

# FAQ: Referring Provider Enrollment

## General Enrollment Questions

**On the OHP 3113 enrollment form, does the “Is this request for a telehealth provider?” question apply only to individuals solely providing services via telehealth?**

Yes. This question is designed for individuals that solely provide services via telehealth and is used by OHA for tracking purposes.

**Is the referring provider-enrollment effective date based on the date of service or the claims submission date?**

The June 1, 2024, deadline for referring provider is based upon the claim submission date, not the date of service. All claims submitted on or after June 1, 2024, regardless of the date of service, require a referring provider.

**Can practitioners input retroactive effective dates for enrollment?**

Yes, the enrollment effective date may be backdated up to one year from the date received (see “Enrollment effective date” on page four of the [OHP 3113](#) form). If no effective date is provided, the date of receipt will be used. The individual must be licensed for the entire period requested.

**Why would referring providers be enrolled with a retroactive effective date?**

The school medical provider may have claims that have not been submitted for dates of service prior to the default provider enrollment date. All claims submitted on or after June 1, 2024, regardless of the date of service, require a referring provider.

**If a school district or ESD contracts with out-of-state providers for Telehealth, should they list their address or the address of the school district or ESD service address?**

This is a business decision between the individual and the district. OHP Provider Enrollment will not reject enrollment requests based upon the address listed. The mailing address and service location may be different, and all provider-specific communications from OHA will be sent to the mailing address on file.

**Should practitioners use their personal address or that of the school district/ESD?**

This is a business decision between the individual and the district. OHP Provider Enrollment will not reject enrollment requests based upon the address listed. The mailing address and service location may be different, and all provider-specific communications from OHA will be sent to the mailing address on file. OHA communications include provider notices and revalidation requests. Please consider if a medically qualified individual enrolls using the district address and then separates from the district, the address must be updated within 30 days.

**If practitioners serve multiple school districts/programs, do they need to enroll for each school district/program?**

No. Once an individual is enrolled and has a valid Medicaid (OHP) ID, the individual can be listed as a referring provider by multiple service locations.

## **Is there a way to enroll all practitioners in a mass upload?**

No.

## **Will there be confirmation once providers are enrolled?**

Yes. The contact listed on the enrollment forms will receive a confirmation “welcome” email upon enrollment completion. For updates to the enrollment, the contact will receive a confirmation “update” email.

## **What is the difference between an NPI and MCD?**

The National Provider Identifier (NPI) is a 10-digit national number assigned to an individual or group through the [National Plan and Provider Enumeration System \(NPPES\)](#). The Medicaid (MCD) ID is a six-digit, or nine-digit number assigned to a group or individual enrolled with Oregon Medicaid (OHP).

## **What happens if a provider does not want to share their SSN and refuses to enroll? Is there another NPI the provider can use?**

No. The Social Security Number (SSN) is a federal requirement for enrolling with Oregon Medicaid (OHP). Using a different NPI than that of the supervising or rendering provider would be considered fraud

## **Will claims for services provided before the June 1, 2024, deadline for enrollment be denied?**

It depends on when the claim is submitted for processing. The June 1, 2024, deadline is based upon claim submission date, not date of service. Claims submitted prior to June 1, 2024, do not require a referring provider. Claims submitted on or after June 1, 2024, require a referring provider, and if missing the claim will be denied.

## **At what point should the provider see the application status in the enrollment tracking section of MMIS Provider Web Portal?**

Immediately after submitting the application, the MMIS produces an application tracking number (ATN). For application status that is not displayed on the MMIS Provider Web Portal, contact OHP Provider Enrollment: [Provider.Enrollment@odhsoha.oregon.gov](mailto:Provider.Enrollment@odhsoha.oregon.gov) or 800-336-6016, option 6.

## **Is there someone who can help our district regain access to the MMIS Provider Web Portal?**

Yes. Contact OHP Provider Services to regain access to the MMIS Provider Web Portal: [DMAP.ProviderServices@odhsoha.oregon.gov](mailto:DMAP.ProviderServices@odhsoha.oregon.gov) or 800-336-6016.

## **What if I get a request for a site visit from OHA?**

For physical therapists, OHA performs site visits prior to processing enrollment applications. There are exceptions listed on page three of the [OHP 3113](#) enrollment form, and exceptions include physical therapists that provide services exclusively in school settings. The [OHP 3113](#) form was updated in March 2024 to add “school settings” as an exception. If you submitted your enrollment application using the older version that did not state “school settings” as an exception, and you receive a request to schedule a site visit, please reach out to OHP Provider Enrollment to bypass the site visit: [Provider.Enrollment@odhsoha.oregon.gov](mailto:Provider.Enrollment@odhsoha.oregon.gov) or 800-336-6016, option 6.

## **If a practitioner enrolls with OHP to serve as the referring provider on School Medicaid claims, will it impact services they also provide in private practice or in a clinic?**

No. To provide billable services in the schools, a licensed individual needs to enroll in Medicaid (OHP). This does not mean that in the individual’s private practice they would be required to see

OHP members. However, all providers in Oregon, regardless of OHP enrollment and per House Bill 2398 (effective 2018), are prohibited from billing an OHP member for any service or collecting payments from OHP members without proper documentation. All Oregon providers must refer to, and are subject to, OHP rules regarding payment collection from an OHP member. Please see section (5) under [Oregon Administrative Rule \(OAR\) 410-120-1280](#). Also, see [OHP Forms and Publications](#) to search for the appropriate OHP Client Agreement to Pay for Health Services (OHP 3165); forms are available in English, Spanish, Russian, Vietnamese, Somali, and Korean.

## Licensing and Revalidation

### **Is Oregon licensure associated with the NPI? Does this have an impact on Oregon enrollment with OHA? What is an NPI? (links)**

A licensed individual must have a valid, active National Provider Identifier (NPI) to enroll as an Oregon Medicaid (OHP) provider. NPIs are issued and maintained through the National Provider and Plan Enumeration System (NPPES). You can find out if an individual or entity has an NPI using the [NPPES NPI Registry](#). The registry allows you to search by NPI or name.

### **What if a provider is invalidated (inactivated) by OHP?**

Claims including an inactive OHP provider will be denied. If a provider is inactivated, the provider can be reactivated if their licensure is valid, their NPI is active, and they are not prohibited from serving Oregon Medicaid clients. Please see [Oregon Health Plan Provider Revalidation](#). To find out about providers who have been prohibited from serving Oregon Medicaid clients, search the [OHA Medicaid Program Integrity Audit Unit's list of State Medicaid Fraud Convictions](#).

### **How often must a provider complete revalidation?**

State Medicaid agencies are federally required to revalidate the enrollment of all enrolled providers at least every five years. This requirement applies to all providers, including rendering, billing, ordering and referring providers. Please see [Oregon Health Plan Provider Revalidation](#).

### **Is there a way to update a licensed individual's enrollment?**

Yes. Please see [Oregon Health Plan Provider Enrollment](#) for instructions to enroll, re-enroll, update information, or revalidate. Enrolled providers must update information within 30 days of the change. If you need additional information or assistance, please contact OHP Provider Enrollment: [Provider.Enrollment@odhsoha.oregon.gov](mailto:Provider.Enrollment@odhsoha.oregon.gov) or 800-336-6016, option 6.

### **Will districts have to revalidate individual providers?**

This is a business decision between the individual and the district. Either the district or the individual will need to revalidate.

## Referring Providers

### **Should contracted staff enroll?**

Yes, all supervisory-level, medically qualified individuals rendering or supervising services provided in school settings must enroll and be included as the referring provider on claims for services the individual rendered or supervised.

### **Can the rendering/performing provider also serve as the referring provider?**

Yes. The federal requirement is that a provider must be listed in the referring provider field on each SBHS claim. The rendering/performing provider will accommodate this requirement and should be listed in the referring provider field on claims for services rendered or supervised by the individual.

### **Who serves as the referring provider on claims for delegated health care?**

The ordering/supervising medically licensed individual should be listed as the referring provider on delegated health care claims.

### **Who serves as the referring provider on claims for transportation?**

May be any provider rendering a Medicaid-covered school-based health service to the youth on the same day as the transport when the service is specified on the Medicaid-eligible youth's Individual Plan of Care (i.e., IEP or IFSP).

### **Can one practitioner serve as the referring provider on a claim for services provided by another practitioner?**

No. The supervisory-level licensed individual that rendered or supervised the service must be the individual listed in the referring provider field.

### **Can one practitioner serve as the referring provider on a claim for services provided by different types of practitioners?**

No. The supervisory-level licensed individual that rendered or supervised the service must be the individual listed in the referring provider field.

### **If a practitioner is already enrolled with OHP due to a former community practice, should they disenroll and then re-enroll as non-billing provider?**

No. If a licensed individual is actively enrolled with OHP, the district may use their existing Medicaid ID for the referring provider requirement.

### **Do certified assistants and licensed practical nurses need to enroll?**

No. Only supervisory-level licensed individuals need to enroll to be listed as referring providers.

### **In the event of a billing error or audit finding, will the individual serving as the referring provider be held liable?**

No. The billing provider is responsible for billing errors and any associated fraud and/or financial reconciliation.

## **Other**

### **Do school Medicaid health-related services, in support of an individual's education, affect Medicaid services the OHP-covered student receives in settings outside the school?**

No. School Medicaid health-related services do not count against any other Medicaid service limitations (e.g., a specific number of services allowed within a given period).

### **If there is a data breach within OHA or NPI database, will there be notification?**

Yes, in the event of a data breach inside the Oregon Health Authority (OHA), the affected Medicaid-enrolled provider will be notified, and the affected Medicaid-enrolled provider will immediately lose

access to the MMIS Provider Web Portal. OHA's [Information Security and Privacy Office](#) will work directly with that Medicaid-enrolled provider to restore and ensure security and privacy. OHA cannot speak to notification due to a data breach within the National Plan and Provider Enumeration System (NPPES), the system that manages National Provider Identifiers (NPIs).