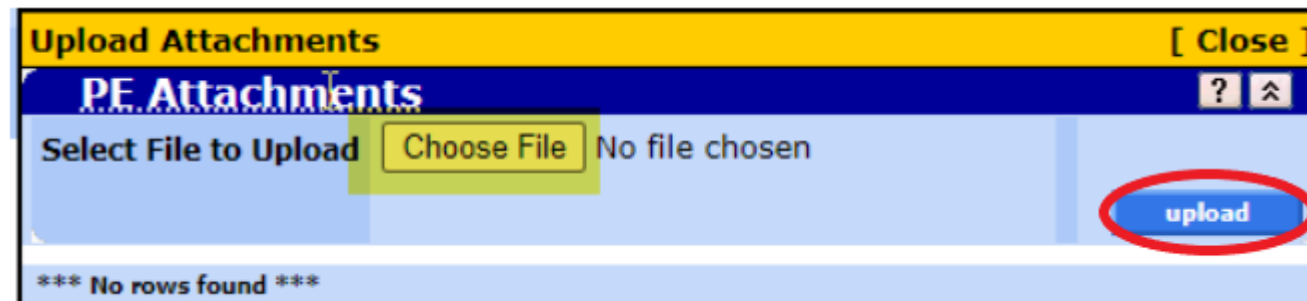
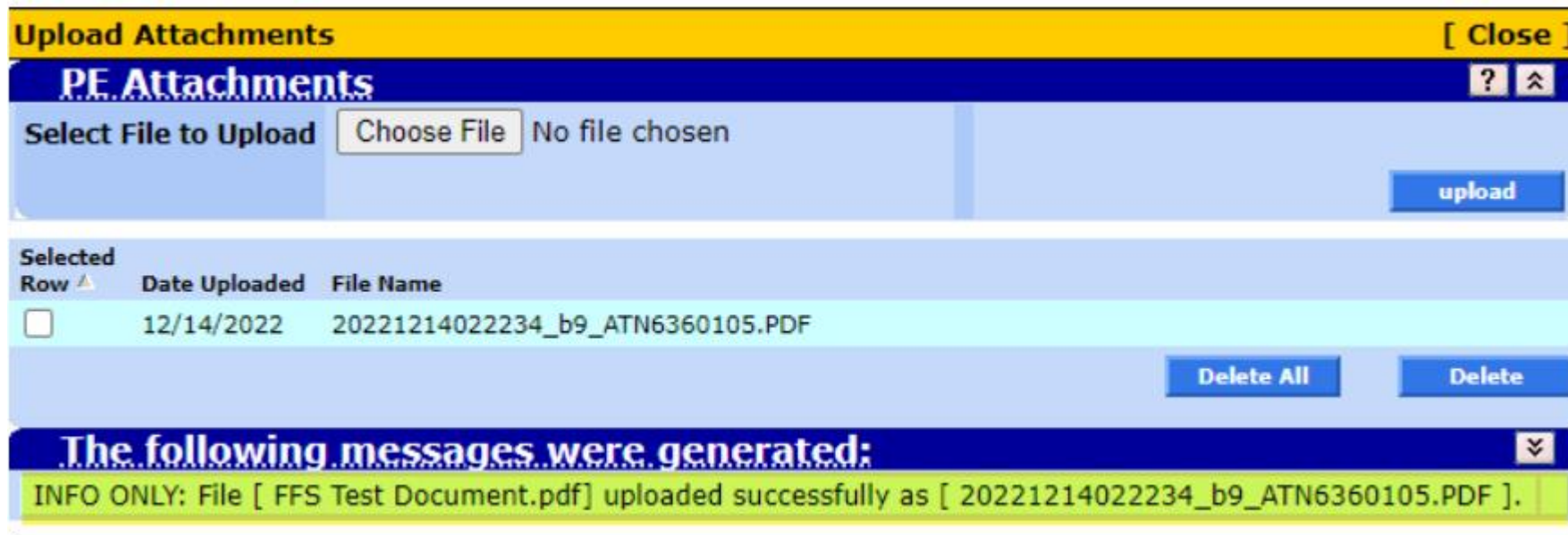# Step 11a: Attachments – Uploading cont'd

After clicking upload, the following message will appear, listing each document you uploaded.

Step 11a: Attachments - Deleting

You will have a short window of time after you upload the document(s) to delete any incorrect attachment(s). To do this:

- Click the Selected Row check box next to the document you want to delete.

- Click Delete (if you want to delete one row).

- You can also click Delete All if you want to delete all uploaded documents.

Step 11a: Attachments – Deleting cont'd

Once you click Delete All or Delete, the following message will appear. Click OK, Cancel or X to proceed.
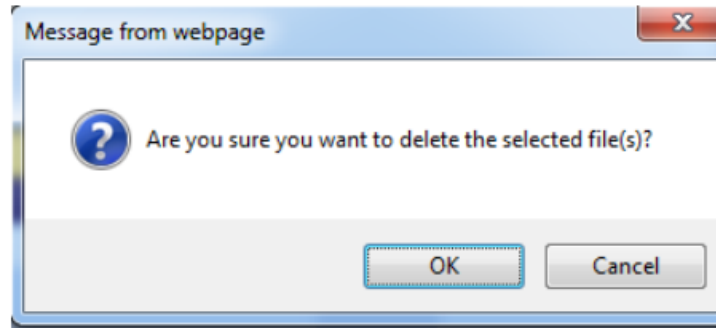
If the delete was successful, you will receive the following message:
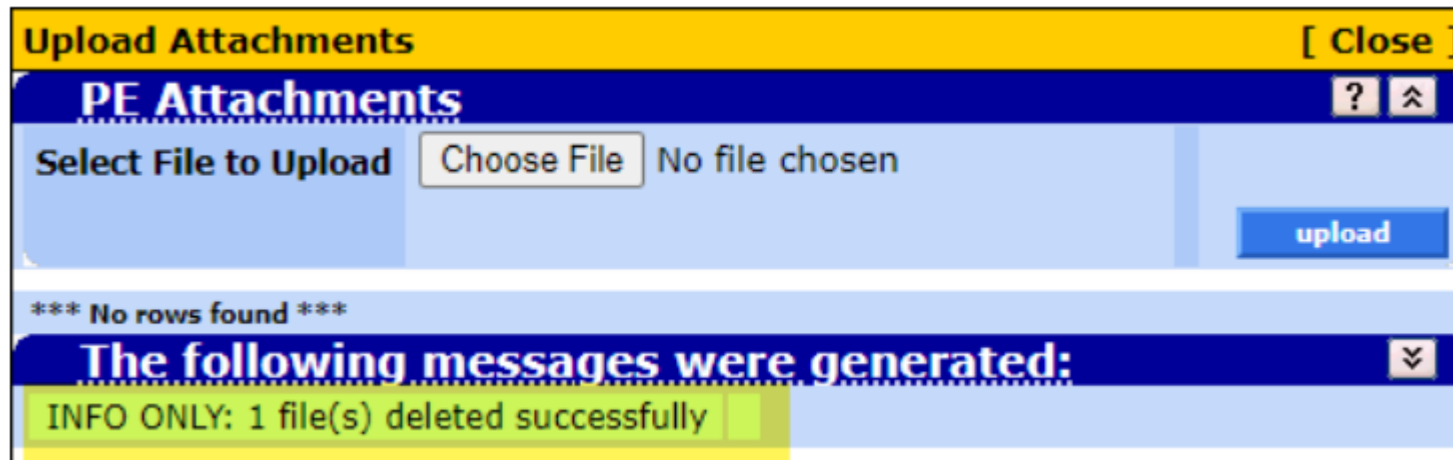
Enrollment Help

If additional information is needed to process your application, you will be notified by email/mail. An EDMS coversheet will be provided.

If you cannot apply on the web page, you can *fax your application* to Provider Enrollment to (503)378-3074, utilizing the instructions on the EDMS (Electronic Document Management System) Coversheet, located on the enrollment web page.

Enrollment Next Steps

Once enrolled, you will be emailed a Medicaid Welcome letter containing your Medicaid provider number with helpful links and information.

You will be mailed a PIN letter, which will give you instructions on how to set up your provider web portal access so you can check OHP Member eligibility. It is recommended providers check OHP Member eligibility on the date-of-service to verify eligibility on that date.

FAQ

The application has been submitted. How long does enrollment take?

Enrollment can take six to eight (6-8) weeks from the date of submission.

Can the enrollment be backdated, or can backdated claims be submitted?

Yes, providers are allowed to backdate one year from the date the application was received.

Do I need to complete the paperwork as well as the online application?

Yes. The web portal is just an upload tool for providers to get their paperwork to OHA. This is to replace having forms being faxed.

FAQ

Application was submitted and the attachments weren't added. Can they be added?

   If an application was submitted without the attachments, the application will need to be completed again. Do another web submission and ensure you add attachments.

Provider Assistance & Resources

- For enrollment questions, call OHA's Provider Enrollment Team at 800-336-6016, option 6, or email Provider.Enrollment@odhsoha.oregon.gov.

- For assistance with provider web portal setup and password assistance, you can call Provider Services at 800-336-6016, option 5 or email DMAP.ProviderServices@odhsoha.oregon.gov.

- The email for Provider Services MMIS Password unlock/resets request for access is TEAM.Provider-access@odhsoha.oregon.gov

- For Electronic Funds Transfer (EFT) form assistance, please contact ODHS/OHA EFT Coordinator at 503-945-6872 or 503-945-5710.