

Donald Ross, Manager  
DMAP Policy and Planning

**Number:** DMAP IM 12-017

**Authorized Signature**

**Issue Date:** 2/13/2012

**Topic:** Medical Benefits

**Subject:** **Announcement:** Effective January 1, 2012 - Instructions for LAP Dental Hygienists change to Expanded Practice Dental Hygienist.

**Applies to:**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors                     |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Seniors and People with Disabilities               |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DMAP Staff only |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

DMAP will post the attached Provider Announcement and mail to current DMAP-enrolled Expanded Practice Dental Hygienists (EPDH). The announcement tells current EPDHs providers how to update their enrollment.

MMIS provider types and specialties for Dental Hygienists:

Type: Dental Hygienist - PT 18  
Specialty: EPDH (no collaborative) - PS 125  
EPDH (signed collaborative) - PS 126

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Kristi Jacobo		
<b>Phone:</b>	503-945-6492	<b>Fax:</b>	503-947-1119
<b>E-mail:</b>	<a href="mailto:Kristi.Jacobo@state.or.us">Kristi.Jacobo@state.or.us</a>		

# Expanded Practice Dental Hygienist

*Formerly called Limited Access Permit Dental Hygienist*

## Effective January 1, 2012

To comply with Senate Bill 738, *current* DMAP-enrolled Expanded Practice Dental Hygienists (EPDH) practicing with a licensed dentist through a *collaborative agreement*, need to update their Oregon Health Plan provider enrollment records.

The directions below are based on clients seen through fee-for-service and/or managed care plans. For example, if you only see clients through a Dental Care Organization (DCO), you do not need to follow the fee-for-service instructions. Contact each DCO if you practice through more than one.

EPDHs practicing *without* a collaborative agreement do *not* need to submit additional enrollment forms.

## Fee-for-Service

Complete the DMAP **3102H** (Dental Hygienist Provider Enrollment Attachment, revised Jan 2012). Send with a copy of the **signed collaborative agreement** and an **EDMS Cover sheet**.

To assist with this transition and prevent delays, EPDHs may mail or fax information directly to the DMAP Dental Policy Analyst.

Fax Att: Kristi Jacobo at 503-947-1119 or mail Kristi Jacobo, Dental Policy Analyst  
500 Summer St NE, E-35  
Salem, OR 97301-1077

**After February 29**, please follow directions for submitting updated provider enrollment forms at <http://www.oregon.gov/OHA/healthplan/forms/main.shtml#providers>.

## Managed care (Dental Care Organization)

Contact the plan for instructions. The Dental Care Organization will forward the necessary documents to DMAP for the EPDH with a collaborative agreement.

## Resources

All forms submitted to DMAP require an **EDMS Cover sheet** (form 3970) available at <https://apps.state.or.us/Forms/Served/de3970.pdf>.

Find form **3102H** (revised Jan 2012) at <https://apps.state.or.us/Forms/Served/oe3102h.pdf>.

## Questions?

About this announcement: Contact Provider Enrollment at 1-800-442-5047, Monday through Thursday from 8:30 am to 4:30 pm and Friday from 10 am to 4:30 pm or e-mail

[DMAP.providerservices@state.or.us](mailto:DMAP.providerservices@state.or.us).

