

September 2024

MMIS Provider Portal Account Setup

Use the PIN letter to set up your account Give others access to your account



Account Setup

Go to https://www.or-medicaid.gov

Click Account > Account Setup

Но	me Conta	act Us Direc	tory Searcl	h Clients	Account	t Providers		
	home si	te settings	site map	validate	Account	t Setup		
					Logoff			
					Reset Pa	assword		
					Secure 9	Site	Information	? 🗇
	Warnin security monitor informa Securit All othe	g: Use of th y policies. U ring and/or ation, may b y incidents er issues, inc	is network ser activity recording. e provided should be d cluding Pas	is restric y may be BE ADVIS to law er lirected to sword Re	ted to au monitore SED: if po forceme o the Sec esets, sho	uthorized users or ed and/or recorde ossible criminal a ent officials. curity Incident Re ould be directed t	nly and must comply with Oregon Health Authority privacy and ed. Anyone using this network expressly consents to such ctivity is detected, these records, along with certain personal sponse Team at (503) 945-6812. o Provider Services at (800) 336-6016.	

Welcome to the Medicaid Portal web site!

Account Setup: Login

- Enter these items from your PIN letter, then click setup account.
 - 1. Login ID: This is your 6- or 9-digit Oregon Medicaid provider ID.
 - 2. Personal Identification Number: This number is case-sensitive.

Home Contact U	s Directory Search Clier	nts Account Providers	5		
home accour	nt setup logoff reset p	password secure site	l i		
Account S	Setup				? *
Login ID*	506675928				
Personal					
Identification	BHgck78j8				
Number*					
	ain TD and Dansanal Ida				
Please note Lo	gin 1D and Personal Ide	ntification Number are	e case senstive.		

Account Setup: Main screen

- Complete all fields.
- Secret question answers are casesensitive.
- Check the I Agree box.
- Click submit.

Account Setup					? 🖈			
Login ID 50666262	4							
Personal Identification Number	Mf							
Please note Login ID and Required fields are are in	Personal Identification dicated with an asterisk	Number are case senstive. < (*).						
User Name*	JAMJON			Password*	•••••			
Contact Last Name*	Jones			Confirm Password*	•••••			
Contact First Name*	James			EMail*	james@jones.com			
Phone Number*	(503)555-1212			Confirm Email*	james@jones.com			
1st Secret Question*	color of sky blue							
1st Answer*				Password requirements:				
2nd Secret Question				1. At least	eight characters			
2nd Answer				 One upper-case letter One lower-case letter One number or special character 				
Security Agreement								
Trading Partner and Oregon DHS shall take reasonable care to ensure that data and data transmissions are timely, complete, truthful, accurate and secure, and shall take reasonable precautions to prevent unauthorized access to the information system, the data transmission itself or the contents of information which transmitted either to or from Oregon DHS in compliance with HIPAA 45 CFR								
I Agree								

cancel



Clerk Setup

Log into https://www.or-medicaid.gov

• After login, go to Account > Clerk Maintenance

lome Contact Us Directory Search Clients	Account Claims Eligibility	Trade Files Prior Authorization Providers POC Help	
home demographic maintenance drug	Account Maintenance	Iment tracking search links benefits and hsc inquiry ehr inc	entive
client pmpm history client pmpm attesta	Change Password		
	Clerk Maintenance		
	Logoff		
	Messages	Information	? *
Warning: Use of this network is restric security policies. User activity may be monitoring and/or recording. BE ADVIS information, may be provided to law en Security incidents should be directed to All other issues, including Password Re	Switch Provider monitored and/or recorded ED: if possible criminal act forcement officials. the Security Incident Res sets, should be directed to	y and must comply with Oregon Health Authority privacy and I. Anyone using this network expressly consents to such tivity is detected, these records, along with certain personal ponse Team at (503) 945-6812. Provider Services at (800) 336-6016.	

To add a new user as a clerk:

1. Click add clerk

- 2. Enter clerk information
- 3. Use arrows to assign roles from the Available Roles Section

4. Click submit

Clerk Maintenan	ce				? 🛠
A Oser Name Contact	FIFST Name Contact Last Name				
		Type data below fo	r new record.		
User Name*	JOHNNIE5	[Search]			
Contact First Name*	JOHNNIE				
Contact Last Name*	FIVE				
Phone Number*	(800)555-5555		-2		
EMail*	JOHNNIE@5.COM		_		
Confirm EMail*	JOHNNIE@5.COM				
Password*	•••••				
Confirm Password*	•••••				
	Assigned Roles	3	Available Roles		
Clerk Roles	Claim Inquiry Claim Submission Eligibility Inquiry Prior Auth Inquiry		Plan of Care Inquiry Claim Void Clerk Maintenance EHR Incentive		4
	Prior Auth Submit		PCPCH	remo	1 ve clerk add clerk
				subr	nit cancel

To add an existing user as a clerk:

- 1. Click add clerk
- 2. Click Search hyperlink
- 3. Enter search criteria
- 4. Click search
- 5. Click on the appropriate row in the Search Results

*		()	
User Name*	[Se	earch] 🚄	
ontact First Name*			
ontact Last Name*			
er Name			[cl
Search			?
ser Name JENJEN10	8		
rst Namo	9		A
			<u> </u>
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liser Name A First Name Last Nam		Search Results	search clea
User Name A First Name Last Nam JENJEN10 JENNIFER SMITH	• 5	Search Results	search clea
User Name △ First Name Last Nam JENJEN10 JENNIFER SMITH	• 5 Assigned Roles	Search Results Available Roles	search clea
User Name A First Name Last Nan JENJEN10 JENNIFER SMITH	• 5 Assigned Roles	Search Results Available Roles Benefits HSC Inquiry	search clea
User Name ^A First Name Last Nan JENJEN10 JENNIFER SMITH Clerk Roles	• 5 Assigned Roles	Search Results Available Roles Benefits HSC Inquiry Demographic Maint	search de
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User Name A First Name Last Nam JENJEN10 JENNIFER SMITH	• 5 Assigned Roles	Search Results Available Roles Image: Search Results Search Results Image: Search Results	search dea

To add an existing user as a clerk (continued):

At the resulting screen:

- 1. Assign roles from the Available Roles section
- 2. Click submit

Clerk Maintena	nce			? 🖈
A User Name Conta	ct First Name Contact Last Name			
User Name	JENJEN10	[Search]		
Contact First Name	JENNIFER			
Contact Last Name	SMITH			
Phone Number	(503)602-1128			
EMail	JENNIFER.R.SMITH@STATE.C	DR.US		
Clerk Roles	Assigned Ro Eligibility Inquiry PCPCH Plan of Care Inquiry Prior Auth Inquiry Prior Auth Submit Trade Files	les 1 < < < < >	Available Roles	remove clerk add clerk
			2	auberth and an and a



Contact OHP Provider Services 800-336-6016

team.provider-access@oha.oregon.gov



You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at <u>dmap.providerservices@oha.oregon.gov</u> or 800-336-6016 (voice). We accept all relay calls.

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