ORP/LEA Enrollment and Revalidation

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→ **Go to** https://virginia.hppcloud.com/

→ **Choose "Menu" > "Provider Enrollment" > "New Enrollment"**
   ***Note**: These instructions are **applicable for the following provider types** enrolling only for referring for school-based services:
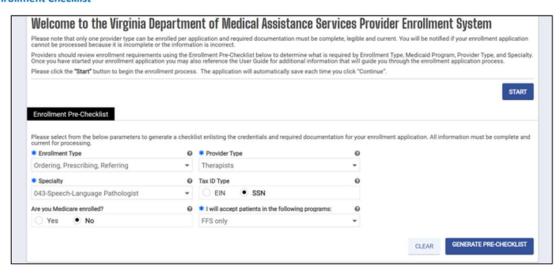
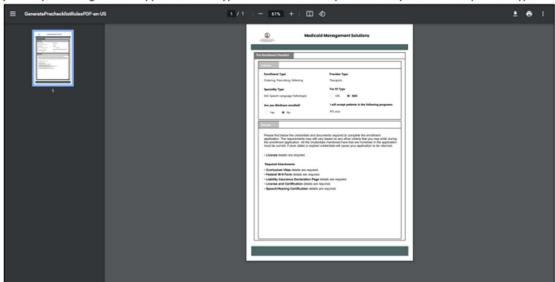|	
Clinical Psychologists	Professional Counselors
Clinical Social Workers	School Psychologists
Marriage and Family Therapists	Speech-Language Pathologists
Nurse Practitioners	School Social Workers (pending federal approval and systems changes)
Occupational Therapists	School Counselors (pending federal approval and systems changes)
Physical Therapists	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 ▾	○ EIN ● SSN

Are you Medicare enrolled?	✱ I will accept patients in the following programs:
○ Yes ● 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 <u>at this time</u> 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.

NOTE: Those enrolling as ordering, referring or prescribing (ORP) providers only (professionals that do not intended 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"**.

→ Make note of your tracking number.

Virginia Department of Medical Assistance Services
Provider Services

Mon Jul 25, 4:00 PM

Contact Us

MENU **Provider Enrollment** ▼ *General Information*

Print Preview

Tracking Number: **9060860351**

Registration Complete

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.

OK

General

Required Fields (●)

Initial Enrollment Information

● Enrollment Type   ● Prov
select a value...   select

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.

● NPI

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.

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:

FFS only

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

Are you registered with CAQH?

◯ Yes ⦿ No

Contact Information

Title		* Last Name		
		Bird		
		ⓘ Last Name is a require		

* Address Line 1

1234 Looney Tunes Drive

Address Confirmation

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

NO   YES

* City		* State		* Country		* ZIP Code/ Postal Code	
Richmond		Virginia		United States		23219-0000	
ⓘ City is a required field.		ⓘ State is a required field.		ⓘ Country is a required field.		ⓘ ZIP Code/ Postal Code is a required field.	

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

Email Address

Confirm Email

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**.

Specialties			▬
The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.			
Provider Type			
Therapists			
			CREATE NEW
Specialty			**Edit**

New Specialty   ⊗

Required Fields (●)

☐ Make Primary   ❓

● Specialty   ❓   ● Taxonomy   ❓
select a value...   ▾   select a value...   ▾

● Effective Date   ❓
[   ] 📅

                                              CANCEL   **SAVE**

Additional Taxonomies			▬
Additional taxonomy codes mu...			
			CREATE NEW
Taxonomy			**Edit**

→ **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.

Service Location

→ **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.

  o 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 <u>even if you only have one service location</u>.

Service Location (Cont'd)

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

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.

License Information

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

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

Other Information

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

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**".

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.

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	

New Attachment

● Transmission Method   ● Attachment Type

select a value...   select a value...

Upload File

SELECT FILES...

CANCEL   SAVE

Attachment Details

Transmission Method		Edit
	CREATE NEW	

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	

New Attachment

● Transmission Method   ● Attachment Type

Electronic Only   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

Attachment Details

Transmission Method		Edit
	CREATE NEW	

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 plac~~e~~ need to add an "e" 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)

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

New Attachment ⊗

* Transmission Method ❓   * Attachment Type ❓

Electronic Only ▾   select a value... ▾

Upload File

[SELECT FILES...]

select a value...	🔍
select a value...	
Early Intervention Attestation	
EFT Submission Waiver	
Federal W-9 Form	
Health and Human Services (HHS) Letter	
Hardship Waiver Letter	

CANCEL   [SAVE]

Attachment Details   CREATE NEW

Transmission Method   Edit

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,

This letter should be created on the LEA company letterhead and either emailed or faxed to Virginia Medicaid Provider Enrollment Services.
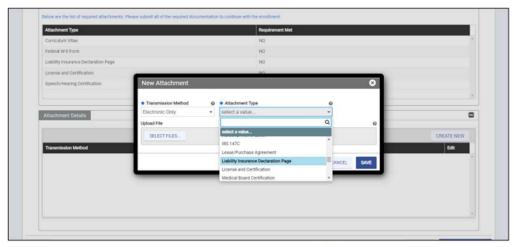
• Fax - 804-270-7027 or 888-335-8476

Virginia Medicaid Provider Enrollment Helpdesk
• Phone - 804-270-5105 or 888-829-5373
• Fax - 804-270-7027 or 888-335-8476
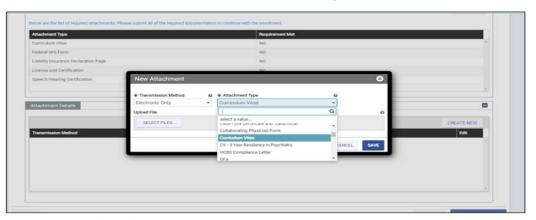
Email: VaMedicaidProviderEnrollment@gainwelltechnologies.com

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

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

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

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.

Basic (EDI) Electronic Billing Information for LEA's/ORP

- ## Loop 2000A - Billing/Pay-To Provider

- **Segment PRV - Provider Information (Not always present)**

- **Example:** PRV*BI*PXC*193200000X~

- Element 01 = Hardcoded to BI for Billing

- Element 02 = Identification Qualifier Code

  - PXC = Taxonomy

- Element 03 = Identification Code (193200000X) **Box 33b**

Loop 2010AA - Billing Provider (BP) Name

Segment NM1 - Name

Example: NM1*85*2*WEBPTTHERABILL CLINIC*****XX*1952465171~

- Element 01 = Hardcoded to 85 for Billing Provider

- Element 02 = Entity Type (2)

  - 1 = Individual

  - 2 = Organization

- Element 03 = Last Name or Organization Name (WebPT/Therabill Clinic) **Box 33**

- Element 04 = First Name **Box 33**

- Element 05 = Middle Name/Initial **Box 33**

- Element 07 = Suffix **Box 33**

- Element 08 = Identification Code Qualifier (XX)

  - XX = NPI

- Element 09 = Identification Code (1952465171) **Box 33a**

Segment NM3 - Street Address

Example: N3*123 STREET~

- Element 01 = Street Address (123 Street) **Box 33**

- Element 02 = Street Address 2 **Box 33**

Segment N4 - City, State, and ZIP

Example: N4*PHOENIX*AZ*850044461~

- Element 01 = City (Phoenix) **Box 33**

- Element 02 = State (Arizona) **Box 33**

- Element 03 = ZIP code (850044461) **Box 33**

Loop 2310A - Referring Provider

Segment NM1 - Name

Example: NM1*DN*1*HENSON*JIM****XX*9999999995~

- Element 01 = Hardcoded to DN for Referring Provider **Box 17**

- Element 02 = Hardcoded to 1 for Individual

- Element 03 = Last Name (Henson) **Box 17**

- Element 04 = First Name (Jim) **Box 17**

- Element 05 = Middle Name/Initial **Box 17**

- Element 07 = Suffix **Box 17**

- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI

- Element 09 = Identifier Code (9999999995) **Box 17b**

Segment REF - Reference (Not always present)

Example: REF*0B*A485422~

- Element 01 = Identifier Code Qualifier (0B) **Box 17a**

  - 0B = State License Number

  - G2 = Commercial Number

- Element 02 = Identifier Code (A485422) **Box 17a**

Loop 2310B - Rendering Provider

Segment NM1 - Name

Example: NM1*82*1*SMITH*TERESA****XX*5595436374~

- Element 01 = Hardcoded to 82 for Rendering Provider

- Element 02 = Hardcoded to 1 for Individual

- Element 03 = Last Name (Smith)

- Element 04 = First Name (Teresa)

- Element 05 = Middle Name/Initial

- Element 07 = Suffix

- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI

- Element 09 = Identifier Code (5595436374) **Box 24j**

Segment PRV - Provider

Example: PRV*PE*PXC*225100000X~

- Element 01 = Hardcoded to PE for Performing

- Element 02 = Hardcoded to PXC for Provider Taxonomy Code

- Element 03 = Identifier Code/Taxonomy (225100000X)

Segment REF - Reference

Example: REF*G2*998855~

- Element 01 = Secondary Indentification Reference ID Qualifier (G2) **Box 24i**

  - G2 = Commercial Number

  - 0B = State License Number

  - 1G = Provider UPIN Number

- Element 02 = Secondary Indentification Reference ID (998855) **Box 24j Shaded**

Loops 2310C - Service Facility Location

Segment NM1 - Name

Example: NM1*77*2*MY HOME CLINIC*****XX*9999999995~

- Element 01 = Hardcoded to 77 for Service Location
- Element 02 = Hardcoded to 2 for Non-Person Entity
- Element 03 = Service Facility Name (My Home Clinic) **Box 32**
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (999999995) **Box 32a**

Segment N3 - Street Address

Example: N3*Box 123~

- Element 01 = Street Address (Box 123) **Box 32**