

## Instructions for Enrolling as an Ordering, Referring or Prescribing (ORP) Provider for School-Based Services\*

→ Go to <https://virginia.hppcloud.com/>

Mon Jul 25, 3:28 PM  
English

Virginia Department of Medical Assistance Services  
Provider Services

Contact Us Login

Home

Provider Enrollment

- New Enrollment
- Resume/Revalidate Enrollment
- Enrollment Status
- Manage Password
- Manage Email
- Cancel Enrollment

Thank you for your interest in becoming a participating provider with one or more programs with the Virginia Department of Medical Assistance Services.

Upon receipt of your complete Provider Enrollment Application and required documentation submission your enrollment application will be processed. You may check the status of your enrollment application once submitted by using the login information that will be supplied to you during the initial enrollment registration process.

If you need assistance or have any questions please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373 or 804-270-5105 to speak with an Provider Enrollment Specialist.

[Click Here for Additional Instructions for Providers](#)

<https://virginia-cfg-admin.hppcloud.com/ProviderEnrollment/EnrollmentCre...>

→ Choose “Menu” > “Provider Enrollment” > “New Enrollment”

**\*Note:** These instructions are applicable for the following provider types enrolling only for referring for school-based services:

Clinical Psychologists  
Clinical Social Workers  
Marriage and Family Therapists  
Nurse Practitioners  
Occupational Therapists  
Physical Therapists

Professional Counselors  
School Psychologists  
Speech-Language Pathologists  
School Social Workers (pending federal approval and systems changes)  
School Counselors (pending federal approval and systems changes)  
Behavior Analysts  
Substance Abuse Treatment Practitioners

## Pre-Enrollment Checklist

### Welcome to the Virginia Department of Medical Assistance Services Provider Enrollment System

Please note that only one provider type can be enrolled per application and required documentation must be complete, legible and current. You will be notified if your enrollment application cannot be processed because it is incomplete or the information is incorrect.

Providers should review enrollment requirements using the Enrollment Pre-Checklist below to determine what is required by Enrollment Type, Medicaid Program, Provider Type, and Specialty. Once you have started your enrollment application you may also reference the User Guide for additional information that will guide you through the enrollment application process.

Please click the "Start" button to begin the enrollment process. The application will automatically save each time you click "Continue".

**START**

#### Enrollment Pre-Checklist

Please select from the below parameters to generate a checklist enlisting the credentials and required documentation for your enrollment application. All information must be complete and current for processing.

* Enrollment Type	?	* Provider Type	?
Ordering, Prescribing, Referring	▼	Therapists	▼
* Specialty	?	Tax ID Type	?
043-Speech-Language Pathologist	▼	<input type="radio"/> EIN	<input checked="" type="radio"/> SSN
Are you Medicare enrolled?	?	* I will accept patients in the following programs:	?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	FFS only	▼

**CLEAR** **GENERATE PRE-CHECKLIST**

→ Choose the Enrollment type: "Ordering", "Prescribing", "Referring"

→ Choose the Provider Type: "Behavioral Health Practitioner" (for psychologists, social workers, counselors, applied behavior analysts and other behavioral health professionals licensed by the Virginia Department of Health Professions VDHP) or choose "Therapist" (for rehab specialty providers including speech, physical and occupational therapists – also licensed by VDHP)

*Note: School counselors, school social workers and school psychologists licensed by VDOE **may not enroll at this time pending federal approval and needed systems changes.***

→ Choose the Specialty Type: From the drop-down menu, choose the option that most closely matches your license type. (Note: School social workers, choose "Social Worker".

→ Choose Tax ID Type: "SSN"

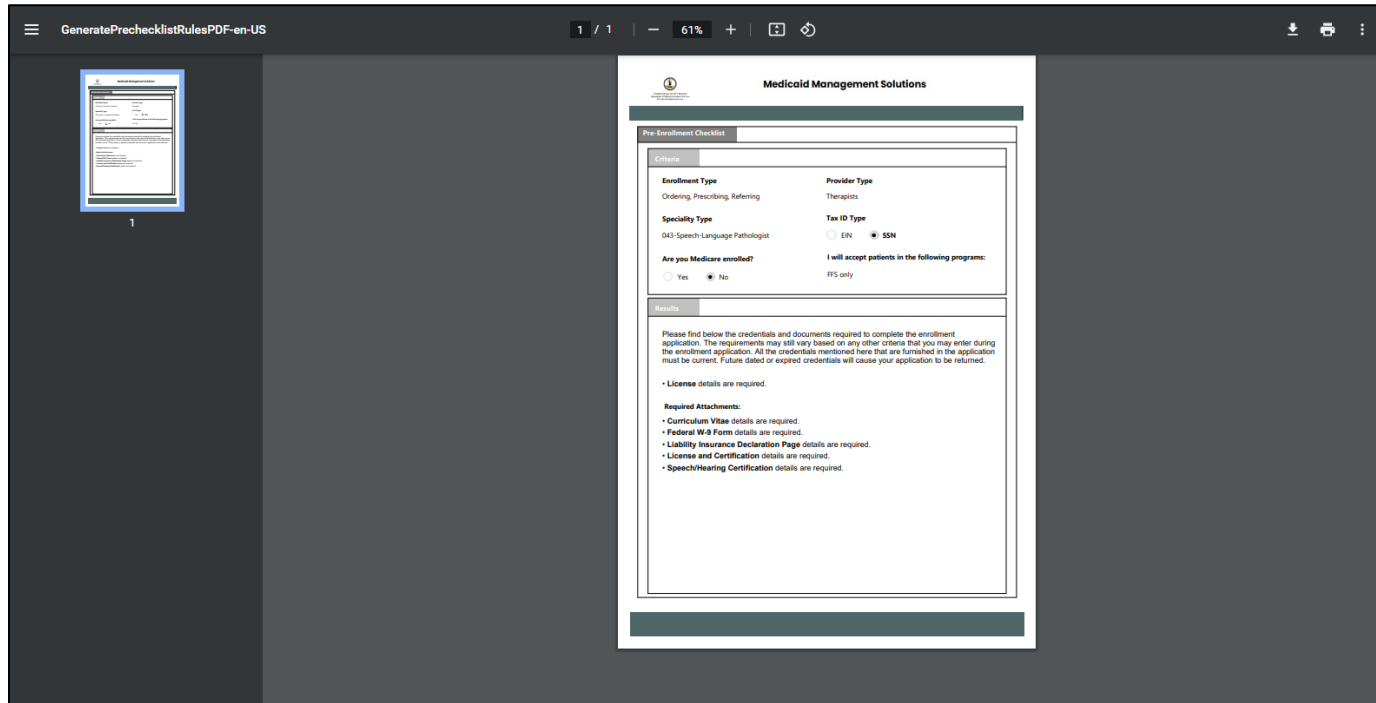
→ Answer: "Are you Medicare-enrolled? Choose "No"

→ I will accept patients in the following programs: Choose "FFS only"

→ Click on "Generate Pre-Checklist"

## Pre-Enrollment Checklist

A separate window will open. You will see a list of required attachments. Ensure that you have all of the attachments available/on-hand prior to proceeding with the application. The types of attachments required will vary based on the provider type.



The screenshot shows a web application interface for "Medicaid Management Solutions". The main content area displays a "Pre-Enrollment Checklist" form. The form is divided into two sections: "Criteria" and "Results".

**Criteria Section:**

<b>Enrollment Type</b> Ordering, Prescribing, Referring	<b>Provider Type</b> Therapists
<b>Specialty Type</b> 043-Speech-Language Pathologist	<b>Tax ID Type</b> <input type="radio"/> EIN <input checked="" type="radio"/> SSN
<b>Are you Medicare enrolled?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>I will accept patients in the following programs:</b> <input checked="" type="radio"/> FFS only

**Results Section:**

Please find below the credentials and documents required to complete the enrollment application. The requirements may still vary based on any other criteria that you may enter during the enrollment application. All the credentials mentioned here that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

- License details are required.

**Required Attachments:**

- Curriculum Vitae details are required.
- Federal W-9 Form details are required.
- Liability Insurance Declaration Page details are required.
- License and Certification details are required.
- Speech/Hearing Certification details are required.

**NOTE:** Those enrolling as ordering, referring or prescribing (ORP) providers only (professionals that do not intend to bill Medicaid) are not required to submit the following documents:

[Liability Insurance Declaration Page](#)

[Federal W-9 Form](#)

[Curriculum Vitae](#)

[Medical Board Certification](#)

**Reference page 23 and 27 for additional instructions on this topic.**

→ When you have compiled electronic (scanned) versions of the required documents, click on **“Start”**.

## Enrollment System Registration

→ You must register with the on-line enrollment system. You will insert your email and create a password. With this access, you will be able to Save and return later to complete your application. You will also be able to check the status of your application once submitted.

The screenshot shows the 'Registration' page of the Virginia Department of Medical Assistance Services Provider Services. The page header includes the 'mcs' logo, the text 'Virginia Department of Medical Assistance Services Provider Services', and the date 'Mon Jul 25, 3:57 PM'. A navigation bar contains a 'MENU' button, 'Provider Enrollment', and 'New Enrollment'. A 'Contact Us' link is in the top right. The main content area is titled 'Registration' and includes a 'Required Fields (\*)' link. Below the title is a paragraph: 'Register below to be assigned a unique enrollment Application Tracking Number (ATN). Be sure to write down your password. An email confirmation will be sent with the ATN. If you don't submit your enrollment right away, you can use this ATN and password to resume your enrollment application later.' The form contains four required fields: 'Email', 'Confirm Email', 'Password', and 'Confirm Password', each with an information icon. A 'Provider Reference' field is also present. At the bottom right of the form are 'PREVIOUS' and 'REGISTER' buttons. The footer contains links for 'DISCLAIMER', 'WEBSITE REQUIREMENTS', and 'PRIVACY POLICY', along with 'Accessibility', 'Privacy Policy', and 'Contact Us' at the very bottom.

→ Make note of your tracking number.

The screenshot displays the Virginia Department of Medical Assistance Services Provider Services web application. At the top, the logo 'mcs' is visible on the left, and the text 'Virginia Department of Medical Assistance Services Provider Services' is centered. The date and time 'Mon Jul 25, 4:00 PM' are in the top right corner. A navigation bar includes a 'MENU' button, 'Provider Enrollment', and 'General Information'. A 'Print Preview' button and a help icon are also present. The main content area shows a 'Tracking Number: 9060860351' with a help icon. A modal dialog box titled 'Registration Complete' is overlaid, containing the text: 'Your tracking number is 9060860351. An email will be generated and sent to your email address rebecca.anderson@dmas.virginia.gov with further instructions. You can now continue with your enrollment application.' An 'OK' button is at the bottom of the modal. Below the modal, the 'General' section is visible, with sub-sections for 'Initial Enrollment Information' and 'Provider Information'. The 'Initial Enrollment Information' section includes a required field for 'Enrollment Type' with a dropdown menu showing 'select a value...'. The 'Provider Information' section includes a required field for 'NPI' and a question 'Are you currently enrolled as a Provider?'.

## Initial Enrollment Information and Provider Information

- **Choose Enrollment type:** “Ordering, Prescribing, Referring”
- **Choose Provider Type:** “Behavioral Health Practitioner” or “Therapist” (for rehab specialty providers including speech, physical and occupational therapists)
- **Enter the Effective Date:** This is the first date for which services associated with your National Provider Identifier (NPI) as the referring provider may be billed by your school division(s). ***This date can be retroactive within the most recent 365-day period or a date that is no longer than 90 days in the future.*** You must be licensed and otherwise eligible to enroll with DMAS on the effective date used.
- **Choose Program Selection:** I will accept patients in the following programs: Choose “FFS Only”
- Fill out the remaining page of the form. Items with a **blue\*** are required.

General Required Fields ( 4 )

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**Initial Enrollment Information**

\* Enrollment Type: Ordering, Prescribing, Referring    \* Provider Type: Therapists    \* Effective Date: 07/12/2022

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**Provider Information**

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

Title:    \* Last Name: Bird    \* First Name: Tweety    Middle Name:    Suffix:

Gender: select a value...    What is your ethnicity?: SSN is a required field.    \* Birth Date: 01/01/1942

\* NPI: 1234567890    \* SSN:    -    -    5555

Are you currently enrolled as a Provider?  Yes  No

Were you previously enrolled as a Provider?  Yes  No

Are you Medicare enrolled?  Yes  No

This provider enrollment application is for the Department of Medical Assistance Services of Virginia program(s). If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations or to provide Dental Services, your enrollment application and supporting documentation will be forwarded to those selected organizations. Please select from program options below:

\* I will accept patients in the following programs: FFS only

Are you registered with CAQH?  Yes  No

## Initial Enrollment Information and Provider Information (cont'd)

**Note:** Address confirmation may indicate “invalid”. Double-check the address, and if the address information is correct, choose “Yes”.

This provider enrollment application is for the Department of Medical Assistance Services of Virginia program(s). If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations or to provide Dental Services, your enrollment application and supporting documentation will be forwarded to those selected organizations. Please select from program options below.

\* I will accept patients in the following programs:    
 ⓘ I will accept patients in the following programs: is a required field.

Are you registered with CAQH?   
  Yes  No

---

Contact Information

Title  \* Last Name    
 ⓘ Last Name is a required field.

\* Address Line 1

\* City  ⓘ City is a required field. \* State  ⓘ State is a required field. \* Country  ⓘ Country is a required field. \* ZIP Code/ Postal Code  ⓘ ZIP Code/ Postal Code is a required field.

\* Phone Type  ⓘ Phone Type is a required field. \* Telephone Number  ⓘ Telephone Number is a required field. Telephone Number Extension  Fax Number

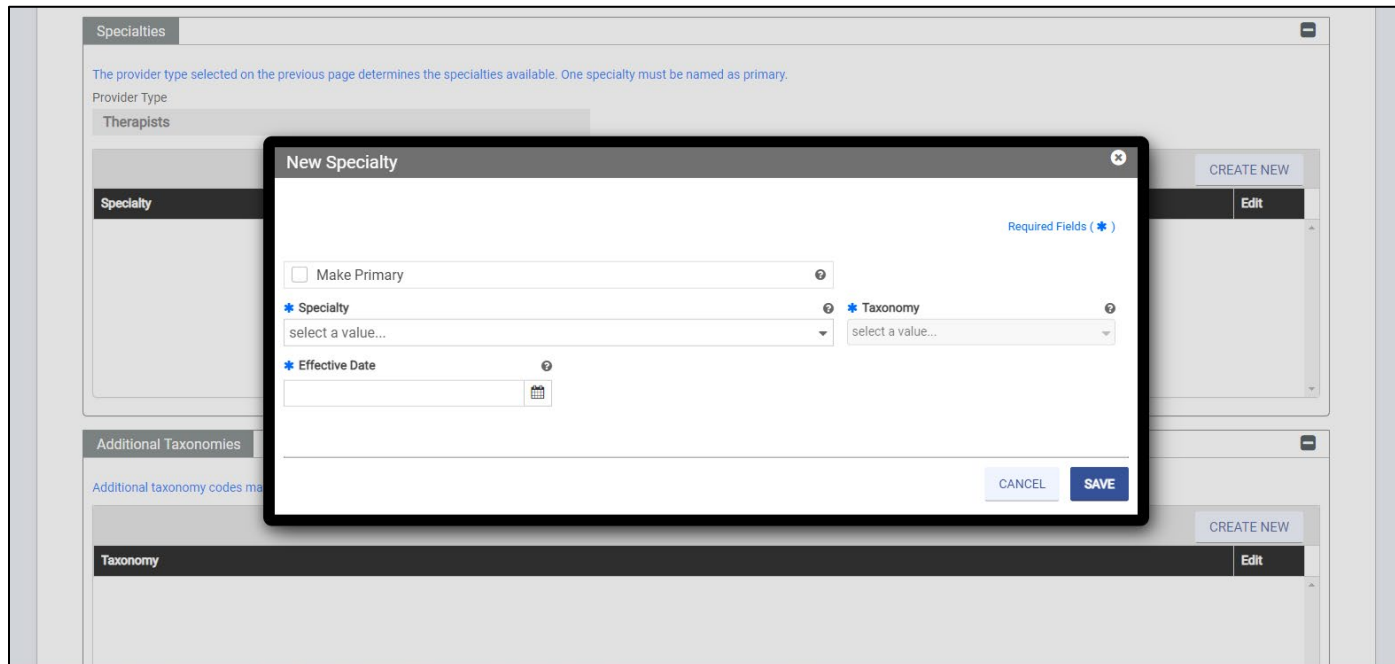
Email Address  Confirm Email

**Address Confirmation**

Address has been validated and it is invalid. Do you want to keep the same address details to continue further?

## New Specialties

- Choose "Create New"
- Choose **Specialty Type**: From the drop-down menu, choose the option that most closely matches your license type
  - Be sure to check box marked "**Make Primary**"
- Enter **Taxonomy**: This taxonomy code should match the specialty you chose.
- Enter **Effective Date**: Enter **the effective date of your current applicable professional license**.



The screenshot shows a web application interface for managing specialties. A modal window titled "New Specialty" is open, displaying the following fields:

- Make Primary
- \* Specialty: select a value... (dropdown menu)
- \* Taxonomy: select a value... (dropdown menu)
- \* Effective Date: [ ] (calendar icon)

Buttons for "CANCEL" and "SAVE" are visible at the bottom of the modal. The background shows a "Specialties" section with a "CREATE NEW" button and an "Edit" button.



→ Enter additional taxonomies, if applicable.

This system requires a “primary” specialty/taxonomy. You may enter additional taxonomies, if applicable.

**Note:** Additional taxonomies are not required. In most cases this will not be applicable.

Virginia Department of Medical Assistance Services  
Provider Services

Mon Jul 25, 4:27 PM

Home MENU Provider Enrollment Specialties Contact Us

Print Preview ?

Provider Type  
Therapists

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit
043-Speech-Language Pathologist	235Z00000X-Speech-Language Pathologist	x	07/25/2022	

Additional Taxonomies

Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
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## Service Location

**PROGRESS**

1 General Information 2 Specialties 3 **Service Location** 4 Addresses 5 Credentials 6 Other 7 Disclosures 8 Attachments 9 Agreement / Submit

CANCEL PREVIOUS SAVE AND CONTINUE

Service Location (For Revalidations, if a Service Location is listed below, please select Edit and review all data) Required Fields ( \* )

Service Location CREATE NEW

Location Name	Address Line1	Address Line 2	City	State	Primary	Edit

CANCEL PREVIOUS SAVE AND CONTINUE

→ Choose **“Create New”**. Your service location will be the main business address for your school division, regardless of the specific school buildings where you may provide services to students.

- You are able to enter multiple locations, for example, if you work for more than one school division.

**Note:** Be sure to click the **“Make Primary”** box to advance to the next screen even if you only have one service location.

**PROGRESS**

1 General Information 2 Special Services 3 Attachments 4 Attachments 5 Attachments 6 Attachments 7 Attachments 8 Attachments 9 Agreement / Submit

CANCEL

Service Location (For Revalidation)

Service Location

Location Name

**New Service Location**

Please complete all the required fields under the Service Location address. This will allow you to copy the address to the other address types. Note that copied addresses cannot be edited.

\* Location Name Merrie Melodies School

Contact Information

\* Last Name Cat \* First Name Sylvester Middle Name Suffix

\* Address Line 1 987 Warner Bros Lot Address Line 2 City Richmond

\* State Virginia \* ZIP Code/ Po... 23219-0000 Location Code In State \* County Richmond \* Country United States

Email rebecca.anderson@dmas.virginia.gov Confirm Email rebecca.anderson@dmas.virginia.gov

Phone Number

\* At least one Phone Number must be provided.

CREATE NEW

Phone Type	Telephone Number	Telephone Number Extension	Edit
Mobile	417-881-9552		

PREVIOUS SAVE AND CONTINUE

PREVIOUS SAVE AND CONTINUE

### Service Location (Cont'd)

Some of these prompts may not be applicable. Enter “no” if “not applicable”. (It is acceptable to indicate “no”.) For example, it is acceptable to indicate “No after-hours”. Note that the emergency phone number is not required.

The image shows a web application interface with a modal window titled "New Service Location" overlaid on a page titled "Service Location (For Revalidation)".

**Background Page (Service Location (For Revalidation)):**

- Progress bar with steps: 1 General Information, 2 Special Information, 3 Agreement / Submit.
- Buttons: CANCEL, SAVE AND CONTINUE, PREVIOUS, CREATE NEW, Edit.
- Section: Service Location (For Revalidation)
- Form field: Location Name
- Buttons: CANCEL, SAVE AND CONTINUE, PREVIOUS.

**Modal Window (New Service Location):**

- Section: Service Address Information
- Text: Please enter your service location hours of operation
- Form field:  Hours of Operation
- Form field: \* Is the service location ADA compliant?  Yes  No
- Form field: \* Is the service location accessible by public transportation?  Yes  No
- Form field: \* What are your after-hour arrangements? No after hours
- Form fields: Phone Type (select a...), Emergency Phone Number, Telephone Nu...
- Section: Service Address Information
- Form field:  Accepting New Patients with Special Needs

## Service Location (Cont'd)

What you enter for these prompts under “**Service Address Information**” will not affect your application.

The image shows a screenshot of a web application interface for creating a new service location. A modal window titled "New Service Location" is open, displaying various input fields. The "Service Address Information" section is highlighted with a black box. This section includes several fields:

- Accepting New Patients with Special Needs
- Age Restrictions
- Accepting New Patients (with a dropdown menu showing "Accepting existing patients")
- Preferred Patient Gender (with a dropdown menu showing "No Restrictions")

The background interface shows a progress bar with steps: 1 General Information, 2 Special... (partially visible), and 9 Agreement / Submit. There are buttons for "CANCEL", "SAVE AND CONTINUE", "CREATE NEW", and "Edit".

## Mailing address

- Where do you want information related to your enrollment sent?
  - This **may or may not** be the same as your service location.
- Indicate your preferred method of contact – land mail **or** email.

The screenshot shows the 'Addresses' page in the 'Provider Enrollment' section of the Virginia Department of Medical Assistance Services Provider Services web application. The page header includes the 'mes' logo, the department name, and the date 'Mon Jul 25, 4:42 PM'. A navigation bar contains 'Provider Enrollment' and 'Addresses'. A 'Print Preview' button and a help icon are visible in the top right. The main content area contains a form with the following fields:

- A checkbox labeled 'Same as Service Location' which is checked.
- A required field for 'Location Name' containing 'Merrie Melodies School'.
- A section titled 'CONTACT INFORMATION' containing:
  - Required fields for 'Last Name' (Cat), 'First Name' (Sylvester), 'Middle Name', and 'Suffix'.
  - Required fields for 'Address Line 1' (987 Warner Bros Lot), 'Address Line 2', 'City' (Richmond), and 'State' (Virginia).
  - Required fields for 'ZIP Code/ Postal Code' (23219-0000) and 'Country' (United States).
- A second checkbox labeled 'Same as Service Location' which is checked.
- A required field for 'Preferred Communication' with radio buttons for 'Mail' (selected) and 'Email'.
- A required field for 'Email'.
- A 'Confirm Email' checkbox.

## License Information

→ A Virginia license **must** be entered.

The screenshot displays a web application interface for managing credentials. A modal window titled "New License" is open, showing a form with the following fields:

- License or Certification Number: 123456
- Issuing State: Rhode Island
- License or Certification Entity: OTHER - OTHER
- Effective Date: 07/01/2022
- End Date: 07/02/2025

The "End Date" field is highlighted with a red border. The modal also includes "CANCEL" and "SAVE" buttons. In the background, a table lists existing licenses with columns for License or Certification Number, Issuing State, License or Certification Entity, Effective Date, End Date, and Edit. Below the table, there is a "Medicaid Program" section with a question: "Are you enrolled in other state Medicaid programs? If so, please indicate which states." and radio buttons for "Yes" and "No".

→ Indicate if you are enrolled in any other state Medicaid programs. (The licensing state must be the same as the service location state.)

**Credentials**

**License**

CREATE NEW

License or Certification Number	Issuing State	License or Certification Entity	Effective Date	End Date	Edit
123456	Virginia	DHP - Virginia Department of Health Professionals	07/01/2022	07/02/2025	

**Medicaid Program**

\* Are you enrolled in other state Medicaid programs? If so, please indicate which states.

Yes  No

CANCEL PREVIOUS SAVE AND CONTINUE



### Other Information

- You **may** enter other optional information including a provider website, medical facility ownership information, as applicable.
- This information is **not required**.

The screenshot shows the 'Other' step of a provider enrollment process. At the top, the logo for 'mcs' (Virginia Department of Medical Assistance Services) is displayed, along with the text 'Virginia Department of Medical Assistance Services Provider Services' and the date 'Mon Jul 25, 4:51 PM'. A navigation bar includes 'MENU', 'Provider Enrollment', and 'Other'. A secondary navigation bar contains links for 'New Enrollment', 'Resume/Revalidate Enrollment', 'Enrollment Status', 'Manage Password', 'Manage Email', 'Cancel Enrollment', 'Print Preview', and a help icon. The main heading is 'Step 6: Other - Tracking Number: 9060860351' with a help icon, and 'STEP 6 OF 9' is shown in the top right. A progress bar below the heading shows steps 1 through 9, with step 6 'Other' highlighted in yellow. The steps are: 1 General Information, 2 Specialties, 3 Service Location, 4 Addresses, 5 Credentials, 6 Other, 7 Disclosures, 8 Attachments, and 9 Agreement / Submit. Below the progress bar are buttons for 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'. The 'Other' section is currently empty, with a 'Languages' section below it containing a 'CREATE NEW' button and an 'Edit' button.

## Disclosures

You **will disclose** any issues with your licensure or education, any disciplinary actions taken against you, etc. If a topic is not applicable, indicate “no”.

The image shows a screenshot of a web application interface. A modal window titled "New Provider Self Disclosure" is open in the center, overlaying a background form. The modal contains the following sections and questions:

- Licensure**
  - Has any action ever been taken against your license or certification, by any state or certification board in the past 10 years?  Yes  No
  - Have there been any changes to your license, registration or certification in the past 10 years?  Yes  No
- Affiliations**
  - Has any action ever been taken against your medical privileges or any other associations, by any hospital, healthcare institution or governing board?  Yes  No
  - Have you ever voluntarily withdrawn your privileges based on any action by a hospital, healthcare institution or governing board?  Yes  No
  - Have you ever been terminated or not renewed your enrollment, or subject to any disciplinary action by any healthcare organization?  Yes  No

The background form is partially visible and includes sections for "OWNERSHIP/CONTROLLING INTERESTS", "DISCLOSURE FORMS", and "Disclosure Form". It also features buttons for "CANCEL", "CREATE NEW", "PREVIOUS", and "SAVE AND CONTINUE".

### Contact for audit purposes

Enter the physical address of where student service records are maintained. Provide a key contact for purposes of accessing student service records for audit purposes. Check with your Medicaid Coordinator if you are unsure.

The screenshot shows a web application interface with a modal window titled "New Provider Self Disclosure". The modal contains two sections for providing contact and address information. The first section is for the contact person, and the second is for the physical location of records. Both sections include fields for Title, Last Name, First Name, Middle Name, Suffix, Address Line 1, Address Line 2, City, State, Country, ZIP Code, and Phone Type with Telephone Number. The background shows a "Provider Enrollment" page with a "Disclosure Form" section.

Field	Value
Title	
Last Name	Bird
First Name	Tweety
Middle Name	
Suffix	
Address Line 1	1234 Warner Bros Lot
Address Line 2	
City	Richmond
State	Virginia
Country	United States
ZIP Code	23219-0000
Phone Type	Mobile
Telephone Number	417-881-9552

## Submitting Required Attachments

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Curriculum Vitae	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO
Speech/Hearing Certification	NO

Attachment Details

Transmission Method

Upload File

SELECT FILES...

CREATE NEW

Edit

CANCEL SAVE

### New Attachment

\* Transmission Method

\* Attachment Type

## Attach an Electric Copy of Your License and/or Certification

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Curriculum Vitae	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO
Speech/Hearing Certification	NO

Attachment Details

Transmission Method

**New Attachment**

**\* Transmission Method** [Electronic Only] **\* Attachment Type** [License and Certification]

Upload File

[SELECT FILES...]

select a value...

- Lease/Purchase Agreement
- Liability Insurance Declaration Page
- License and Certification**
- Medical Board Certification
- Medicare Approval Letter/Certification

[CANCEL] [SAVE]

CREATE NEW

Edit

### Attachments NOT Required for ORP Providers

When prompted to upload the forms listed below, you may instead upload a document simply stating that you are enrolling as an ORP provider and these forms are not required. You may use the same document (see sample on the next page), but the document must be uploaded in place of each of the documents listed as required on your Pre-Enrollment Checklist (see page 3).

[Liability Insurance Declaration Page](#)

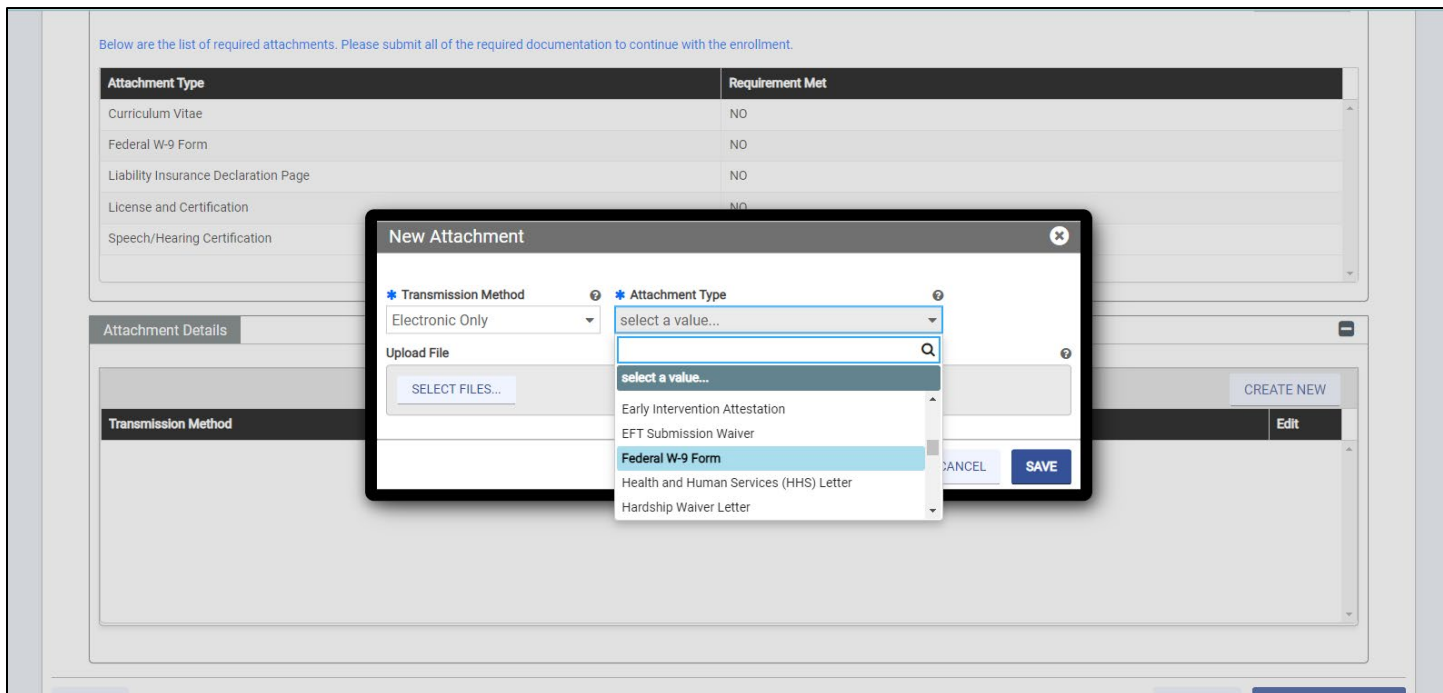
[Federal W-9 Form](#) (please state on the document that you are enrolling using your social security number)

[Curriculum Vitae](#)

[Medical Board Certification](#)

[DEA License](#)

[Certification \(SLP certification is NOT required for DMAS ORP enrollment\)](#)



**Sample:**

July 18, 2022

RE: Required documents - Workaround for ORP provide enrollment

To whom it may concern:

I am enrolling with DMAS as an ordering, referring or prescribing (ORP) provider type. My NPI is 1234567890. I am enrolling with my social security number and a W9 form is not required.

In addition, the following documents are also not required for ORP providers:

- Curriculum Vitae details
- Liability Insurance Declaration Page details

Sincerely,

## Liability Insurance Declaration

Not required for ORP enrollments. Submit a document that indicates this document is not required for ORP enrollment.

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Curriculum Vitae	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO
Speech/Hearing Certification	NO

Attachment Details

Transmission Method

**New Attachment**

\* Transmission Method: Electronic Only

\* Attachment Type: select a value...

Upload File

SELECT FILES...

select a value...

- IRS 147C
- Lease/Purchase Agreement
- Liability Insurance Declaration Page**
- License and Certification
- Medical Board Certification

CANCEL SAVE

CREATE NEW Edit



## CV

Not required for ORP enrollments. Submit a document that indicates this document is not required for ORP enrollment.

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Curriculum Vitae	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO
Speech/Hearing Certification	

### New Attachment

\* Transmission Method: Electronic Only

\* Attachment Type: Curriculum Vitae

Upload File

SELECT FILES...

select a value...  
WHO-1005 CERTIFICATE AND TRANSMITTAL  
Collaborating Physician Form  
Curriculum Vitae  
CV - 3 Year Residency in Psychiatry  
HCBS Compliance Letter  
DFA

CANCEL SAVE

Attachment Details

Transmission Method

CREATE NEW Edit

Once you have uploaded all required documents you will proceed to the final section.

Complete the Agreement and Submit.

You will be notified within 10 business days by email or land mail of the results of your application. The mode of notification will depend on the preference indicated in the **Addresses** section (reference page 14).

## Revalidating Enrollment as an Ordering, Referring or Prescribing (ORP) Provider for School-Based Services

### Validation of **enrollment as an ORP provider**

- All enrolled providers must complete a **revalidation** of their enrollment information at least every 5 years. (Timing may vary depending on provider specialty.)
- DMAS will mail or email revalidation information and instructions directly to the providers, depending on the communication preference noted in their initial ORP application. The first notification will be sent approximately 90 days prior to the deadline for revalidation.
- ORP providers do not have to be registered with the **MES Provider Portal** to receive notifications, but they do have to make sure to keep their contact information updated with DMAS. For those not registered with the portal, this can be done via email, land mail or fax to the following:

Virginia Medicaid Provider Enrollment Services

PO Box 26803

Richmond, VA 23261-6803

[vamedicaidproviderenrollment@gainwelltechnologies.com](mailto:vamedicaidproviderenrollment@gainwelltechnologies.com)

Fax 804-270-7027 or 888-335-8476

**IMPORTANT:** Validation of **professional licensure** is separate from provider enrollment revalidation.

- For those licensed through the Virginia Department of Health professions - licensure information is updated automatically. No action is required on the part of the enrolled ORP provider.
- For those licensed through the Virginia Department of Education, the person must mail, fax or email any updated license information directly to DMAS using one of the methods for contact listed above.

### Workaround Procedures for Ordering, Referring, Prescribing (ORP) Provider Enrollment Type

The provider online enrollment application system requires the following forms to be submitted at the end of the application. The information below outlines the workaround to allow enrolling ORP provider to replace the documents that are not required for ORP enrollment. The highlighted documents below are not required for ORP enrollment.

- **Curriculum Vitae details.** Not required for ORP enrollments. ORP providers can submit a document outlining that this is not required for ORP enrollment for school-based services and submit this in place of the Curriculum Vitae.
- **Federal W-9 Form details.** Not a required document for ORP enrollments. Please submit a document indicating that the W9 is not required since they are enrolling with their Social Security Number.
- **Liability Insurance Declaration Page details.** Not required for ORP enrollments. Submit a document that indicates this document is not required for ORP enrollment for school-based services.
- **Certification.** Not required for ORP enrollments of school based services. Submit a document that indicates this document is not required for ORP enrollment for school-based services.
- **DEA license.** For providers that do not prescribe medications, submit a document that indicates this document is not required for ORP enrollment of your provider type.
- **License and Certification details** are required. License is required for ORP providers. Include certification information if certification is required for your enrollment type.

The document used in place of the non-required documents highlighted above can be a single document that lists all of the applicable documents and reasons why they are not required. It will need to be uploaded for each of the required documents, however.

### Enrollment Fees

There is no enrollment fee for school divisions or for school-based providers enrolling for ORP purposes. Disregard any email or letter received regarding an enrollment fee.