



# 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](http://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](http://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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