

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
 - Kate Wells, OHA National DPP Consultant, Oregon Rural Practice-based Research Network (ORPRN)
- Pending CMS Approval: OHP Fee for Service (FFS) enrollment process
 - Todd Howard, Manager, Provider Enrollment. OHA Health Systems Division

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 Request
For Managed Care Plan and
Coordinated Care Organization (CCO) Providers

Contracted Managed Care Plans and CCOs must use this form to enroll their providers.
FFS organizations must enroll their non-payable providers using the [OHP 3113](#).
Fields marked with an asterisk (*) are required if applicable.

Request information

- Name of the Plan requesting enrollment*:
- Contact name for this request*:
- Contact phone number*:
- Name of Encounter Data Liaison assigned to Plan*:
- Effective date requested for this enrollment*: __/__/__
If this date is more than 6 months earlier than the date the Division receives the request, your liaison will contact you for additional information.
- Is this enrollment for an (select one) CCO Individual provider Organization

Individual provider information

- Provider's name*:
- Date of birth*: / /
- Social Security number*:

Organization information

- Business name*:
- Federal Employer Identification Number (FEIN)*:
- Organization type*: Check the entity type that best describes the structure of the enrolling provider entity, agency, facility or organization. Check **only one** box.

<input type="checkbox"/> For-profit corporation	<input type="checkbox"/> Non-profit corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Government-owned	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Tribal-owned
<input type="checkbox"/> LLC	<input type="checkbox"/> PC	

Enrollment information

- License/certification information*:

License number:	Licensing board:	State of issue:
Effective date:	Expiration date:	

Managed Care Plan/CCO Provider Enrollment Request

OHP 3108 (Rev. 12/19)
Page 1 of 3

Managed Care Plan/CCO Provider Enrollment Request

OHP 3108 (Rev. 12/19)
Page 2 of 3

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

MEDICAID DIVISION
Provider Enrollment Unit

Oregon Health Authority

[Print](#) [Save](#) [Reset](#)

Oregon Medicaid
(Oregon Health Plan)

Provider Enrollment Agreement

The Oregon Health Authority (OHA) administers Oregon's medical assistance program for individuals eligible for Medicaid, the Children's Health Insurance Program (CHIP), and other federally funded medical programs, called the Oregon Health Plan (OHP). To comply with Federal law 42 CFR 455 Subpart E, OHA is required to enroll eligible providers into the Oregon Medicaid Program, pursuant to Oregon Administrative Rule 943-120 and 410-120, as a condition of delivering health services to OHP members.

All providers including non-payable (non-billing), payable (billing), individuals and organizations must fill out and sign this Agreement and all other required documents to receive an OHP provider number from OHA. An OHP provider number must be issued before a claim or encounter for delivered health services or goods is sent to OHA for payment.

The type of providers enrolled by OHA are defined in OAR 410-120-1260 and include billing agents, managed care entities (MCEs) and other providers who order, refer or prescribe services or goods.

Provider name

National Provider Identifier (NPI)

Scope of Agreement

This Provider Enrollment Agreement sets forth the rights, responsibilities, terms and conditions governing provider participation in the Oregon Medicaid program. Per OAR 410-120-1260(17), the provision of health care services or items to OHP clients is a voluntary action on the part of the provider. Providers are not required to serve all Division clients seeking service.

To be eligible for enrollment, a provider must:

- Complete and submit an Enrollment Application
- Agree to and sign this Provider Enrollment Agreement (Agreement)
- Complete, sign and submit a Medicaid Provider Disclosure Statement (organizations and billing providers only)

Provider Enrollment Agreement 200-246151 OHA 3975 (01/2024)
Page 1 of 10

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit

Oregon Health Authority

[Print](#) [Save](#) [Reset](#)

Oregon Medicaid
(Oregon Health Plan)

Provider Disclosure Statement of Ownership and Control, Business Transactions and Criminal Convictions

All pages of this form must be returned even if pages are blank. This form supersedes any previous form received for this enrolled / enrolling provider.

Please check the box that explains the reason for disclosure:

New Enrollment Re-enrollment Revalidation
 Change in ownership Change in managing employee
 Removal of owner or managing employee *see page 12*
 Removal of director or officer *if organized as a corporation see page 12*

Organization Information (disclosing entity)

Organization legal name: _____

Doing Business As (DBA) name (<i>if applicable</i>):	Federal Employer Identification Number (EIN) (## - ####):
National Provider Identifier (NPI):	Existing Medicaid Provider ID (MCD) (<i>if known</i>):

Business address (not mailing)
 Street: _____
 City: _____ State: _____ Zip: _____

Business type (check one)

Corporation Limited Partnership Tribally owned
 Government-owned Not-for-profit
 Limited Liability Corporation (LLC) Partnership Other: (enter below) _____
 Limited Liability Partnership (LLP) Professional Corporation

Is the disclosing entity organized as a corporation? Yes No
 If yes, complete Section II, Question 2 and 3 are also required.

Provider Disclosure Statement 200-438416 OHA 3974 (Rev. 01/2024)
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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](#)

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.

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

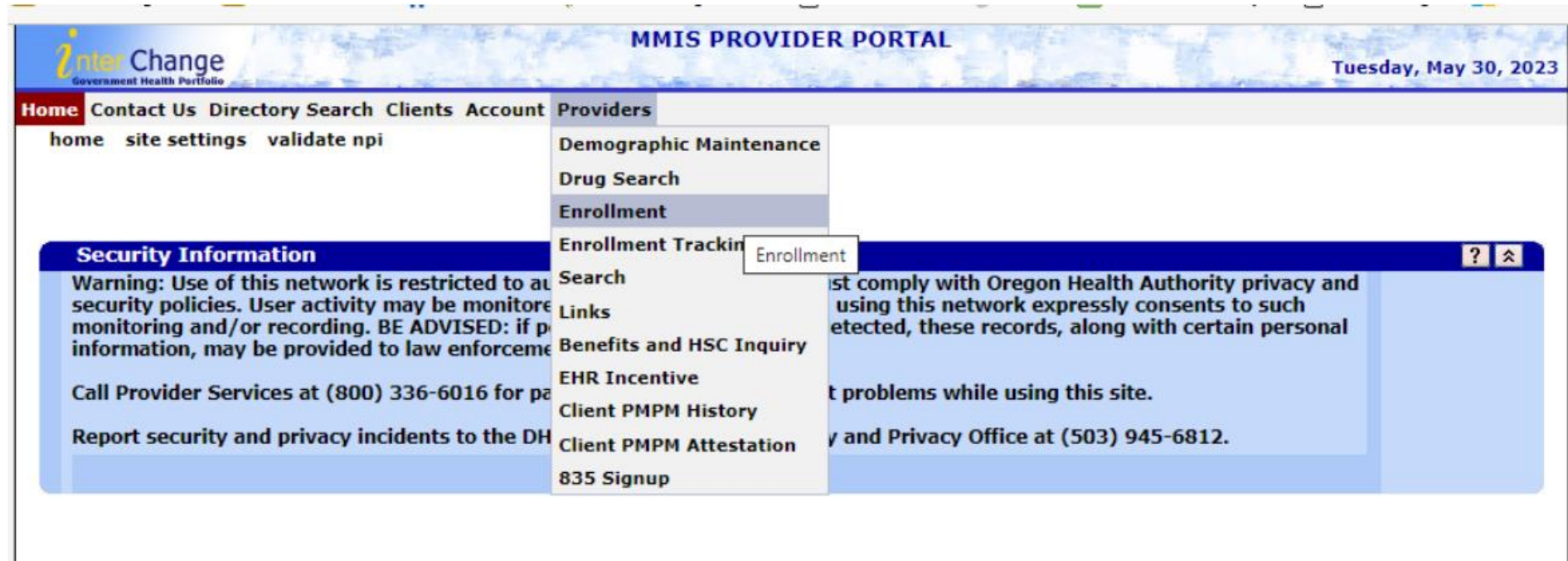
To access the MMIS Provider Enrollment form submission tool, utilize the link below.



<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.

MMIS PROVIDER PORTAL Tuesday, May 30, 2023

Home Contact Us Directory Search Clients Account **Providers**
home demographic maintenance drug search **enrollment** enrollment tracking search links benefits and hsc inquiry ehr incentive
client pmpm history client pmpm attestation 835 signup

Instructions Page 1 of 10

Instructions ?

Welcome to the online Provider Enrollment process

Please complete each of the steps in the enrollment process. When you have completed all of the steps please click on the "Save" button to submit your application and receive your Application Tracking Number (ATN).

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. Please choose which type of enrollment you will be completing: [Fee-for-Service](#) or [Managed Care and CCO](#)

All enrollments will need to submit the [Provider Enrollment Agreement](#) form.

In addition, organization enrollments with a type 2 NPI will also need to submit an Ownership form.

If you are interested in applying to be a Medicaid provider for **Aging and People with Disabilities** (APD) programs, please email the APD Provider Relations Unit for information.

Electronic Form Submission: You can submit your enrollment forms electronically by choosing the [attachments](#) button at the bottom of your confirmation page to upload all documents.

All documents submitted electronically, must meet the following criteria:

- Attachment must be PDF, TIF/TIFF or TXT
- File size needs to be 10 MB or less
- File name has to be 256 characters or less

Fax Form Submission: You can submit your enrollment forms via fax by choosing the [coversheet for supporting documentation](#) button to print the required coversheet.

Please click the "next" button to start the enrollment application.

next

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 Provider Type 63 in the field.

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The screenshot shows a web application interface for searching Provider Types. The main window is titled "Provider Type" and contains a search field with the text "Provider Type*" and a "[Search]" button. Below the search field, there is a "Type Description" field and a message "*** No rows found ***". A checkbox labeled "Primary: Provider Specialty" is also visible. A "Search" dialog box is open, showing a search field with "63" entered and "search" and "clear" buttons. The "Search Results" section displays a list of provider types with their descriptions. The results are as follows:

Type	Description
00	All Provider Types
01	Transportation Provider
02	Acupuncturist
03	Alcohol/Drug
04	Contractor
05	Ambulatory Surgical Provider
06	Behavioral Rehab Specialist
07	Billing Service
08	Freestanding Birthing Center
09	Billing Provider

At the bottom of the search results, there are navigation links: "1 2 3 4 5 6 7 8 9 10 Next >". The "Billing Provider" (Type 09) is highlighted in blue. The "add" button is visible at the bottom right of the search results.

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.

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

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 >		

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.

Instructions > Provider Type

Page 2 of 10

Provider Type ?

Provider Type* 34 [Search]

Type Description Physician

Primary [▲]	Provider Specialty	Specialty Description
A Yes	115	Oral Surgeon

Type data below for new record.

<input checked="" type="checkbox"/>	Primary: Provider Specialty* 115 [Search]
	Specialty Description Oral Surgeon

delete add

previous **next**

Step 4: Base Information

Fill in the Base Information data.

[Instructions](#) > [Provider Type](#) > **Base Information**

Page 3 of 10

Base Information ?

Application Type*	<input type="text"/>	Name Type*	<input checked="" type="radio"/> Business Name <input type="radio"/> Personal Name
Application NPI	<input type="text"/>	Name*	<input type="text"/>
License	<input type="text"/>	Address 1*	<input type="text"/>
License State	<input type="text"/>	Address 2	<input type="text"/>
License Type	<input type="text"/>	City*	<input type="text"/>
License Certification	<input type="text"/>	State*	<input type="text"/>
License Certification End	<input type="text"/>	Zip*	<input type="text"/>
UPIN	<input type="text"/>	Phone*	<input type="text"/>
Ownership	<input type="text"/>	Contact	<input type="text"/>
Birthdate*	<input type="text"/>	Gender	<input type="text"/>
SSN*	<input type="text"/>		

Step 4: Base Information cont'd.

Instructions > Provider Type > Base Information

Base Information

Application Type*

Application NPI

License

License State

License Type

License Certification

License Certification End

UPIN

Ownership

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 organization.
- **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.

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.

Page 3 of 10

Business Name Personal Name

Name*

Address 1*

Address 2

City*

State*

Zip*

Phone*

Contact

Gender N/A

next

Step 5: Service Location

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

Click **next** when complete.

[Instructions](#) > [Provider Type](#) > [Base Information](#)
Service Location

Page 4 of 10

Service Location ?

County*

Organization Code*

[previous](#) [next](#)

Step 6: Taxonomy

This information is ***not required for this application submission***. Taxonomy information completed on the form will be applied.

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

[Instructions](#) > [Provider Type](#) > [Base Information](#)
[Service Location](#) > **Taxonomy**

Page 5 of 10

Taxonomy

*** No rows found ***

Select row above to update -or- click Add button below.

<input type="checkbox"/>	Primary: Taxonomy	[Search]
	Taxonomy Description	//

delete add

previous **next**

Step 7: Tax ID

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

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID

Page 6 of 10

Tax ID ?

IRS Tax Type*

IRS Tax ID*

previous next

A screenshot of a web form titled "Tax ID" with a question mark icon in the top right corner. The breadcrumb trail at the top reads "Instructions > Provider Type > Base Information" and "Service Location > Taxonomy > Tax ID". The page number "Page 6 of 10" is in the top right. The form has two input fields: "IRS Tax Type*" with a dropdown arrow and "IRS Tax ID*" with a text box. At the bottom, there are two buttons: "previous" and "next". The "next" button is highlighted with a red circle and a yellow background.

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**.

Page 7 of 10

Addresses

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
A Home Office	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Mail to	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Pay to	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Service Location	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Corporate Office	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Medical Records	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N

Type data below for new record.

Name Type* Business Name Personal Name

Name* TESTER LUCY

Title

In Care Of

Usage Mail to

Country

Address 1 500 SUMMER ST NE

Address 2

International Address

City SALEM

State OR

Zip 97301 1064

E-Mail

Cell Phone

Phone (503)555-5555

Fax

International Phone

International Fax

ADA Accessible? No

Language Format Indicator

Written

previous 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**.

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID
Addresses > **Contacts**

Page 8 of 10

Contacts ?

Name	Title	Contact Type	Usage	Phone	Ext	Cell Phone	Effective Date	End Date
							12/14/2022	12/31/2299

Type data below for new record.

Name*

Title

Contact Type

Usage

Phone

Cell Phone

Fax

Email

Effective Date

End Date

delete **add**

previous **next**

Step 10: Submit

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

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

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID
Addresses > Contacts > **Submit**

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Submit ?

Once you have completed all of the information on the enrollment pages, click the "Save" button to submit your enrollment request.

[previous](#) [save](#) [cancel](#)

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.

The following messages were generated:

Message Description	Panel	Field	Row
Save was Successful.	Instructions		

Page 10 of 10

Completion

The Enrollment Information has been submitted successfully and will be reviewed.
Please make sure to print this page for your records.

The Application Tracking Number (ATN) is : 6360105

As part of the enrollment process you will need to submit additional required forms which you have or need to download and complete to finish the application process. If you need to review the enrollment forms please choose which type of enrollment you have completed: [Fee-for-Service](#) or [Managed Care and CCO](#)

All enrollments will need to submit the [Provider Enrollment Agreement](#) form.

In addition, organization enrollments with a type 2 NPI will also need to submit an Ownership form.

Electronic Form Submission: You can submit your enrollment forms electronically by choosing the [attachments](#) button at the bottom of this page to upload all documents.

All documents submitted electronically, must meet the following criteria:

- Attachment must be PDF, TIF/TIFF or TXT
- File size needs to be 10 MB or less
- File name has to be 256 characters or less

Fax Form Submission: You can submit your enrollment forms via fax by choosing the [coversheet for supporting documentation](#) button to print the required coversheet. You can also reference [Instructions for Submitting Supporting Documents](#) for further details.

You can use the ATN to check the status of your enrollment application using the Application Tracking Tool

[Attachments](#) [Coversheet for supporting documentation](#)

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.

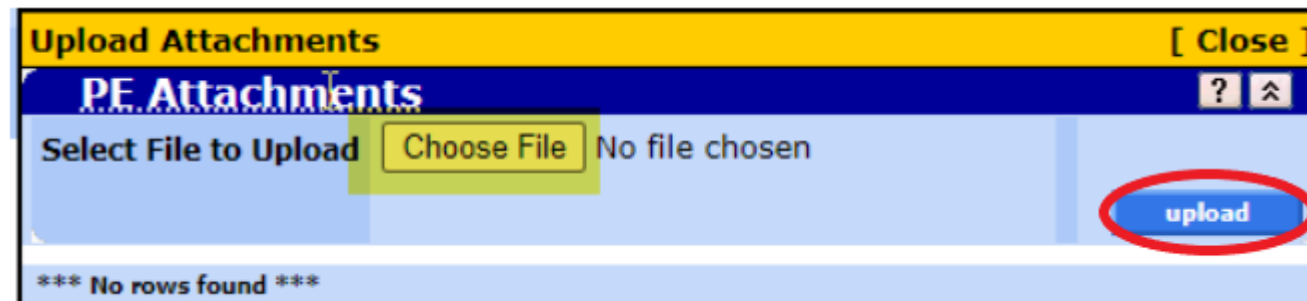
You cannot use the **Provider Portal to view files attached to your application.** Please save the files you upload if you want to keep them for future reference.

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

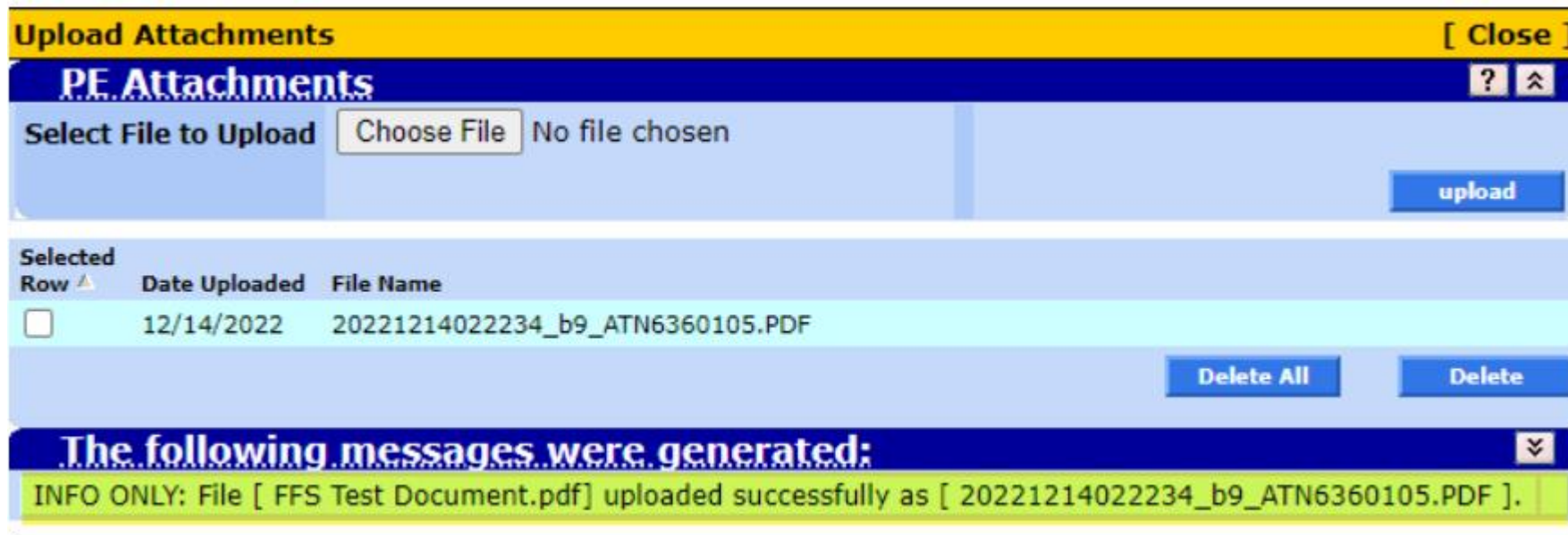
To upload attachments: For each file you need to attach:

- 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.



The screenshot shows a web interface titled "Upload Attachments" with a yellow header bar and a "[Close]" button. Below the header is a blue bar with "PE Attachments" and a help icon. The main area has a "Select File to Upload" section with a "Choose File" button and "No file chosen" text. An "upload" button is on the right. Below this is a table with columns "Selected", "Row", "Date Uploaded", and "File Name". One row is highlighted in light blue, showing a checkbox, the number "1", the date "12/14/2022", and the filename "20221214022234_b9_ATN6360105.PDF". At the bottom of the table are "Delete All" and "Delete" buttons. A blue bar below the table says "The following messages were generated:" with a dropdown arrow. Below that, a green bar contains the message: "INFO ONLY: File [FFS Test Document.pdf] uploaded successfully as [20221214022234_b9_ATN6360105.PDF]."

Selected	Row	Date Uploaded	File Name
<input type="checkbox"/>	1	12/14/2022	20221214022234_b9_ATN6360105.PDF

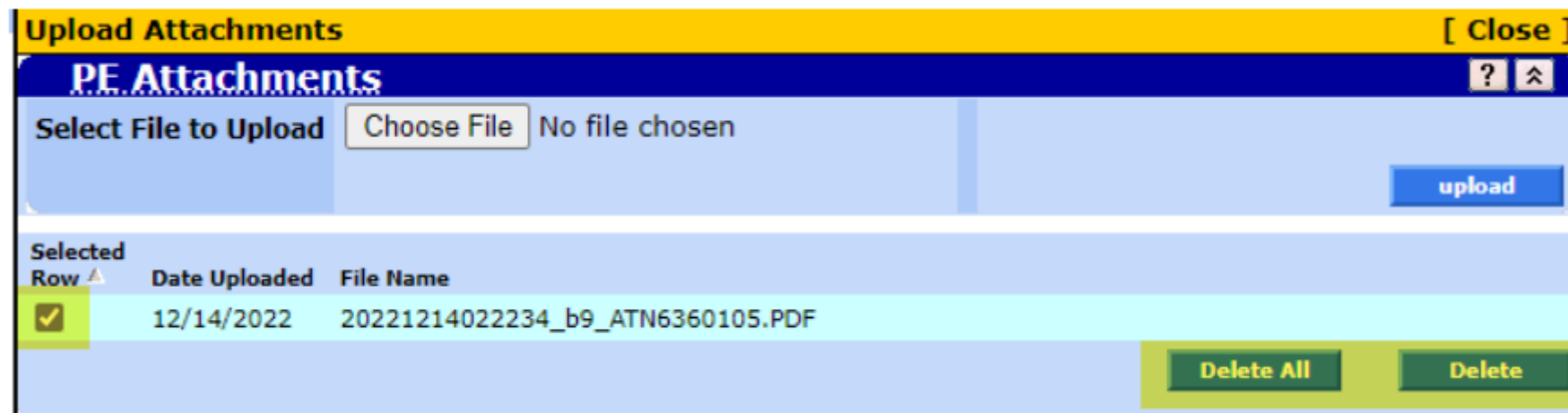
The following messages were generated:

INFO ONLY: File [FFS Test Document.pdf] uploaded successfully as [20221214022234_b9_ATN6360105.PDF].

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.

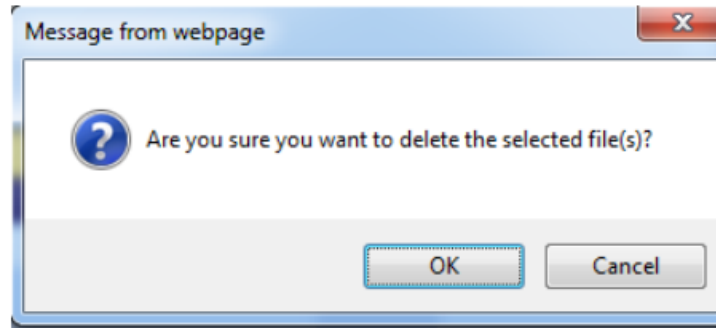


The screenshot shows a web interface titled "Upload Attachments" with a yellow header and a "[Close]" button. Below the header is a blue bar with "PE Attachments" and a "? ^" icon. The main area has a "Select File to Upload" section with a "Choose File" button and "No file chosen" text, and an "upload" button. Below this is a table with columns "Selected", "Row", "Date Uploaded", and "File Name". The first row is highlighted in light blue and has a checked checkbox in the "Selected" column. The "File Name" is "20221214022234_b9_ATN6360105.PDF". At the bottom right, there are "Delete All" and "Delete" buttons.

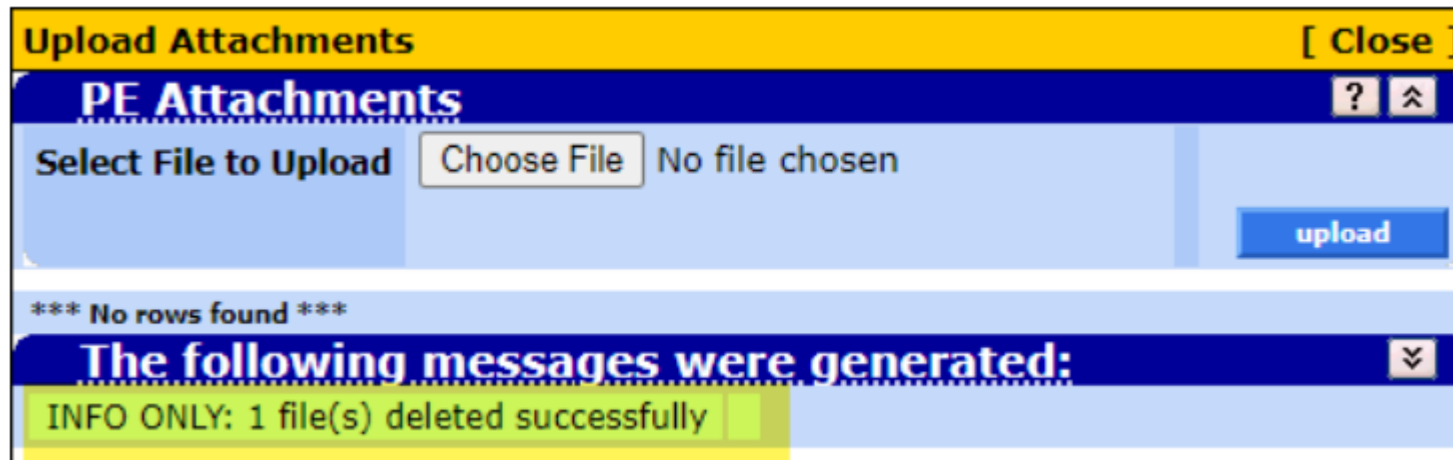
Selected	Row	Date Uploaded	File Name
<input checked="" type="checkbox"/>		12/14/2022	20221214022234_b9_ATN6360105.PDF

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.

