



**Measures & Outcomes Tracking System**  
**Policy on OR Medicaid Provider Number and AMH Data Submission**  
**Updated: 2/6/15**

Within the Measures and Outcomes Tracking System (MOTS), AMH's new data collection system, all behavioral health agencies, regardless of data submission method, will be required to identify themselves using an Oregon Medicaid Provider number. This number is the same number used for submitting Medicaid encounter/claims, often referred to as a DMAP or MMIS provider number.

AMH will use the Medicaid Provider number to uniquely identify each behavioral health entity and track performance. Facilities will no longer have multiple provider numbers for various programs, as was the structure within CPMS. If an agency has multiple facility locations, they must use a different number for each location.

If your agency does not currently have an OR Medicaid Provider Number or needs to acquire additional numbers, please see Appendix A for instructions on the process.

Community Mental Health Programs (CMHPs) have been informed of this policy. If you are a subcontractor of a CMHP, they can, as part of their business processes, require each facility to have a unique OR Medicaid Provider number.

If you have additional questions we encourage you to visit the MOTS web page at: <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>. All MOTS related documents can be found on this web page.

## **Appendix A: Steps in Obtaining an OR Medicaid Provider Number**

### **➤ If you do not currently bill for Medicaid/OHP clients and need an OR Medicaid Provider Number:**

1. Complete Form 3113: Provider Enrollment Request for Non Payable Individual Providers (Available at: <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>).  
Note: If you do not have a NPI (National Provider Identifier), go to the NPPES web page at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, click on [National Provider Identifier \(NPI\)](#) and follow instructions to apply for a HealthCare Provider Number.
2. Complete Form 3974: Provider Enrollment Disclosure Statement of Ownership and Control Interest for Entities, Agencies, Facilities and Organizations. (Available at: <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>). Both forms 3113 and 3974 need to be completed in order to obtain an Oregon Medicaid Provider Number and for the Oregon Medical Assistance Program to be in compliance with the Center for Medicare and Medicaid Services (CMS).
3. Submit forms to MOTS Support at AMH via fax at 503-378-8467 (Attn: Sharon Anderson), email to [MOTS.Support@state.or.us](mailto:MOTS.Support@state.or.us) or mail to:  
AMH, Attn: MOTS Support  
500 Summer Street, E86  
Salem OR 97301
4. AMH will review and submit your completed form 3113 and 3974 to Medical Assistance Programs (MAP).
5. MAP will validate the information within the completed application through numerous databases.
6. A Letter with the OR Medicaid Provider Number will sent via postal mail. This letter will include a PIN, which you can ignore as it would be used for the MMIS web portal if you were actually billing to the MMIS system.

### **➤ If you are part of a Coordinated Care Organization and need an OR Medicaid Provider Number:**

1. Notify your CCO as they will assist you with enrollment and obtaining a new number.

### **➤ If you need additional OR Medicaid Provider Numbers for billing purposes (fee for service):**

1. Proceed to the MAP Provider Enrollment webpage at <http://www.oregon.gov/OHA/healthplan/Pages/providerenroll.aspx> and follow instructions.

**If you have questions, contact MOTS Support at [MOTS.Support@state.or.us](mailto:MOTS.Support@state.or.us).**