

# OHA Managed care plan provider application through EOCCO\*



## Section 1 Provider information Enrollment Reenrollment

|  |                |               |                        |   |      |
|--|----------------|---------------|------------------------|---|------|
| Last name                              |                | First name    |                        |   | M.I. |
| Physical street address                |                | City          | State                  | ZIP code  |      |
| Mailing address (if different)         |                | City          | State                  | ZIP code  |      |
| NPI                                    | License number | License state | License effective date | License expiration date   |      |
| Birthdate                              | SSN            |               | County                 |   |      |
| Taxonomy                               |                | Phone number  |                        |   |      |
| Affiliated Billing Group Practice Name |                |               |                        |   |      |
| Affiliated Billing Group Practice NPI  |                |               |                        | Are you a sole proprietor? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |

## Section 2 Required information and additional information

- This is not a credentialing application. This is for registration with Oregon Medicaid. EOCCO will submit this application to OHA to enroll the provider based on the fields above.
- **All fields are required for registration, including social security number and birthdate.** Any incomplete information will cause more time for validation to be able to submit your application. Once we submit your application to the state, it can take approximately 30 days to approve, sometimes longer. When your application is approved, we can query any claims that denied for DMAP registration within the approved enrollment period and send them to be reprocessed.
- Claim will be denied/stay denied for no DMAP registration if either the rendering NPI or the billing group NPI is not registered with OHA on the date of service.
- Information filled out needs to be legible. Unreadable information will cause a delay in processing or your application withdrawn by OHA.
- Out-of-state providers, further than 75 miles from the Oregon border, are enrolled for a six month period. If you are out-of-state and have a claim older than six months, please let us know all the dates of service needed for further enrollment extension.

Dates: \_\_\_\_\_

- Please include copy of an active practitioner license.
- Copies of NPPES screens, other certifications are not required.
- Attached claims are for determining requested enrollment period only. Claims should be submitted to the claims processing address PO Box 40384, Portland, OR 97240. The normal rule for timely filing is 120 days.

\*This application does not contract as a network provider with EOCCO.

**Ready to submit?** Mail, email or fax this form to EOCCO:

**Mail:** EOCCO Medicaid Services, 601 S.W. Second Ave., Portland, OR 97204

**Email:** ProviderDMAPApps@modahealth.com **Fax:** 503-265-4790

**Questions?** Contact EOCCO Customer Service toll-free at 888-788-9821. (TTY users, please dial 711.)

**eooco.com**