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BRS Provider Enrollment in MMIS Frequently Asked Questions

OHA Provider Enrollment presented on BRS Provider Enrollment in MMIS. Below are some questions and answers from the meeting.

Is enrolling as a BRS provider and enrolling BRS staff a new requirement?

No, this is not a new requirement. BRS providers and staff are already expected to complete this process. As new staff enter the program, BRS programs need to ensure new staff are being enrolled with the OHA Provider Enrollment Unit. BRS Providers will also need to follow a revalidation process that is discussed further in this document. Staff who are required to enroll cannot render BRS services until enrollment is complete and billing providers cannot bill for services until enrollment is complete.

How long will it take to process an application, who can I contact if I have questions?

The OHA Provider Enrollment Unit receives all applications for Medicaid service providers in the state. As a result, it can take some time to process applications. Currently, the team has been able to move from 90 days to an 80 day processing time. There is a dedicated staff who is supporting processing for and prioritizing BRS applications for processing. Once we are aware of an application we will work it as expeditiously as workload permits.

When the OHA Provider Enrollment Unit enters a provider and enrolls them, the staff person will email a welcome letter to the provider to let them know they are active in the system. At that time, the provider is live in the system.

If there are any questions, please contact provider.enrollment@odhsoha.oregon.gov.

Does this training include a walkthrough of the Provider Enrollment Unit forms and information?

During the training, the OHA Provider Enrollment Unit walked through the OHP Provider Enrollment website. The [website](#) has an online tool to check if a provider is already registered, information on fee for service enrollment, re-enrollment, how to report changes, information on the revalidation process, as well as the forms used and a [step by step provider enrollment guide](#).

What is the difference between a leveraged and non-leveraged provider?

- Leveraged Medicaid: Involves using public funds from local partners (schools, counties) to trigger federal matching dollars, often to fund specific services or cover local provider costs.
- Non-Leveraged (Direct State Funded): The state general fund pays the entire non-federal share directly, without relying on local partnerships or intergovernmental transfers to provide the match.

When should we begin the application process. Can we start now?

Yes, you can start now. We can process your application, please send Provider Enrollment an email once you have submitted your application.

- Email to provider.enrollment@odhsoha.oregon.gov
- In subject line: BRS Enrollment Application
- In body: Name of individual requesting enrollment and if the application was uploaded from MMIS Provider Portal, include the application tracking number (ATN).

Note - applications faxed in can take 24-48 business hours to show up in the Provider Enrollment queue, if not longer due to faxing issues, before we can see them in MMIS. Applications uploaded from MMIS Provider Portal are typically viewable by staff within 30-60 minutes. We recommend that applications be sent through the portal to prevent issues that occur when faxing.

Does the OHP Provider Enrollment Unit accept electronic signatures?

Yes, electronic signatures are fine.

What is the date when we will have to submit our information through MMIS for payment?

We have multiple system pieces that need to be configured and do not have a date for when the switch to MMIS will occur at this time. We will continue to be in close communication regarding this.

Does a provider's enrollment expire?

No, but do have a requirement to “revalidate” providers as a CMS requirement to keep an enrollment in active status. We do these once every 5 years and will reach out to providers if and when information is needed. Provider enrollment agreements are good for 5 years. If a provider does not revalidate, they will be inactivated as a provider.

It is important for providers to keep their "mail-to" address updated with us. This is where the Provider Enrollment Unit will send all correspondences and where a revalidation notice would be sent once it is time for revalidation.

Providers, organizations and individuals who bill OHP, can update their address by completing the [OHP 3972](#) and marking the form as an Update. Non-billing individuals can update this address by completing the [OHP 3113](#) form.

For providers who are inactive longer than a year, will they be inactivated? It might be common that some providers do not bill in a calendar year.

OHA Provider Enrollment Unit decided not to include BRS providers in the report that would inactivate providers.

OHA would inactivate a provider under two circumstances: the provider failed to revalidate or the provider withdrew from providing Medicaid services.

Providers who want to voluntarily withdrawal from being a Medicaid Provider must submit a voluntary termination request. This form is also located on our Provider Enrollment webpage.

Is BRS enrollment specific to the individual staff or to the program they work for?

BRS Medicaid enrollment (Type 06) is required for Program Coordinators, Social Service staff and the BRS agency itself; all will have their own codes.

Each organization is responsible for their specific enrollment. Each BRS staff is responsible for their own specific enrollment. If a staff leaves a BRS provider and goes to work for another provider, the staff is still active with OHA's Provider Enrollment Unit. The new organization will submit a 3113 form and the Provider Enrollment Unit will update the organization on the staff's enrollment record.

If we are already billing MMIS for open card outpatient clients, will this be a matter of modifying our current application or doing a whole new application specifically for BRS?

The form previously submitted may have been replaced. It would be good to check the form to make sure that it hasn't been replaced on the Medicaid Website. Here is the website where current forms can be found:

<https://www.oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx>

Can we email the Provider Enrollment Unit for prioritized processing for Mental Health Outpatient (MHOP) providers as well?

Right now the Provider Enrollment Unit is able to prioritize BRS provider applications for processing, but cannot commit to prioritizing another groups based on current workload constraints.

On the application, the effective date of the BRS provider enrollment can be the day that you applied to be a provider, correct?

Correct, MMIS allows for billing through a retroactive process that goes back 365 days for Fee-for-Service claims.

Are claims reprocessed retroactive to the effective date of the provider application?

If a claim is submitted before a provider is enrolled, claims are not automatically reprocessed and would need to be resubmitted.

Do I need to request a retroactive date for my application, or will the date on the application itself be used?

Where a provider is not enrolled yet and would request enrollment after seeing a member, a retroactive date could then be requested. This would allow the provider to show as active after enrollment for a date of service to bill for claim.

A backdate of up to one year can be used to submit retroactive claims.

What other information will be needed to process an application for an organization?

To process applications, we need the agency administrator's name, social security number, date of birth, and address, in order to run them through the CMS exclusions database to ensure they are eligible to be a Medicaid provider.

Providers can reach out to provider enrollment through 800-336-6016, option 6, and email Provider.ENROLLMENT@odhsoha.oregon.gov if there are any questions during this process.

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