



EDMS COVERSHEET



Use to fax documents for entry into the Oregon Medicaid Electronic Document Management System (EDMS).

From: _____

Date: _____

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No. of Pages: _____
(including this coversheet)

Document Type: Check only one box and fax to the number shown. Use a new coversheet for each transaction.

- Provider Enrollment (PE) - 503-378-3074
- Claim Documentation - 503-378-3086
- Prior Authorization (PA)

- Hearing Documentation (no central fax #)
- Grievance Documentation (no central fax #)
- Correspondence - 503-378-3086

For PA requests, also check one box below:

- Routine Processing - 503-378-5814
- Urgent Processing (72 hours)
- Immediate Processing (24 hours) } 503-378-3435

Justification and additional documentation is required for Urgent or Immediate processing (summarize below). If your PA request does not meet Urgent or Immediate criteria, it will receive Routine processing.

Justification: _____

For Provider Enrollment requests: Find required forms and instructions at:

www.oregon.gov/OHA/HSD/OHP/Pages/Provider-Enroll.aspx

For Prior Authorization requests and claim documentation: Find program-specific PA criteria and documentation requirements at www.oregon.gov/OHA/HSD/OHP/Pages/Policies.aspx (click on the link for your program).

Documentation Identification Numbers: Provider ID is required on all requests from providers. To link documents to a specific Recipient ID, PA, claim or other record in our system, enter the appropriate number(s) below. Use one character or number per box; press tab between each entry.

PE Application Tracking Number (ATN):

Provider ID (NPI or Oregon Medicaid ID):

Recipient ID (as listed on the Medical ID):

Prior Authorization Number (PAN):

Internal Claim Number (ICN):

Hearings/Grievances Number (HGN):

Contact Tracking Number (CTN)*:

*For DHS/OHA staff use only: Enter the CTN to link correspondence to a specific Contact Tracking Management System (CTMS) entry. Include CTMS question number and notes number, as applicable. If the CTN is linked to a specific provider or recipient contact, also enter the Provider or Recipient ID.

Confidentiality Notice: The information contained in this packet is confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax - except its direct delivery to the intended recipient - is strictly prohibited. If you have received this packet in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.

Oregon Medicaid
Provider Enrollment / Update / Revalidation

Non-Billing Providers
Providers whose organization(s) bill on their behalf.

HEALTH SYSTEMS DIVISION
Provider Enrollment Services

Oregon Medical Assistance Program
(Oregon Health Plan)

Type of action requested

- New or re-enrollment (*check box if you are a new provider or non-active provider*)
- Provider update (*check box if you are an active provider submitting updated information*)
- Revalidation (*check box **only** if you received a notice to revalidate*)

General information

All Providers, as defined in OAR 410-120-1260(3)(a), are required to enroll with the Oregon Medicaid.

A non-billing provider whose relationship with Oregon Medicaid is to order, refer, attend, render, or prescribe service for an Oregon Health Plan member.

Disclosure information

Disclosure of Social Security Number is required pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. OHA may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided on this application.

Instructions for filling out forms

OHA 3113 — Non-Billing Provider Enrollment / Update / Revalidation

This form should be used to enroll/re-enroll a provider, update information for an actively enrolled provider, and revalidation of an actively enrolled provider.

Provider Enrollment reserves the right to make necessary changes to the information submitted such as provider type, specialty and taxonomy. This action may only be necessary in order to correctly enroll the provider.

Required — Signature on page 16 of this application.

EDMS Coversheet

- The EDMS Coversheet is required to ensure your application is received and processed by OHA.

Submitting the forms

Fax **all** pages starting with the EDMS Coversheet to 1-503-378-3074.

OHA only accepts previous versions of posted forms for three months after the revision date. For example, if a form is revised in April, OHA will only accept the older version through July. To be sure you are using the most current versions of OHA's enrollment forms, visit the OHP Provider Enrollment page.

Visit the OHP provider enrollment website: <https://www.oregon.gov/OHA/HSD/OHP/Pages/Provider-Enroll.aspx>

You may call or email Provider Enrollment 48 hours after faxing your application to verify receipt. Please note that enrollment forms are not accepted via email.
Phone: 800-336-6016, option 6.

Email: Provider.enrollment@dhsoha.state.or.us

By selecting the provider type and specialty listed below, you agree to adhere to all program rules related to provider type and specialty indicated. This is in addition to any provider enrollment and/or billing rules outlined in OAR 410-120.

Provider Type / Specialty

- Acupuncturist (02)
- Behavioral rehab specialist (06)
- Chiropractor (16)
- Dental hygienists (18)
 - Expanded practice
 - Collateral agreement
- Dentists (17)
 - General practice
 - Endodontist
 - Orthodontist
 - Oral pathologist
 - Oral surgeon
 - Prosthesis
 - Periodontist
 - Pediatric
- Denturists (20)
- Hearing aid dealer (23)
- Licensed direct entry midwife (41)
- Medical electrolysis (21)
- Naturopath (38)
- Nurse anesthetist (37)
- Nurse practitioners (42)
 - Advanced practice
 - Nurse practitioner clinic
 - Pediatric
 - Obstetric
 - Family
 - Certified midwife
- Optometrist (43)
- Pharmacists (50)
 - General
 - Clinician — birth control / insulin
- Physicians (34)
 - Physicians — please provide a description
- Physician assistant (46)
- Podiatrist (19)
- Polygrapher (54)
- Psychologist (53)
- Registered dietitian (58)
- RN first assistant (57)
- Social worker (69)
- SUD counselor (03)
- Therapist (45)
 - Occupational
 - Physical
 - Speech/language pathologist
 - Audio / speech
 - Audiologist
 - Speech / hearing therapist
- Traditional health workers (13)
 - Doula
 - Community health worker
 - Certified recovery mentor
 - Peer support adult addiction
 - Peer support adult mental health
 - Peer support family
 - Peer support youth
 - Peer wellness adult addictions
 - Peer wellness adult mental health

- Behavioral health providers (33)
 - ABA board certified behavioral analyst
 - ABA board certified assistant behavior analyst
 - ABA behavioral analyst interventionist
 - ABA BARB reg licensed health care professional
 - Clinical social worker associate — CSWA (under board supervision)
 - Licensed clinical psychologist
 - Licensed clinical social worker
 - Licensed marriage and family therapist intern — LMFTI (under board supervision)
 - Licensed masters of social workers — LMSW (under board supervision)
 - Licensed professional counselor
 - Licensed professional counselor intern — LPCI (under board supervision)
 - Mental health intern — MHI (student or college interns are under clinical supervision)
 - Psychiatric mental health nurse practitioner
 - Psychiatrist
 - Psychiatry — child and adolescent
 - Psychiatry — geriatric
 - Psychologist associate resident — PAR (under board supervision)
 - Psychologist — neuro
 - Psychologist resident — PR (under board supervision)
 - Registered baccalaureate social workers non-clinical — RBSW (meet MH counseling qualification)
 - Student or education
 - Therapist marriage and family therapist
 - Qualified mental health professional — QMHP (no supervision required)
 - Qualified mental health associates — QMHA (under supervision of a QMHP)

Provider notice (for new providers or non-active providers only)

OHA may deactivate providers who do not have any claim activity in an 18-month period. To avoid deactivation, have you provided services to an Oregon Medicaid member in the last 12 months?

Yes No

OHA recommends that you enroll if you have rendered services to an Oregon Medicaid Member in the last 12-months or plan to see a member within the next 30 days.

Individual provider information (required)

Failure to complete all required fields will delay processing.

Last name		First name		Middle initial
Date of birth (mm/dd/yyyy):			SSN (### - ## - #####):	
National provider identifier (NPI):				
Existing Medicaid provider ID (MCD):				
License or certification number (if applicable):		License or certification effective date (mm/dd/yyyy):		License or certification expiration date (mm/dd/yyyy):
License or certification board:			Licensing or certification board state:	

Address information (required)

Service location – Enter the service location address where services are rendered. Address must be a physical street address (not a PO Box).

Note — *This is the address where a site visit may be conducted.*

Physical address (include room or suite):		City	State	ZIP code	+4
County:	Phone (### - ### - #####):	Ext.	Fax (### - ### - #####):		

Mailing address — *Enter only if this address is different from the service location address:*

Street or PO box (include room or suite):		City	State	ZIP code	+4
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Medicaid enrollment information (required)

Primary taxonomy code:

Secondary taxonomy code:

Physical therapists only

Do you provide services exclusively in a patient's home, nursing home or provider's personal home?

 Yes No**Contact information (required)** *OHA will contact for additional information on this request if needed.*

Enrollment contact name:

Contact email:

Contact phone number (### - ### - #####):

Contact fax number (### - ### - #####):

Group affiliation (optional) *Please note that group affiliation(s) have no impact on claims*

Primary organization name:

Organization NPI:

Organization Medicaid ID:

Organization tax ID:

Additional location (if applicable)

Organization name:

Organization NPI:

Organization Medicaid ID:

Organization tax ID:

Enrollment effective date — (for new providers and non-active providers only)

Effective date requested for this enrollment (mm/dd/yyyy):

*The effective date for this enrollment and your Provider Enrollment Agreement will be the date received and may be backdated up to one year from date received, upon request.**Updates are effective the date requested. Future dated requests will be effective the date received.**Revalidations and Provider Enrollment Agreement are effective the date form is received.***REQUIRED — Signature on page 16 of this application.**

Provider Enrollment Agreement

The Oregon Health Authority (OHA) administers Oregon's medical assistance program for individuals eligible for Medicaid, the Children's Health Insurance Program (CHIP), and other federally funded medical programs, called the Oregon Health Plan (OHP). To comply with Federal law 42 CFR 455 Subpart E, OHA is required to enroll eligible providers into the Oregon Medicaid Program, pursuant to Oregon Administrative Rule 943-120 and 410-120, as a condition of delivering health services to OHP members.

All providers including non-payable (non-billing), payable (billing), individuals and organizations must fill out and sign this Agreement and all other required documents to receive an OHP provider number from OHA. An OHP provider number must be issued before a claim or encounter for delivered health services or goods is sent to OHA for payment.

The type of providers enrolled by OHA are defined in OAR 410-120-1260 and include billing agents, managed care entities (MCEs) and other providers who order, refer or prescribe services or goods.

Scope of Agreement

This Provider Enrollment Agreement sets forth the rights, responsibilities, terms and conditions governing provider participation in the Oregon Medicaid program. Per OAR 410-120-1260(17), the provision of health care services or items to OHP clients is a voluntary action on the part of the provider. Providers are not required to serve all Division clients seeking service.

To be eligible for enrollment, a provider must:

- A. Complete and submit an Enrollment Application
- B. Agree to and sign this Provider Enrollment Agreement (Agreement)
- C. Complete, sign and submit a Medicaid Provider Disclosure Statement (organizations and billing providers only)
- D. Be an eligible provider and meet the conditions in (OAR) 410-120-1260 and any rules directly related to the provider's service category and OHA program in effect on the date of enrollment, and,
- E. Meet all the applicable state and/or federal licensure or certification requirements to assure OHA provider meets minimum qualifications to perform services under this Agreement. This includes maintaining a professional license or certification in good standing and compliance with all program rules and rules related to providers service category.

- F. Pass all mandatory screening and validation steps.
- G. This Agreement becomes effective the date approved by OHA for date requested on initial application.
- H. For revalidation and any other circumstances, this Agreement becomes effective the date signed by Provider.
- I. Failure to comply with the terms of this Agreement or any applicable CFR or OAR may result in termination, sanction(s) or payment recovery, subject to Provider appeal rights, pursuant to OHA rules.

Governance

Oregon's Medicaid program is authorized and governed by:

- Title XIX of the Social Security Act
- Title XXI of the Social Security Act
- Chapter IV and V of Title 42 of the Code of Federal Regulations (CFR);
- Oregon Revised Statute (ORS) 414;

This Agreement is governed by federal law pertaining to the Medicaid program and the laws of Oregon that include: OAR Chapters 410, 943 and any OAR applicable to provider's service category, e.g. Mental Health.

OHA's administrative rules are posted and available at all times on OHA's website and Oregon's Secretary of State (SOS) website. Federal regulations are posted and available at all times on Electronic Code of Federal Regulations (eCFR) and Federal Register websites. It is the provider's responsibility to become familiar with and abide by these rules.

Assurances

As an OHP provider, hereafter known as "Provider," and as a condition of payment for goods or services under this Agreement, you agree to:

Comply with applicable laws

- A. Comply fully with all federal, state and local laws, rules, regulations, and statements of OHA policy applicable to the care, services, equipment or supplies including but not limited to OAR 410-120-1380, and this Agreement. Failure to comply with the terms of this Agreement or OHA rules may result in sanction(s) and/or payment recovery, which may also result in termination pursuant to federal regulation, OHA rule, and any contract(s) between the Provider and OHA.
- B. Provider shall at all times be qualified, professionally competent and actively licensed where required by law to perform work under this Agreement.

Disclosure

Provider understands and agrees that:

- A. The information in the enrollment form(s) and all supporting documentation is true, accurate and complete. Information disclosed by a Provider is subject to verification. OHA will use this information for administration of the Oregon Medicaid program.
- B. Loss, suspension or restriction of licensure, or certification, may result in immediate disenrollment.
- C. Any deliberate omission, misrepresentation or falsification of information in enrollment form(s) or in any communication supplying information to OHA may be prosecuted under state or federal law.
- D. All providers that request to enroll or are already enrolled are subject to additional screening by OHA at any time. Additional screening includes, but is not limited to, pre and post enrollment site visits and fingerprint and criminal background check.
- E. Provider is not excluded or otherwise prohibited from participating in Medicare or any state Medicaid or CHIP programs. Provider has not been convicted of a criminal offense related to Medicare, Medicaid, CHIP or any federal agency or program.
- F. Provider is not listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Non-procurement Programs" currently found at <https://www.sam.gov/portal/public/SAM/>. Provider will not use public funds to support, in whole or in part, the employment of individuals in any capacity having contact with Medicaid eligible individuals who have been convicted of a crime as identified under ORS 443.004(3), are on the Office of Inspector General (OIG) list of excluded individuals or entities, on the System Award Management (SAM) exclusion list, or the Data Exchange (DEX).

Services

Provider understands and agrees that:

- A. The Provider agrees that all health care, services, equipment or supplies billed to Medicaid must be medically necessary, a covered service as defined in OAR Chapter 410, and provided in accordance with all applicable provisions of statutes, rules and federal regulations governing the reimbursement of services or items under OHP in effect on the date of service. Rules for OHP services are listed in OAR 410-120-1160 and defined in OAR Chapter 410 and Chapter 309. Provider further agrees to:
 - a. Provide services within the parameters permitted by the Provider's license or certification and agrees to bill only for the services performed within the specialty or specialties designated in the Provider application on file OAR 410-120-1260. The services of goods must have been actually provided to the OHP member by the Provider prior to submitting a claim or encounter to OHA.
 - b. Provide all services under this Agreement as an independent contractor. Provider is not an "officer," "employee" or "agent" of OHA, as the term is used in ORS 30.265.

- B. Provider is responsible for verification of client OHP eligibility and benefit coverage and following applicable prior authorization requirements before rendering services as required in OHA Rules and described in OAR 410-120-1140.

Recordkeeping and access to records

Provider understands and agrees to:

- A. Keep such records as are necessary to fully disclose the specific care, services, equipment or supplies provided to OHP members for which reimbursement is claimed, at the time it is provided, in compliance with the applicable OHA rules and federal regulations in effect on the date of service. Provider is responsible for the completeness, accuracy and secure storage of financial and clinical records and all other documentation of the specific care, services, equipment or supplies for which the provider has requested payment as required by OAR 410-120-1360 and any program specific rules in OAR Chapter 410 and Chapter 309.
- B. Provide upon request by either OHA, the Program Integrity Audit Unit (PIAU), the Office of Payment Accuracy and Recovery (OPAR), the Oregon Secretary of State's Office, Federal Government, and the Department of Justice (DOJ) Medicaid Fraud Control Unit (MFCU), or any duly authorized representatives, immediate access to review and make copies of any and all records relied on by Provider in support of care, services, equipment or supplies billed to the Oregon medical assistance program. The term "immediate access" means access to records at the time the written request is presented to the Provider.

Communication

Provider understands and agrees that:

Any communication or notices from the Provider shall be given in writing via personal delivery, fax, email or regular mail, postage prepaid to OHA. Provider must notify OHA of any changes to Provider's information such as, address, name, licensure, within 30 days of the date of the change.

Provider enrollment forms should be faxed with an EDMS Coversheet to 503-378-3074.

Email communications should be sent to Provider.Enrollment@dhs.oha.state.or.us.

General information regarding Provider's enrollment record should be faxed to 503-947-1177.

Confidentiality

Provider understands and agrees to:

Comply with the Health Insurance Portability and Accountability Act (HIPAA) §262 and 264 of Public Law 104-191, 42 USC §1320d, and federal regulations at 45 CFR Parts 160 and 164, and as amended. The Provider specifically acknowledges their obligation to comply with 45 CFR Section 164.506, regarding use and disclosure of information to carry out treatment, payment or health care

operations. Provider agrees to comply with requirements for identifying, addressing and reporting an incident or breach, regardless of whether the incident or breach was accidental or otherwise.

Security

Provider understands and agrees that:

The Provider represents and warrants that the Provider will establish and maintain privacy and security standards and practices that respect and safeguard the privacy and security of all information related to OHA and the agency's employees, equipment, providers, systems and service recipients, regardless of media. Provider shall ensure the proper handling, storage and disposal of all information accessed, created, obtained, reproduced, or stored by the Provider and its authorized users using privacy and security standards that meet or exceed standards set by laws, rules, and regulations in (HIPAA) §262 and 264 of Public Law 104-191, 42 USC §1320d, OAR Ch 943, the Oregon Consumer Identity Theft Protection Act, ORS 646A.600 through 646A.628, and Oregon's Statewide Information Security Standards, applicable to the information exchanged by the Provider and OHA or received by the Provider as a servicer of this Agreement. Provider shall ensure proper disposal of equipment and information assets when authorized use ends, consistent with Provider's record retention obligations and obligations regarding information assets under this Agreement.

Accurate billing

Provider understands and agrees that:

- A. All claims or encounters submitted to OHA must be certified by signature of the Provider or designee, including electronic signatures on a claim form or transmittal document, that the care, service, equipment or supplies claimed were actually provided, medically appropriate, documented at the time they were provided, documented using required diagnosis (ICD-10-CM) and procedure codes (HIPAA), and were provided in accordance with professionally recognized standards of health care, OAR 410-120-1280 through 1340 and this Agreement.
- B. The Provider or its contracted agency, including billing providers, shall not submit or cause to be submitted:
 - a. Any false claim for payment;
 - b. Any claim altered in such a way as to result in a payment for service that has already been paid;
 - c. Any claim upon which payment has been made or is expected to be made by another source until after the other source has been billed with the exceptions described in OAR 410-120-1280. If the other source denies the claim or pays less than the Medicaid allowable amount, a claim may be submitted to OHA. Any amount paid by the other source must be clearly entered on the claim form and must include the appropriate TPL Explanation Code; or
 - d. Any claim for furnishing specific care, items, or services that has not been provided.

- C. The Provider is responsible for the accuracy of claims submitted, and the use of a billing entity does not change the Provider's responsibility for the claims or encounters submitted on Provider's behalf. OHA may recover any overpayment(s) that OHA made to Provider, by withholding future payment(s) or other processes as authorized by law or Agreement. If Provider fails to correct billing practices after written notice by OHA of non-compliance with state rules will be liable for up to triple the amount of identified overpayment(s).

Payment

Provider understands and agrees that:

- A. Provider will accept OHA's payment as complete remuneration the amount paid in accordance with the reimbursement rate for services covered under OHP, except where payment by the client is authorized in the OARs. Payment will only be made to the enrolled provider who actually performs the service or to the Provider's enrolled billing provider for covered services rendered to eligible clients, OAR 410-120-1340.
- B. OHA has sufficient funds currently available and authorized to make payments under this Agreement within OHA's biennial budget. Provider further understands and agrees that payment for services performed after the current biennium is contingent on OHA receiving from the Oregon Legislature appropriations or other expenditure authority sufficient to allow OHA, in its reasonable administrative discretion, to continue to make payments.
- C. Provider must not bill OHP members for any services unless authorized by Oregon Administrative Rule.
- D. Any overpayment made to Provider by OHA may be recouped by OHA as authorized by law including, but not limited to withholding of future payment to Provider. Provider's failure to perform the work specific in the Agreement or to meet the performance standards established in this Agreement, may result in consequences that include, but are not limited to reducing or withholding payment; requiring Provider to perform at Provider's expense additional work necessary to meet performance standards; and pursuing any available remedies for default including termination of this Agreement.
- E. Provider is not an officer, employee or agent of OHA and shall not be deemed for any purpose an employee of the State of Oregon. The Provider shall perform all work as an independent contractor, as defined in ORS 670.600, and is responsible for determining the appropriate means and manner of performance. Provider is responsible for all federal and state taxes applicable to compensation paid to Provider under this Agreement and, unless Provider is subject to backup withholdings, OHA may withhold from such compensation any amounts to cover Provider's federal or state tax obligations. Provider has no potential or actual conflict of interest as defined by ORS Chapter 244 and that no statutes, rules or regulations of the State of Oregon or federal agency would prohibit Provider's work under this Agreement. Provider certifies it is not currently employed by the federal government.
- F. OHA and Provider are the only parties to this Agreement and are the only parties entitled to enforce its terms. The parties agree that Provider's performance under this Agreement is solely for the benefit of OHA to accomplish its statutory mission. Nothing in this Agreement

gives or shall be construed to give or provide any benefit or right, whether directly or indirectly to third persons that are any greater than the rights and benefits enjoyed by the general public.

- G. As a condition of payment, Provider must meet and maintain compliance with the Provider enrollment and payment rules OAR chapter 410, division 120; 42 CFR 455.400 through 455.470, as applicable; and 42 CFR 455.100 through 455.106.

Discrimination

Provider understands and agrees to:

- A. Comply with Titles VI and VII of the 1964 Civil Rights Act and Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act.
- B. Not discriminate against minorities, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts.
- C. Provide services to Medicaid-eligible individuals without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Medicaid services must reasonably accommodate the cultural, language and other special needs of the member.

Compliance with applicable laws

Provider understands and agrees that:

- A. Provider shall comply and require all subcontractors to comply with federal, state and local laws and regulations, executive orders and ordinances applicable to items and services under this Agreement, including but not limited to OAR 407-120-0325, as they are amended from time to time. Without limiting the generality of the prior sentence, the Provider expressly agrees to comply and require all subcontractors to comply with all of the laws, regulations and executive orders listed under OAR 410-120-1380 to the extent they are applicable to the items and services provided under this Agreement.
- B. Provider agrees that if any term or provision of this Agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected and the right and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

Duration and termination of Agreement

Provider understands and agrees that:

- A. This Agreement shall remain in effect for no more than five years from the effective date. OHA may terminate this Agreement at any time by written notice to the Provider by certified mail, return receipt requested, subject to any specific provider sanction requirements in OHA rules or Agreement(s) between OHA and the Provider.
- B. OHA will terminate or suspend this Agreement if:
 - a. The Provider or a person with 5 percent or greater direct or indirect ownership interest in the Provider, its agent or managing employee fails to submit timely, complete and accurate information, or cooperate with any screening requirements, unless OHA determines it is not in the best interests of the Medicaid program;
 - b. Any person with a 5 percent or greater direct or indirect ownership interest in the Provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid or title XXI program in the last 10 years, unless OHA determines it is not in the best interests of the Medicaid program;
 - c. The Provider is terminated under title XVIII of the Social Security Act or under the Medicaid program or Children's Health Insurance Plan (CHIP) program of any state;
 - d. The Provider or any person with a 5 percent or greater, direct or indirect, ownership interest in the Provider fails to submit sets of fingerprints in a form and manner to be determined by OHA within 30 days of a Centers for Medicare and Medicaid Services (CMS) or a OHA request, unless OHA determines it is not in the best interests of the Medicaid program;
 - e. The Provider fails to permit access to Provider locations for any site visits under 42 CFR 455.432, unless OHA determines it is not in the best interests of the Medicaid program;
 - f. CMS or OHA determines that the Provider has falsified any information provided on the application or if CMS or OHA cannot verify the identity of the Provider applicant.
 - g. OHA fails to receive funding, appropriations, limitations or other expenditure authority at levels that OHA or the specific program determines to be sufficient to pay for the services or items covered under this Agreement;
 - h. Federal or state laws, regulations or guidelines are modified, or interpreted by OHA in a manner that either providing the services or items under the Agreement is prohibited or OHA is prohibited from paying for such services or items from the planned funding source;
 - i. OHA issues a final order revoking this Agreement based on a sanction under termination terms and conditions established in program-specific rules or policies, if required;
 - j. The Provider no longer holds a required license, certificate or other authority to qualify as a Provider. The termination will be effective on the date the license, certificate or other authority is no longer valid;
 - k. The Provider fails to meet one or more of the requirements governing participation as a OHA enrolled Provider. In addition to termination or suspension of the Agreement the

Provider number may be immediately suspended in accordance with OAR 407-120-0360;

- I. Provider commits any material breach or default of any covenant, warranty, or obligation under this Agreement, fails to perform the work under this Agreement or fails to pursue the work as to endanger Provider's performance under this Agreement in accordance with its terms;
- C. Provider may terminate this Agreement at any time, subject to specific Provider termination requirements in OHA rules, OHA program-specific rules or federal regulations by submitting a written notice, in person, or by certified mail listing a specific termination effective date. The request must be in writing and signed by the provider. The notice shall specify the OHA-assigned provider number to be terminated and the effective date of termination. Termination of this Agreement does not relieve the Provider of any obligations for covered services or items provided for the dates of services during which the Agreement was in effect.

Insurance requirements

Required insurance: During the term of this Agreement, Provider shall possess any and all insurance required within the program rules based on Provider type and any business requirements set forth by the Department of Consumer and Business Services at Providers cost and expense. The insurance may include, but is not limited to, general liability, professional liability, malpractice, workers compensation, employer's liability, excess/umbrella insurance, tail coverage, etc. Provider must retain any and all certificate(s) and proof of insurance, notice of change or cancellation, insurance reviews, state acceptance or other actions on the providers insurance.

Upon request, Provider will provide to OHA not more than thirty (30) days of any change, reduction, suspension, cancellation or termination of Provider's insurance coverage required by this section.

OHA may exempt Provider from these requirements for any reason, including but not limited to the inability of Provider to procure such insurance.

Indemnification

Provider shall defend (subject to ORS Chapter 180), save, hold harmless, and indemnify the State of Oregon and OHA and their officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever, including attorney fees, resulting from, arising out of, or relating to the activities or omissions of Provider or its officers, employees, subcontractors, or agents under this agreement.

Provider: I have read the foregoing Agreement, understand it and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and conditions of this Agreement constitute grounds for termination of this Agreement and may be grounds for other sanctions as provided by statute, administrative rule, or this Agreement.

Provider or authorized signature

I certify, under penalty of law, that the information given in this form is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will be considered for suspension from the Oregon Medicaid Program and/or prosecution for Medicaid fraud. I certify that I have read and understand the federal and state laws rules and regulations as cited in this Agreement. I agree to abide by the Oregon Medicaid Program terms and conditions listed in this document and aforementioned regulations.

Print name of Provider or authorized official

Title of authorized official (*if applicable*)

Signature of Provider or authorized official

Date