

Prescribing enrollment questions and answers

Operational questions

When will OHA implement the prescribing edit/prescriber enrollment requirement?

There is a delay for the implementation of the Prescriber Enrollment requirement. We are aggressively working on a communication plan to capture prescribers who have not enrolled to minimize impact to OHP members. We will share more information when the plan is complete.

How quickly does Provider Enrollment act on submitted documentation? Is the enrollment likely to expire/end while the re-application sits in the queue? If so, is there a way to avoid that?

From the time documentation is faxed to OHA, it normally takes 2 to 3 weeks for the unit to process it. Due to a backlog of applications submitted due to the prescribing provider edit, the wait time is currently 10 weeks. Once these applications are processed, the wait time should return to normal.

If a renewal application is in the queue, staff renew it based on the received date. Staff can also expedite enrollment on case-by-case, exception basis upon request.

What is the process for obtaining responses to these and other questions? Will they be sent out by email or posted online?

Please call Provider Enrollment at 800-336-6016 (Option 6) for questions about prescriber enrollment. You can also find this FAQ on the [Provider Enrollment web page](#).

Provider enrollment requirements

If an out-of-state provider is enrolled with Medicare or their own state's Medicaid program, but not with Oregon, is that sufficient? Is there any kind of streamlined process at least?

There is no streamlined process for providers already enrolled in other states or programs.

Every state has the same enrollment requirements and providers must be enrolled in each state for claims to properly adjudicate. There is no national database for provider enrollment.

Should CCOs have providers enroll with the state or should the CCOs submit encounter-only enrollments for these providers?

The provider can choose to enroll with the CCO or enroll with the state.

OHA would like all providers to enroll with the state, so that providers are able to serve fee-for-service members if they choose to do so. This will greatly improve continuity of care for OHP members.

Enrolling FFS does not require the provider to serve FFS members. As OAR 410-120-1260 (17) states, "The provision of health care services or items to Division clients is a voluntary action on the part of the provider. Providers are not required to serve all Division clients seeking service."

Provider termination

What happens when an enrolled prescriber (payable or non) is about to have their enrollment expire? What messages does OHA send and when do they go out? Does it depend on the reason for termination?

The following provider types will receive notices from OHA 90 days and 60 days before their credentials expire (notices are issued the 1st of each month). OHA is working to expand this notification to all providers and credential types.

Type	Description
01	Transportation Provider
02	Acupuncturist
16	Chiropractor
17	Dentist
19	Podiatrist
20	Denturist
22	Family Planning Clinic
24	Home Health Agency
26	Hospital
27	Hospice
31	Transportation
34	Physician
37	Certified Registered Nurse Anesthetist
38	Adv Comp Health Care
41	Midwife
42	Advance Practice Nurse
43	Optometrist
46	Physician Assistants
47	Clinic
48	Pharmacy
50	Pharmacist
53	Psychologist Provider
56	Nurse
58	Registered Dietician

For all other possible disenrollment reasons, OHA does **not** send advance notice of potential disenrollment.

The provider's licensing board is responsible to notify the provider prior to loss of licensure. For federal or state exclusion, the excluding entity would notify the provider of the exclusion and appeal rights.

What may cause disenrollment of a provider?

Failure to:

- Be named on a claim as a billing, rendering or prescribing provider in the past 18 months.
- Provide updated information (including license or certification) when there is a known change or it is requested by OHA
- Pass a site visit or background check

Providers may also be terminated for discretionary reasons, and federal or state exclusion from the Medicaid program.

Providers can also choose to withdraw from participation at any time.

Can a prescriber's enrollment term on any date? If so, is there any mechanism to alert the prescriber that their enrollment is terming and to trigger them to re-enroll?

Terminations are a manual process. All providers, whether FFS or Encounter Only, are enrolled with an end year of 2299. If a provider's Medicaid participation is terminated, there is no advance notice (except for [provider types that get 90- and 60-day notices about expiring credentials](#)).

When OHA finds that a provider's enrollment should end:

- OHA changes the provider's enrollment end date from 12/31/2299 to the termination date.
- OHA then issues a letter informing the provider of the termination and the reason for it.

Prescription coverage

What happens if an Encounter-Only provider writes a prescription for a FFS member?

The claim will pay.

What is the process for getting Encounter-Only providers enrolled as FFS providers?

Submit the [OHP 3113](#) to OHA.

What happens if a member tries to fill a 7-11 prescription at a non-enrolled pharmacy? How does OHA ensure the member can access this critical medication?

Unfortunately, there is no way for OHA to reimburse a pharmacy that refuses to enroll. If the pharmacy is not enrolled as a fee-for-service pharmacy, the prescription will deny. OHP Care Coordination at 800-562-4620 can help members find an enrolled pharmacy in Oregon or contiguous counties.

If a client is out-of-state and needing to fill a carve-out medication, the out-of-state pharmacy would need to enroll with OHA; or a local pharmacy could rush ship to the client. OHA has also coordinated with [the FFS mail order pharmacy](#) to coordinate urgent prescription needs in the past, and encourages all members with ongoing FFS prescriptions to use this service.

What will OHA do when a member tries to fill a 7-11 prescription that was prescribed by a non-enrolled provider? Will OHA pay for a limited duration prescription or will OHA pay for one full month? In the meantime, CCOs could have the pharmacies direct members to call their PCPs to get a new prescription.

The prescribing edit would deny any prescription claim that contains an invalid or non-enrolled prescriber ID. OHA will announce a protocol to allow temporary overrides of this requirement in emergency situations.