Real example: how I filled the Oregon Medicaid Provider Enrollment Agreement (OHA 3975)

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Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from the Oregon Health Authority, Provider Enrollment Unit at https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx.

What to notice

This is the agreement, not an application: six pages of terms you accept to be an Oregon Health Plan provider, and one signature block. Every CCO enrollment I did afterwards started by asking whether it was on file, so it belongs early in the order.

There is nothing to fill in except who you are and who signs. What you are agreeing to is worth an hour: recordkeeping and access to records, HIPAA, accurate billing certified by your signature on every claim, the payment rules, non-discrimination, and how the agreement ends. It contains no fee schedule; payment amounts live in OHA's published rates, not in this document.

Structure of the agreement (revision 01/2024)

Heading	What it covers, in a sentence
Scope of agreement	You are enrolling to bill OHA and its contracted CCOs for covered services to eligible members.
Governance	OHA's general and program-specific rules apply as they stand on the date of service.
Assurances	You hold the licenses the service requires and will keep them current.
Comply with applicable laws	Federal and state law, including the rules OHA adopts by reference.
Disclosure	Ownership, control, and exclusion status are disclosed and kept current (the companion disclosure statement).
Recordkeeping and access to records	Keep records that support every claim; make them available on request.
Confidentiality	HIPAA and the Oregon statutes on client information, named in the text.
Security	Safeguards for the systems that hold member data.
Accurate billing	Every claim is certified by your signature as true and supported.
Payment	Payment is according to OHA's published rates and rules; accept it as payment in full.
Discrimination	Civil rights, ADA, and Section 504 obligations.
Compliance with applicable laws	Fraud, waste, and abuse; cooperation with reviews and audits.
Duration and termination of agreement	How either side ends it, and what survives termination.
Insurance requirements	Keep professional liability coverage in force.

Signature block

Provider name	Eric Richers
Legal entity	[practice name]
NPI / Tax ID	[NPI] / [EIN]
Oregon Medicaid provider number (if already assigned)	[Medicaid ID]
Authorized signer / title	Eric Richers, Owner

Signature / date	[signature] / [date]