



HEALTH SYSTEMS DIVISION
Claims and Encounter Data

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.

Request 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 Organization

Individual provider information

1. Provider's name*: _____

2. Date of birth*: __ / __ / ____

3. Social Security number*: _____

Organization information

1. Business name*: _____

2. Federal Employer Identification Number (FEIN)*: _____

3. Organization type*: Check the entity type that best describes the structure of the enrolling provider entity, agency, facility or organization. *Check **only one** box.*

For-profit corporation

Non-profit corporation

Partnership

Government-owned

Sole proprietorship

Tribal-owned

LLC

PC

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:
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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: <ul style="list-style-type: none"> • 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