

## **Provider Enrollment Request**

For Managed Care Plan and Coordinated Care Organization (CCO) Providers

## Contracted Managed Care Plans and CCOs must use this form to enroll their providers.

FFS organizations must enroll their non-payable providers using the OHP 3113.

Fields marked with an asterisk (\*) are required if applicable.

Requ	uest information			
1.	Name of the Plan requesting enrollment*:			
2.	Contact name for this request*:			
3.	Contact phone number*:			
4.	Name of Encounter Data Liaison assigned to Plan*:			
5.	Effective date requested for this enrollment*:// If this date is more than 6 months earlier than the date the Division receives the request, your liaison will contact you for additional information.			
6.	Is this enrollment for an (select one)*:			
Individual provider information				
1.	Provider's name*:			
2.	Provider's name*:  Date of birth*://			
3.	Social Security number*			
Orga	nization information			
1.	Business name*:			
2.	Federal Employer Identification Nu	mber (FEIN)*:		
3.	Organization type*: Check the entity type that best describes the structure of the enrolling provider entity, agency, facility or organization. <i>Check only one box</i> .			
	For-profit corporation N	on-profit corporation	Partnership	
	Government-owned So	ole proprietorship	Tribal-owned	
		C		
Enrollment information				
1.	License/certification information*:			
	License number:	Licensing board:	State of issue:	
	Effective date:	Expiration date:		

2.	NPI (as registered with NPPES)*:				
3.	Taxonomy codes: If entering more than one code, list the primary first.				
	Primary*:	Description:			
	Secondary:	Description:			
	Other:	Description:			
4.	Provider type*. Using the list on page 3, enter the provider type for this request:				
5.	Provider specialty (if applicable):				
6.	Service location* - Address must be a physical street address (not a PO Box).				
	Physical address (include Room/Suite):	City, state, ZIP+4 code:			
	County:	Business phone (include area code):			
7.	Mailing address (if different from service location):				
	Street or PO Box (include room/suite):	City, state, ZIP+4 code:			
8.	For active Medicare providers, please provide the following information:				
	Medicare Provider ID*:				
	Effective date*:	Expiration date:			
9.	For active Medicaid providers, please provide the following information:				
	Medicaid Provider ID*:	State of issue*:			
	Effective date*:	Expiration date:			

## **DHS|OHA Provider Types**

Refer to this list to enter your provider type information on page 2 of this form.

01	Transportation Provider
02	Acupuncturist
03	Alcohol/Drug
05	Ambulatory Surgical Provider
06	Behavioral Rehab Specialist
07	Billing Service
08	Freestanding Birthing Center
09	Billing Provider/Group Clinic
10	Transportation Broker
12	Copy Services
13	Traditional Health Worker
14	Rural Health Clinic
15	FQHC
16	Chiropractor
17	Dentist
18	Dental Hygienist
19	Podiatrist
20	Denturist
21	Enteral/Parenteral
22	Family Planning Clinic
23	Hearing Aid Dealer
24	Home Health Agency
26	Hospital
27	Hospice
28	Indian Health Clinics
29	Independent Labs
30	Mental Health Personal Care
	Attendant
32	End-Stage Renal Disease Clinic
33	Mental Health Provider
34	Physician
35	Oregon State Hospital
36	DME/Medical Supply Dealer
37	Certified Registered Nurse Anesthetist
38	Advanced Comprehensive Health
	Care (Naturopath)
41	Midwife
42	Advance Practice Nurse
43	Optometrist
44	Optician
45	Therapist
46	Physician Assistants
47	Clinic
48	Pharmacy
49	Prenatal Clinic

50 Pharmacist 52 X-Ray Clinic 53 Psychologist Provider 54 Polygrapher 57 RN 1st Assistant 58 Registered Dietician 60 Smoking Cessation 62 Education Agency 63 National Diabetes Prevention Program Supplier. Specialty codes:  • 497 for in-person program • 498 for online program.  64 Targeted Case Management 65 Translator 66 Emergency Medical Services (EMS) 69 Social Worker 70 Foster Care 71 Child Foster Care 72 SPD Transportation 73 Home Care Worker 74 Client Support Services 75 Case Management 76 County Services 77 Adaptive Modification 78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency 97 Residential Contract Rates			
53 Psychologist Provider 54 Polygrapher 55 RN 1st Assistant 58 Registered Dietician 60 Smoking Cessation 62 Education Agency 63 National Diabetes Prevention Program Supplier. Specialty codes:  • 497 for in-person program.  • 498 for online program.  64 Targeted Case Management 65 Translator 66 Emergency Medical Services (EMS) 69 Social Worker 70 Foster Care 71 Child Foster Care 72 SPD Transportation 73 Home Care Worker 74 Client Support Services 75 Case Management 76 County Services 77 Adaptive Modification 78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	50	Pharmacist	
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71 Child Foster Care 72 SPD Transportation 73 Home Care Worker 74 Client Support Services 75 Case Management 76 County Services 77 Adaptive Modification 78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	69	Social Worker	
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74 Client Support Services 75 Case Management 76 County Services 77 Adaptive Modification 78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	72	SPD Transportation	
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76 County Services 77 Adaptive Modification 78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	74	Client Support Services	
77 Adaptive Modification 78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	75	Case Management	
78 Habilitation 80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	76	County Services	
80 Intermediate Care Facility/Mental Retardation 81 Nursing Facility 82 APD Nutritionist 83 Behavioral Consultant 84 Personal Assistant 86 APD Nursing Services 88 Nursing Agency 89 DD Living Facilities 91 APD Living Settings 92 Emergency Response (Lifeline) 93 In Home Care Agency	77	Adaptive Modification	
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<ul><li>92 Emergency Response (Lifeline)</li><li>93 In Home Care Agency</li></ul>	89	DD Living Facilities	
<ul><li>92 Emergency Response (Lifeline)</li><li>93 In Home Care Agency</li></ul>	91	APD Living Settings	
93 In Home Care Agency	92	<u> </u>	
97 Residential Contract Rates	93	In Home Care Agency	
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