



OREGON
HEALTH
AUTHORITY

September 2024

MMIS Provider Portal Eligibility and Enrollment

**Benefit plan, coordinated care enrollment and
open card (fee-for-service) information for
Oregon Health Plan members**

Who can verify eligibility and enrollment?

- Anyone with the “Eligibility Inquiry” role can verify eligibility and enrollment.
- You can verify eligibility and enrollment up to 13 months before the date of inquiry. You cannot verify future dates.
- An administrator or clerk with the Clerk Maintenance role may add this role to other clerks.
- To learn more about updating or adding clerks, [view OHA's Account Maintenance guide](#).

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

- Click **Account > Secure Site**
- After login, click **Eligibility**

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization **Providers** POC Help
home demographic maintenance drug search enrollment enrollment tracking search links benefits and hsc inquiry ehr incentive
client pmpm history client pmpm attestation 835 signup

Security Information

Warning: Use of this network is restricted to authorized users only and must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

To verify member eligibility:

1. Enter the member's information in one of the accepted combinations.
2. Enter dates of service.
3. If you want to know about service limitations for a procedure code, enter the code.
4. Click **search**.

Please enter one of these combinations:

* Client ID (or SSN) and Birth Date

* Client ID (or SSN), Last Name and First Name

* Client ID (or SSN), Last Name and Birth Date

* Client ID (or SSN), First Name and Birth Date

* Last Name, First Name and Birth Date

* Client ID (or SSN), Last Name, First Name and Birth Date

The screenshot shows a web form titled "Eligibility Verification Request". The form is divided into several sections. On the left, a large bracket labeled "1" encompasses the "Client ID", "Last Name", "First Name", "Birth Date", and "SSN" fields. The "Client ID" field contains the value "MJ301G5D". To the right of this section, a bracket labeled "2" encompasses the "From DOS" and "To DOS" fields, both containing the date "11/19/2014". A bracket labeled "3" encompasses the "Procedure" field, which is empty and has a "[Search]" label next to it. In the bottom right corner, a bracket labeled "4" encompasses the "search" and "clear" buttons. The "search" button is highlighted in blue.

Eligibility Verification Request	
Client ID	MJ301G5D
Last Name	
First Name	
Birth Date	05/01/1980
SSN	
From DOS	11/19/2014
To DOS	11/19/2014
Procedure	[Search]
<input type="button" value="search"/> <input type="button" value="clear"/>	

Member's eligibility information sections

1. Client Information
2. Benefit Plan
3. Service Type Coverage and Copay
4. TPL (Third Party Liability)
5. Managed Care
6. Lockin
7. Service Limitations

Client Information ? ↕

Client ID	AA####A	Last Name	BMHFAM
Birth Date	12/09/1997	First Name	MICHAEL
Hospital Presumptive Eligibility	No	Last EPSDT	
Medicare A		Last Dental Visit	
Medicare B		Branch ID	5503
MedicareD		Phone Number	(800)699-9075

Benefit Plan

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	11/19/2014	11/19/2014		\$0.00	M1
CRN - Contract Nursing	11/19/2014	11/19/2014		\$0.00	M1
SMHS - State Medicaid Mental Health Services	11/19/2014	11/19/2014		\$0.00	M1

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

Service Type Coverage and Copay

*** No rows found ***

For more information about benefit plans and OHP Plus copayments, go to http://www.oregon.gov/OHA/healthplan/Pages/tools_prov/electronverify.aspx

TPL

*** No rows found ***

Managed Care

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
WILLAMETTE VALLEY COMM. HEALTH	(866)362-4794	CCOA	11/19/2014	11/19/2014

Visit <http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx> to view Managed Care Plans by County Comparison Charts

Lockin

*** No rows found ***

Service Limitations ? ↕

Enter a Procedure Code on the Eligibility Verification Request panel to search for Service Limitations

Client Information section

- If the member has Medicare A, B or D, the effective dates will be listed on this screen.

Client Information			
Client ID	MJ301G5D	Last Name	BMHFAM
Birth Date	05/01/1980	First Name	MICHAEL
Medicare A		Last EPSDT	
Medicare B		Last Dental Visit	
MedicareD		Branch ID	5503
		Phone Number	(800)699-9075

Benefit Plan section

Benefit Plan					
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	11/19/2014	11/19/2014		\$0.00	M1
CRN - Contract Nursing	11/19/2014	11/19/2014		\$0.00	M1
SMHS - State Medicaid Mental Health Services	11/19/2014	11/19/2014		\$0.00	M1

Only these codes indicate OHP or CWM benefits:

- BMH: OHP Plus
- BMP: OHP Plus Supplemental (added vision and dental services for pregnant OHP Plus members)
- BMD: OHP with Limited Drug (same adult benefits as OHP Plus, except for drugs covered by Medicare Part D)
- BMM: Qualified Medicare Beneficiary (QMB) and OHP with Limited Drug
- BRG: OHP Bridge (same benefits as OHP Plus; does not include long-term care services and supports or Health-Related Social Needs benefits)
- MED: Qualified Medicare Beneficiary (QMB)
- CWM: Citizenship-Waived Medical (CWM)
- CWX: CWM Plus (OHP Plus benefits for pregnant CWM members)
- DEN, DNT: OHP Dental (dental-only benefits)

Service Type Coverage section

- Click a benefit plan row to see the types of service the plan covers.
- Click **Next**> to see additional pages of this information.

Benefit Plan					
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	11/19/2014	11/19/2014		\$0.00	M1
CRN - Contract Nursing	11/19/2014	11/19/2014		\$0.00	M1
SMHS - State Medicaid Mental Health Services	11/19/2014	11/19/2014		\$0.00	M1

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

Service Type Coverage and Copay					
Benefit Plan	Effective Date	End Date	Service Type	Coverage	Copay
BMH - OHP Plus	11/19/2014	11/19/2014	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	11/19/2014	11/19/2014	CHIROPRACTIC	ACTIVE	\$3.00
BMH - OHP Plus	11/19/2014	11/19/2014	DENTAL CARE	LIMITATIONS	
BMH - OHP Plus	11/19/2014	11/19/2014	DIAGNOSTIC X-RAY	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	HOSPITAL	ACTIVE	\$3.00
BMH - OHP Plus	11/19/2014	11/19/2014	HOSPITAL - INPATIENT	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	DIAGNOSTIC LAB	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	HOSPITAL - OUTPATIENT	ACTIVE	\$3.00
BMH - OHP Plus	11/19/2014	11/19/2014	MATERNITY	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	AUDIOLOGY EXAM	ACTIVE	\$3.00

1 2 3 Next >

TPL section

- If member has other health coverage and OHA knows about it, this section will list the TPL.
- Always bill TPL first.
- If the member has other coverage not listed on this screen, report it at www.ReportTPL.org.

TPL

*** No rows found ***

Managed Care/Primary Care Home section

- This section will list the member's coordinated care organization (CCO) and/or FQHC/RHC primary care home.
- The **Plan Type** column shows the type of care the CCO covers.
- If no CCO is listed, then OHA covers the member's care on a fee-for-service ("open card") basis.

Managed Care				
Provider Name	Provider Phone	Plan Type	Effective Date	End Date
WILLAMETTE VALLEY COMM. HEALTH	(866)362-4794	CCOA	11/19/2014	11/19/2014

Plan Type codes:

APM: Primary care home. Contact the provider to coordinate care.

CCOA: CCO; covers physical, mental and dental health care.

CCOB: CCO; covers physical and mental health care.

CCOE: CCO; covers mental health care only.

CCOF: CCO; covers dental care only.

CCOG: CCO; covers mental and dental health care.

Lockin section

- If the member must use a specific pharmacy to fill prescriptions, this section will list the member's pharmacy.

Lockin
*** No rows found ***

Service Limitations section

- If you entered a procedure code before clicking **search**, this section will list service limitations for that code.



Reminders: Steps to verify a service is covered:

1. Verify member eligibility on the date of service. Benefit plans determine the level of coverage.
2. [Search the Prioritized List](#) for covered procedure and diagnosis code pairs.
3. [Review the Fee-for-Service Fee Schedule](#). Some code pairs may be covered according to the Prioritized List, but may only be covered by the CCO, not fee-for-service by OHA.

Need help?

Contact OHP Provider Services

800-336-6016

team.provider-access@oha.oregon.gov

Thank you

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

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