

MMIS Provider Portal Provider Enrollment Guide



HEALTH SYSTEMS DIVISION

Step-by-step instructions for
completing the online Oregon Medicaid
provider enrollment request.



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Introduction

About this guide

This guide contains step-by-step instructions for using the online MMIS Provider Enrollment request at <https://www.or-medicaid.gov>. Providers can use this tool to submit forms for:

- New enrollments,
- Re-enrollments,
- Provider information updates, and
- Revalidations

This process is not for submitting license updates.

The information in this guide supersedes the information on the MMIS Provider Enrollment request itself. OHA is working to make changes to information such as the Instructions page found in Step 2 below. Follow the information provided in this guide.

Before getting started:

Complete all required forms and save them to your computer or network drive. The online process does not replace the required forms and is a tool to submit required forms. You will upload the completed forms at the end of your request. Make sure each completed form:

- Is a PDF, TIFF or TXT file;
- Is a file size of 10 MB or less; and
- Has a file name that is 256 characters or less.

Application Instructions

Required fields

In each panel of the online Provider Enrollment request, you must enter information in fields with an asterisk (*) before you can proceed to the next part of the application.

Step 1: Go to the Provider Enrollment request

To use the online Provider Enrollment request, do not log into the portal. Just go to <https://www.oregon.gov/oha/ohcs/medicaid/medicaid-portal/>, then click **Provider** > **Enrollment**:

The screenshot shows the MMIS PROVIDER PORTAL website. The header includes the logo for Oregon Health Division, the text "MMIS PROVIDER PORTAL", and the date "Tuesday, May 30, 2023". The navigation menu includes "Home", "Contact Us", "Directory Search", "Clients", and "Account". A dropdown menu is open under "Providers", showing options like "Demographic Maintenance", "Drug Search", "Enrollment", "Enrollment Tracking", "Search", "Links", "Benefits and HSC Inquiry", "EHR Incentive", "Client PMPM History", "Client PMPM Attestation", and "835 Signup". A warning message is displayed: "Warning: Use of this network is restricted to authorized users. User activity may be monitored and/or recorded. BE ADVISED: If you use this network, you expressly consent to such monitoring and/or recording. If you do not consent, these records, along with certain personal information, may be provided to law enforcement." Below the warning, there is contact information for provider services and a privacy notice. The main content area has a heading "Welcome to the Medicaid Portal web site!" and a list of links for providers, including login, CCO 2.0 information, announcements, behavioral health providers, APD providers, and NPI verification. At the bottom, there is a note about browser compatibility: "This site is designed to be compatible with the following browsers: Microsoft Edge, Mozilla Firefox".

Step 2: Instructions page

Ignore the information provided on this page except for criteria of documents (forms) being submitting. Click **next** to start your Provider Enrollment request.

The screenshot shows the MMIS PROVIDER PORTAL interface. At the top, there is a navigation bar with links: Home, Contact Us, Directory Search, Clients, Account, and Providers. The Providers link is highlighted. Below the navigation bar, there are sub-links: home, demographic maintenance, drug search, enrollment, enrollment tracking search, links, benefits and hsc inquiry, ehr incentive, client pmpm history, client pmpm attestation, and 835 signup. The main content area is titled "Instructions" and is labeled "Page 1 of 10". It contains the following text:

Welcome to the online Provider Enrollment process

Please complete each of the steps in the enrollment process. When you have completed all of the steps please click on the "Save" button to submit your application and receive your Application Tracking Number (ATN).

As part of the enrollment process you will be submitting additional required forms which you will want to download and complete prior to starting the application process. Please choose which type of enrollment you will be completing: [Fee-for-Service](#) or [Managed Care and CCO](#)

All enrollments will need to submit the [Provider Enrollment Agreement](#) form.

In addition, organization enrollments with a type 2 NPI will also need to submit an Ownership form.

If you are interested in applying to be a Medicaid provider for **Aging and People with Disabilities** (APD) programs, please email the APD Provider Relations Unit for information.

Electronic Form Submission: You can submit your enrollment forms electronically by choosing the [attachments](#) button at the bottom of your confirmation page to upload all documents.

All documents submitted electronically, must meet the following criteria:

- Attachment must be PDF, TIF/TIFF or TXT
- File size needs to be 10 MB or less
- File name has to be 256 characters or less

Fax Form Submission: You can submit your enrollment forms via fax by choosing the [coversheet for supporting documentation](#) button to print the required coversheet.

Please click the "next" button to start the enrollment application.

At the bottom of the page, there is a blue button labeled "next".

Step 3: Provider Type and Specialty

To enter your Provider Type:

- If you know the provider type number, you can enter it in the field.
- If you don't know the number, click **search**. You can then click the **Next** button or the page numbers at the bottom of the search panel to find the provider type. To choose a provider type, click a row from the list.
- A list of enrollable types and specialties can be found on the Provider Enrollment webpage. <https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>

The screenshot shows the "Provider Type" search interface. It is labeled "Page 2 of 10". The interface includes a search box with a "Search" button and a "Close" button. Below the search box, there is a "Search Results" table with the following data:

Type	Description
00	All Provider Types
01	Transportation Provider
02	Acupuncturist
03	Alcohol/Drug
04	Contractor
05	Ambulatory Surgical Provider
06	Behavioral Rehab Specialist
07	Billing Service
08	Freestanding Birthing Center
09	Billing Provider

At the bottom of the search results, there are page numbers: 1 2 3 4 5 6 7 8 9 10 Next >. There are also "delete" and "add" buttons.

To add your Provider Specialty:

Once you have chosen your Provider Type, click **add** to choose your primary specialty code. For this field, you must use the **search** function to find the specialty.

- The search results list the specialty codes allowed for the provider type selected.
- Page through the results to find your specialty, then click the row for your specialty code to choose it.
 - You can sort the results by specialty number or specialty description for easier searching.

Instructions > Provider Type Page 2 of 10

Provider Type ?

Provider Type* 34 [Search]

Type Description Physician

Primary / Provider Specialty Specialty Description

Type data below for new record.

Primary: Provider Specialty* [Search]

Specialty Description

Primary: Provider Specialty [Close] add

Search Results

Provider Specialty	Specialty Description	Provider Type
060	CPC+ Lump Sum Adjustment - Higher Claims Payment %	34
061	CPC+ Lump Sum Adjustment - Lower Claims Payment %	34
108	Encounter Only	34
115	Oral Surgeon	34
124	Maternal Fetal Medicine	34
216	Sports Medicine	34
217	Female Pelvic Medicine & Reconstructive Surgery	34
218	Radiation Oncology	34
219	Neonatal-Perinatal	34
220	Allergist	34

1 2 3 4 5 6 7 8 9 10 ... Next >

Be sure to check the box next to **Primary: Provider Specialty** before moving onto next page; click **next**.

Instructions > Provider Type Page 2 of 10

Provider Type ?

Provider Type* 34 [Search]

Type Description Physician

Primary / Provider Specialty Specialty Description

Type data below for new record.

Primary: Provider Specialty* 115 [Search]

Specialty Description Oral Surgeon

delete add

previous **next**

Step 4: Base Information

Review the field instructions below, then fill in only the required fields on the Base Information page, then click **next**. While the NPI is not a required field, it is recommended to add the NPI.

Instructions > Provider Type > Base Information Page 3 of 10

Base Information ?

Application Type* [dropdown]

Application NPI [text]

License [text]

License State [dropdown]

License Type [dropdown]

License Certification [text]

License Certification End [text]

UPIN [text]

Ownership [dropdown]

Birthdate* [text]

SSN* [text]

Name Type* Business Name Personal Name

Name* [text]

Address 1* [text]

Address 2 [text]

City* [text]

State* [dropdown]

Zip* [text]

Phone* [text]

Contact [text]

Gender [dropdown]

previous **next**

Field

Instructions

Application Type

It is extremely important to select the correct application type for the application to go into the correct queue for processing. Please review the selections below.

- **To enroll an individual provider**, select their provider type or **Non Payable**

Field	Instructions
	<p>Ent.</p> <ul style="list-style-type: none"> ■ To enroll an organization, select their organization type or Professional. ■ Provider update: Choose this option to update information for an actively enrolled individual provider or organization. ■ Revalidation: Choose this option only when asked to complete revalidation by OHA.
Birthdate and SSN	<p>If application is for an organization, use 01/01/1900 for the birthdate and 9 zeroes (“000000000”) for the SSN.</p> <p>If the application is for an individual, use the individual’s birthdate and SSN.</p>
Name Type	<p>Business Name is the default. Only use this if the application is for an organization.</p> <p>Change to Personal Name if the application is for an individual.</p> <p>When you change from Business Name to Personal Name, the data field goes from (1) one field to (3) three fields (Last Name, First Name and Middle Initial).</p>
Address Fields	<p>If you receive an error about address standardization, you may change the address to Provider Enrollment’s address:</p> <p>500 Summer St NE Salem, OR 97301</p> <p>Provider Enrollment will change this address when they process your application.</p>

Step 5: Service Location

Use the dropdown boxes to choose your County and Organization Code, then click **next**.

- If submitting for an individual provider, select Individual from the Organization Code dropdown.

Instructions > Provider Type > Base Information
Service Location

Page 4 of 10

Service Location ?

County*

Organization Code*

previous next

Step 6: Taxonomy

This information is **not required**.

To skip this page:

Simply click **next**.

Instructions > Provider Type > Base Information
Service Location > Taxonomy

Page 5 of 10

Taxonomy ?

*** No rows found ***

Select row above to update -or- click Add button below.

[Search]

Primary: Taxonomy

Taxonomy Description

delete add

previous next

Step 7: Tax ID

Enter the Federal Employer Identification Number (FEIN) or Social Security number (SSN), then click **next**.

- If application is for an individual, select SSN for the IRS Tax Type. Enter the individual's SSN for the IRS Tax ID.
- If the application is for an organization, select FEIN (EIN) for the IRS Tax Type. Enter the organization's EIN for the IRS Tax ID.

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID

Page 6 of 10

Tax ID

IRS Tax Type*

IRS Tax ID*

[previous](#) [next](#)

Step 8: Address

DO NOT make changes to this page. This page auto fills from the information entered during Step 4. Provider Enrollment will update the provider's enrollment record using information in the form(s) submitted at the end of this process.

- To skip this page, click **next**.

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID
Addresses

Page 7 of 10

Addresses

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
A Home Office	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Mail to	TESTER, LUCY	PO BOX 1	SALEM	OR	97301	1064	(503)555-5555		N
A Pay to	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Service Location	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Corporate Office	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N
A Medical Records	TESTER, LUCY	500 SUMMER ST NE	SALEM	OR	97301	1064	(503)555-5555		N

Type data below for new record.

Name Type* Business Name Personal Name

Name* TESTER LUCY

Title

In Care Of

Usage Mail to

Country

Address 1 500 SUMMER ST NE

Address 2

International Address

City SALEM

State OR

Zip 97301 1064

E-Mail

Cell Phone

Phone (503)555-5555

Language Format Indicator Written

Fax

International Phone

International Fax

ADA Accessible? No

[previous](#) [next](#)

Step 9: Contacts

One contact is required. The name field is the only required field however it is recommended to complete the Contact Type, Usage and Email fields. To do this, click **add**, fill in data, then click **next**.

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID
Addresses > Contacts

Page 8 of 10

Contacts

Name	Title	Contact Type	Usage	Phone	Ext	Cell Phone	Effective Date	End Date
							12/14/2022	12/31/2299

Type data below for new record.

Name*

Title

Contact Type

Usage

Phone

Cell Phone

Fax

Email

Effective Date 12/14/2022

End Date 12/31/2299

[delete](#) [add](#)

[previous](#) [next](#)

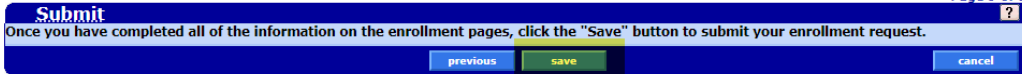
Step 10: Submit

If you need to review or update any data, click **previous**.

To submit the request, click **save**.

Instructions > Provider Type > Base Information
Service Location > Taxonomy > Tax ID
Addresses > Contacts > **Submit**

Page 9 of 10

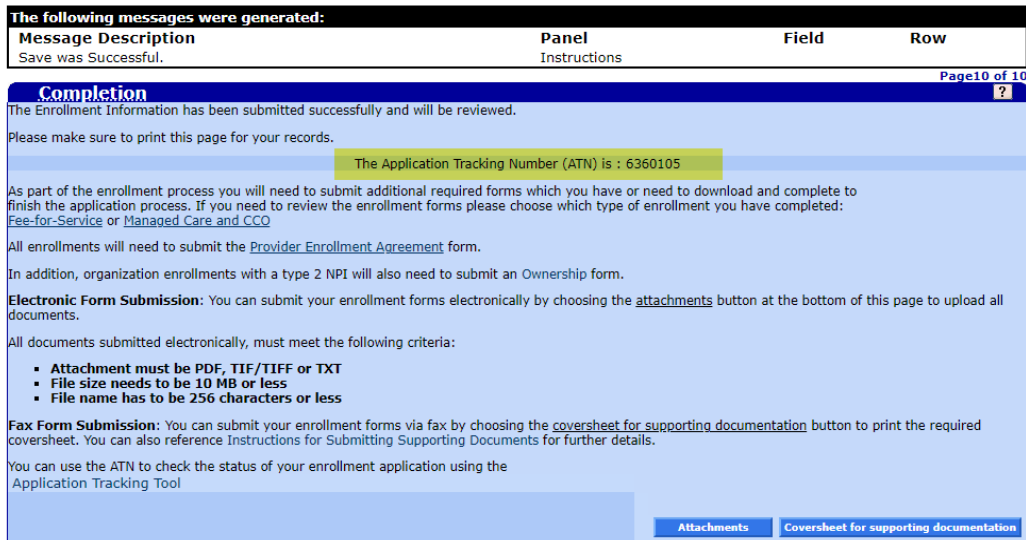


Step 11: Completion

This page provides the **Application Tracking Number (ATN)** for your reference.

- Click **Attachments** to attach required forms to your ATN.
- Optional - Click the **Coversheet for supporting documentation** to open an EDMS Coversheet that lists your ATN. You can save or print this coversheet for your records.

Once you leave this page, you will not be able to go back and attach any other documents or obtain a copy of the pre-printed coversheet.



Message Description	Panel	Field	Row
Save was Successful.	Instructions		

Completion

The Enrollment Information has been submitted successfully and will be reviewed.

Please make sure to print this page for your records.

The Application Tracking Number (ATN) is : 6360105

As part of the enrollment process you will need to submit additional required forms which you have or need to download and complete to finish the application process. If you need to review the enrollment forms please choose which type of enrollment you have completed: [Fee-for-Service](#) or [Managed Care and CCO](#)

All enrollments will need to submit the [Provider Enrollment Agreement](#) form.

In addition, organization enrollments with a type 2 NPI will also need to submit an Ownership form.

Electronic Form Submission: You can submit your enrollment forms electronically by choosing the [attachments](#) button at the bottom of this page to upload all documents.

All documents submitted electronically, must meet the following criteria:

- Attachment must be PDF, TIF/TIFF or TXT
- File size needs to be 10 MB or less
- File name has to be 256 characters or less

Fax Form Submission: You can submit your enrollment forms via fax by choosing the [coversheet for supporting documentation](#) button to print the required coversheet. You can also reference Instructions for Submitting Supporting Documents for further details.

You can use the ATN to check the status of your enrollment application using the Application Tracking Tool

[Attachments](#) [Coversheet for supporting documentation](#)

Step 11a: Attachments

Once you click on the **Attachments** button, the **Upload Attachments** panel will display.

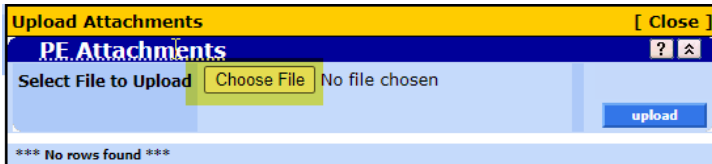
This is the only time you will be able to add attachments to your application. If you need to send more information later, you will need to fax the information using the EDMS Coversheet.

You cannot use the Provider Portal to view files attached to your application. Please save the files you upload if you want to keep them for future reference.

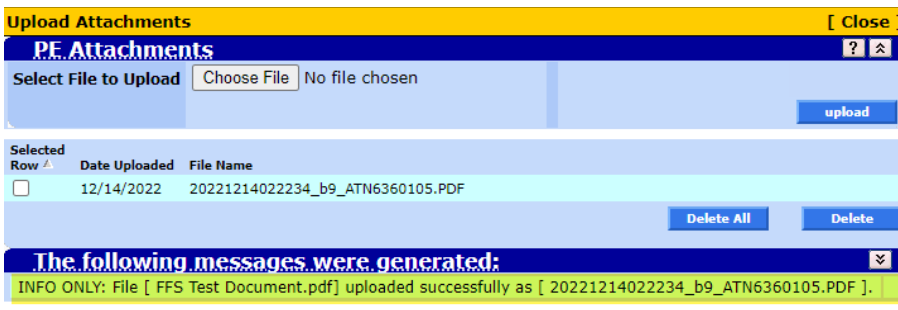
To upload attachments:

You can only upload one file at a time. For each file you need to attach:

- Click **Choose File** to browse for the required forms that you completed and saved before starting this process.
- Choose a form, then click **upload**.



The following message will appear, listing each document you uploaded.



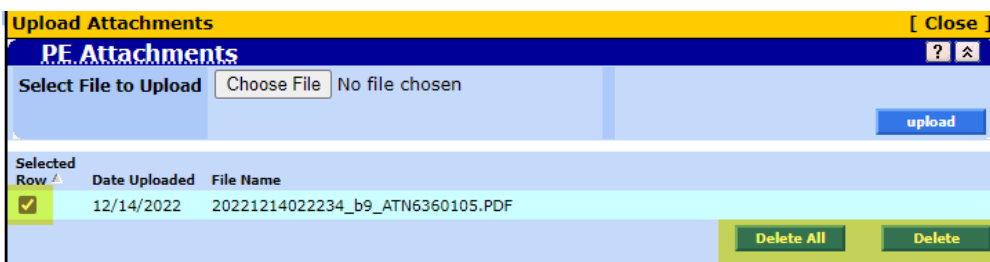
To delete uploaded documents:

You will have a short window of time after you upload the document(s) to delete any incorrect attachment(s).

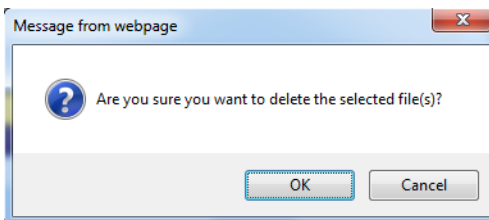
To do this:

- Click the **Selected Row** check box next to the document you want to delete.
- Click **Delete** (if you want to delete one row)

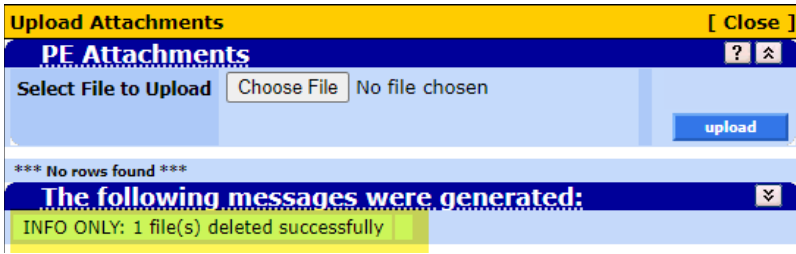
You can also click **Delete All** if you want to delete all uploaded documents.



Once you click **Delete All** or **Delete**, the following message will appear. Click **OK**, **Cancel** or **X** to proceed.



If the delete was successful, you will receive the following message:



Step 11b: EDMS Coversheet

Though not required, OHA recommends that you save a copy of the EDMS Coversheet to your computer in case you need to send more information later. To do this, click the **Coversheet for supporting documentation** button. This opens an EDMS Coversheet that lists your ATN.