



EDMS COVERSHEET



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

From: _____

Date: _____

Phone: _____

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)

For PA requests, also check one box below:

☐ Routine Processing - 503-378-5814

☐ Urgent Processing (72 hours) } 503-378-3435

☐ Immediate Processing (24 hours) }

☐ Hearing Documentation (no central fax #)

☐ Grievance Documentation (no central fax #)

☐ Correspondence - 503-378-3086

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.