

Tina Kotek, Governor

Feb. 5, 2026

Representative Hai Pham, Chair
Representative Darcey Edwards, Vice-Chair
Representative Cyrus Javadi, Vice-Chair
House Committee on Behavioral Health
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: Feb. 3, 2026, Committee Questions

Dear Chair Pham and Committee Members:

Please find below information requested by members of the House Committee on Behavioral Health at the Feb 3, 2026, public hearing on HB 4083.

Background checks

As noted during the hearing, while House Bill 4083 does not contain a provision for a coordinated background check process, House Bill 4115, also being considered in the House Committee on Behavioral Health, addresses portability for background checks, standardizes some background check renewal timeframes, and addressing some credentialing processes. For example, there are currently conflicting background check renewal timelines, and HB 4115 sets them all at 36 months. As currently written, HB 4115 also reduces the number of times a subject individual has to complete a [Background Check Unit \(BCU\)](#) background check, as it could follow them from employer to employer under specific approval timelines.

Summary of Medicaid Enrollment Process

OHA wanted to share a summary of the current Medicaid Enrollment Process. To enroll as a Medicaid provider, providers first complete and submit [Medicaid enrollment applications](#) by fax or on a provider portal. Oregon Health Authority (OHA) Medicaid Provider Enrollment staff then retrieve and review the application materials. Forty percent of applications are returned to providers for missing or

incomplete information, though technical assistance is offered. Once complete, providers are checked against Medicaid and Medicare exclusion sites (validation). If a provider or organization and owners are not present on any exclusion from Medicaid participation, staff manually enter the application information into the Medicaid Management Information System (MMIS). A welcome letter is then sent to the provider, which completes the enrollment process. State Medicaid agencies are federally required to revalidate the enrollment of all enrolled providers at least every five years. The revalidation process entails the submission, review, validation and updating the providers information. When it is time for revalidation, the enrolled providers will receive a notice.

Due to the growth in the number of eligible Medicaid providers as well as the time required to process new enrollments and ongoing revalidation of providers, OHA Medicaid Provider Enrollment is currently 90 days out on processing enrollment and updated applications. Short-term and long-term technology is being explored to further streamline the application and shorten the submission-to-approval timeline.

Unlicensed providers and billing Medicaid

Medicaid enrolls a small number of unlicensed or certified providers to bill directly. Doulas, direct entry midwives, International Certified Gambling Counselors and Certified Gambling Addiction Counselors can all bill the Oregon Health Plan (OHP). All mental health and substance use disorder providers who are unlicensed require a Certificate of Approval and supervision to bill OHP.

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,



Ebony Clarke
Behavioral Health Director
Oregon Health Authority