



Date: November 7, 2013

To: Behavior Rehabilitation Services Providers

From: Don Ross, Manager
Medicaid Policy and Planning Section, DMAP

Subject: Medicaid Provider Enrollment Process for Behavior Rehabilitation Services Providers

The purpose of this memo is to clarify the Medicaid provider enrollment process and who must check the exclusion lists for Behavior Rehabilitation Services (BRS) providers.

- Certain providers are required to enroll with Medicaid. This ensures that providers who serve Medicaid clients do not have a history of Medicaid or Medicare fraud.
- DMAP will check the federal exclusion lists for all enrolled Medicaid providers on a monthly basis. This is to ensure that they are allowed to receive reimbursement from Medicaid or other federal health care programs.
- Individuals named on the exclusion lists may not order, refer, or render services to Medicaid clients.

If a subcontractor, employee, or individual who has an agreement with your organization to provide Medicaid services (*e.g.*, foster parent or direct care staff) does **not** need to enroll with DMAP:

- You are responsible for checking an exclusion list for them, as outlined in [OAR 410-120-1380\(1\)\(c\)\(J\)](#).
- You may enroll these individuals as Medicaid providers if you would like DMAP to check the exclusion lists for you.

Who needs to enroll

The organization providing BRS services, and any individual subcontractors or employees in the organization who **refer, order** or **bill** services for Medicaid clients, must enroll as Medicaid providers (see [42 CFR 455.410](#)).

- The BRS organization
- Those who refer or order BRS services
 - Program Coordinators
 - Social service staff

Who does not need to enroll

- Rendering providers who do not refer or order services
 - Direct care staff
 - Approved provider parents (including foster or proctor parents)
- Caseworkers
- Designated licensed practitioners of the healing arts

Please note that the individuals listed above will need to enroll if they refer or order services for BRS clients.

However, you may also enroll these optional individuals if you would like DMAP to perform monthly checks of the federal exclusion lists for you.

How to enroll

There are three steps to the enrollment process.

If your organization or ordering/referring individual(s) are already enrolled as Medicaid providers and have a National Provider Identifier (NPI), they do not need to enroll again.

Step 1 – Apply for a National Provider Identifier

An NPI is required on several forms. To obtain an NPI, go to the [National Plan and Provider Enumeration System](#) (NPPES). Instructions are provided on the website.

Step 2 – Complete the required forms

These forms are available on DMAP’s [Provider Enrollment page](#).

- For organizations, select and complete all forms listed for the appropriate Behavior Rehabilitation Services type (*counties that provide local match funding or organizations that do not provide local match funding*).
- For individuals, only complete the [DMAP 3113](#). This form can also be found on the Provider Enrollment page under “If you do not want to bill DMAP.” Enter the organization’s information in the Request Information section, and the individual’s information in the Identifying Information section (only complete items 1, 3, 5, 7, 9, and 10 of this section).

Required forms	DMAP 3101	DMAP 3110	DMAP 3113*	OHA 3972*	OHA 3974	OHA 3975
Counties that provide local match funding	X			X	X	X
Organizations that do not provide local match funding		X		X	X	X
Ordering or Referring Individual			X			
Other individuals enrolled so that DMAP will perform monthly exclusion list checks for them						

**When entering your “Provider Type” on the 3972 or 3113 form, enter Type 06.*

Step 3 – Submit enrollment forms

Please fax each provider enrollment request under its own [EDMS Coversheet](#) to 503-373-5359 (Salem).

- To enroll the organization, submit all required forms and documentation under one EDMS Coversheet.
- To enroll each individual, submit each completed DMAP 3113 under its own EDMS Coversheet.

Additional information and contacts

Additional information is available on the [DMAP website](#). If you have questions about any of these forms or procedures, please contact [DMAP Provider Enrollment](#) (800-422-5047).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our clients.

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