

Medicaid Provider Enrollment

FAQ

State Law Requirements

The State of Oregon requires that any billing or rendering provider seeking to be reimbursed for services under a Medicaid benefit enroll with the Oregon Health Authority (OHA) and obtain a Medicaid identification number, under OAR 410-120-1260.

As of August 2017, this law also applies to ordering, referring, prescribing, and attending (ORPA) providers. CMS, in conjunction with the Patient Protection and Affordable Care Act, requires all ORPA providers to be enrolled with Oregon Medicaid (42 CFR 455.410 Enrollment and Screening of Providers).

Enrolling with Medicaid

The provider enrollment applications:

- **Oregon Provider Medicaid ID Application, including the Provider Enrollment Agreement**
- **Oregon Organization Medicaid ID Application, including the Provider Enrollment Agreement**

You can download these applications from our website's [Documents and Forms](#) page.

How do I know what application is appropriate for me and/or my business?

Every provider with an NPI must enroll to be a Medicaid-approved provider; this includes providers involved in ordering, rendering, referring, prescribing, and attending via the Oregon Provider Medicaid ID Application.

If you bill with a type 2 NPI, you will also need to enroll your business by filling out the Oregon Organization Medicaid ID Application in addition to the Oregon Provider Medicaid ID Application.

If I'm a solo provider billing with my individual NPI and a Tax ID, what type of enrollment do I need?

If you are a solo practitioner, and no other providers will be billing under your Tax ID, you will only need to complete the Oregon Provider Medicaid ID Application. If you plan to have additional providers bill under your Tax ID, please obtain a type 2 NPI and also complete the Oregon Organization Medicaid ID Application.

Continued >

Questions?

We're happy to help. Contact your PacificSource Provider Service Representative.

[ORProviderService@
PacificSource.com](mailto:ORProviderService@PacificSource.com)

855-247-7575

TTY: 711

We accept all relay calls.



PacificSource
Community Solutions

What is needed to complete a Medicaid ID application?

- The Oregon Provider Medicaid ID Application
 - Type I NPI
- The Oregon Organization Medicaid ID Application
 - Type II NPI
- Copy of the claim
 - If you have billed prior to becoming enrolled with Medicaid.
- Healthcare license for your organization, issued by the state Health & Human Services department, or equivalent state entity, or CMS/Medicare certification
- W-9
- 501C if applicable

Note: Always check your taxonomy code in the [NPI registry](#) prior to submitting your Oregon Medicaid Enrollment ID application(s). This will help ensure your taxonomy matches the scope of care rendered and billed.

I may already be a Medicaid-approved provider. How can I verify that?

Please reach out to our Provider Service team at ORProviderService@PacificSource.com.

What is the typical processing time to obtain a Medicaid ID?

The typical processing time is 7 – 10 business days when submitted by the coordinated care organization (CCO). Applications sent directly to OHA take 6 – 8 weeks.

I have already provided services to a member, but am not enrolled in Oregon Medicaid. Can the enrollment be retroactive?

Yes, an Oregon Medicaid ID number can have a retroactive effective date of up to one year to include service rendered. Please note that a retroactive Medicaid ID does not override PacificSource timely filing guidelines. Please see our [Provider Manual](#) for additional information.

How do I know if I need to become enrolled with Oregon Medicaid?

All providers included on claims submissions must be enrolled with Medicaid in order for services to be reimbursed.

What is an NPI?

A National Provider Identifier (NPI) is a 10-digit identification number, issued to healthcare providers by the Center for Medicare and Medicaid Services (CMS).

Where can I register for an NPI or find my NPI?

To register or find your NPI, [visit the NPPES NPI Registry](#).

Where can I find more information regarding NPI and what I might need to know?

You can [download the guide, "NPI: What You Need to Know" \(PDF\)](#) from the CMS website.

Taxonomy

What is the taxonomy code?

The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions. The codes are designed to categorize the type, classification, and/or specialization of healthcare providers. The code is different from your Tax ID number.

Who has a taxonomy code?

All providers who have a National Provider Identification (NPI) will have an associated taxonomy code as well. For more information, visit [visit the NPI Registry](#).

Does our taxonomy need to match our services?

Yes! It's important to have your taxonomy match the type of services you will be billing. Discrepancies will cause claim errors.

Billing and Reimbursement

What if I have billed a claim before I obtain a Medicaid ID?

If you have submitted a claim and have yet to enroll to become a Medicaid-approved provider, you will receive a claim denial and the Oregon Medicaid ID Application Form(s).

How do I know if a service is covered under the Oregon Health Plan (OHP)?

You can [use our online tool, LineFinder](#), to see what services OHP covers. OHP generally updates this information quarterly.

What if I'm not contracted with PacificSource—can I still be reimbursed for services rendered?

If you're not contracted with PacificSource, you are likely to be reimbursed for services rendered if you are a reimbursable provider type, have an approved prior authorization in place, the services rendered are covered under OHP, and you have an active enrollment with Oregon Medicaid.

Forms and Resources

Where can I find forms and more information?

For forms and more information, [visit our website](#). Under the "For providers" tab, select "Documents and forms" from the menu.

How do I become a contracted provider with PacificSource Community Solutions?

Please reach out to Provider Service. This team will direct you to the next steps in becoming a contracted provider.

Where can I find general PacificSource Community Solutions policies and procedures?

For our policies and procedures, please [see our Provider Manual](#).

Who can I contact if I have other questions?

Medicaid Customer Service: **800-431-4135** or CommunitySolutionsCS@PacificSource.com

Provider Service: **855-247-7575** or ORProviderService@PacificSource.com



Enrollment Checklist

Please use to ensure your enrollment application is complete. All documents must be legible and sent as PDF if emailed.

Oregon Provider Medicaid ID Application

Confirm application is completely filled out, including Social Security number (SSN) and date of birth.

Taxonomy must match the scope of care rendered and billed.

Taxonomy listed on application must also match provider's NPI registry.

Complete Provider Enrollment Agreement (3975) as well. See checklist below.

Oregon Organization Medicaid ID Application

Required documents must be attached:

W9

License for Facilities

501(c) for Not-for-profit

Copy of associated claim(s) if applicable

Select "Provider Type" according to DHS/OHA Provider type list.

Common examples include, but are not limited to:

- 09 billing type enrollment: OHA required taxonomy is 193200000X or 193400000X
- 36 DME type enrollment: OHA required taxonomy is 332B00000X
- 44 Optician type enrollment: OHA required taxonomy 332H00000X

Taxonomy listed on application must match organization/facility's NPI registry.

Confirm application is complete.

Section I. Disclosing entity information – all information here should match Oregon Organization Medicaid ID Application enrollment information.

Disclosure #1 – if the owner or managing employee is an individual, we need the name, SSN, and date of birth of that individual. If the owner or managing employee is an organization, you will need to list the corporation's EIN. This must be different from the TIN that is being enrolled.

ALL questions on the Disclosure MUST be answered.

Additional Disclosures – if there are additional owners, this need to be filled out for each owner. If there is only one owner, this page is not needed.

Section III. Business transactions. This section is required by OHA. Be sure to complete in its entirety.

Signature must be completed and legible.

Complete Provider Enrollment Agreement as well. See checklist below.

Provider Enrollment Agreement

Required for each enrollment, provider and organization.

NPI and name must match what is being enrolled.

Signature must be complete and legible.