

## MANAGED CARE ENTITY (MCE) OUT-OF-NETWORK AND SINGLE CASE AGREEMENT PROVIDER APPLICATION

This form is to be used when a provider indicates they will not complete an Ohio Medicaid provider enrollment application but will serve a member under a single case agreement or a limited out of network agreement with a managed care entity.

Information collected on this form will be used to create a provider profile lasting 120 days to cover services for the member(s). The provider will be assigned a Medicaid ID and will be ACTIVE in the ODM Provider System for **120 days to be able to submit Claims or Prior Authorization Requests**. The maximum duration for this temporary enrollment is 120 days per federal requirement 42 CFR 438.602.

Completed forms can only be submitted via the MCE.

### PROVIDER INFORMATION

Individual Last Name/Organization Name	Individual First Name			
Individual Social Security Number (SSN)	Individual Date of Birth			
National Provider Identification (NPI) Number	Organization Federal Employer Identification Number (FEIN)			
Primary Service Address: Number and Street	City	State	County	ZIP Code
Telephone Number	Email Address			
Ohio Board License Number	Out-of-State Board License Number <i>(include State please)</i>			
Out-of-State Board License Issue Date	Out-of-State Board License Expiration Date			
Provider Type	Provider Specialty			
Electronic Signature				
Signature Date	Requested Effective Date			

### MCE INFORMATION

MCE Name	MCE Contact Person	Contract Effective Date
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