



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.

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