

MMIS Provider Portal Provider Enrollment Guide



HEALTH SYSTEMS DIVISION

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

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Introduction

About this guide

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

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

This application is not for submitting license updates.

Before getting started:

Complete all required forms and save them to your computer or network drive. You will upload the completed forms at the end of your application. 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.

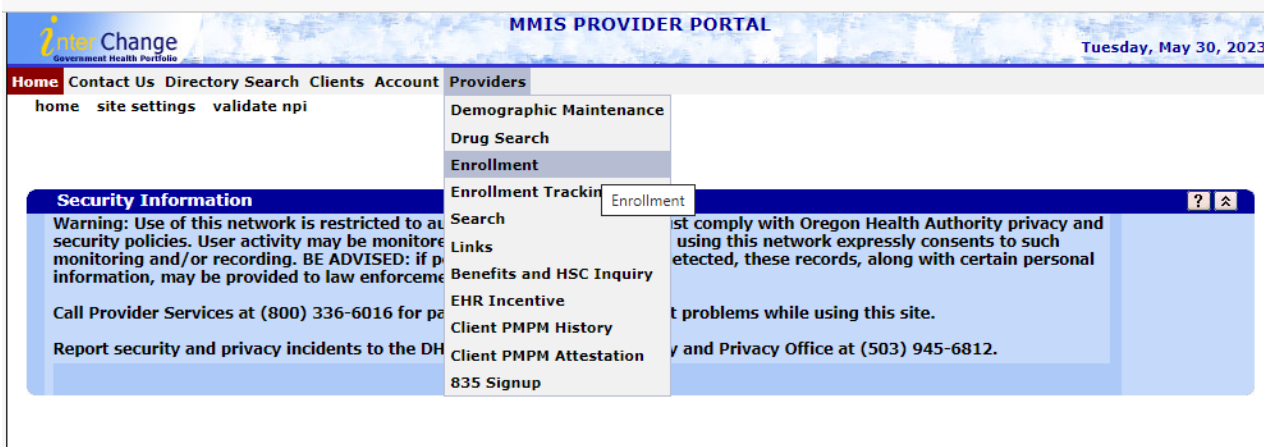
Application Instructions

Required fields

In each panel of the Provider Enrollment application, 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 application

To use the Provider Enrollment application, do not log into the portal. Just go to <https://www.or-medicaid.gov>, then click **Provider** > **Enrollment**:



Step 2: Instructions page

Click **next** to start your Provider Enrollment application.

The screenshot shows the MMIS Provider Portal with the 'Providers' menu highlighted. The 'enrollment' sub-menu is selected. The page title is 'Instructions' and it is 'Page 1 of 10'. The main content area 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.

A blue 'next' button is located at the bottom of the page.

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.

The screenshot shows the 'Provider Type' search interface. The breadcrumb is 'Instructions > Provider Type' and it is 'Page 2 of 10'. The main panel has a search bar with a 'Search' button. Below the search bar, there is a 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' and a 'Next >' button. There are also 'delete' and 'add' buttons at the bottom right of the search results panel.

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 your provider type.
- Page through the results to find your specialty, then click the row for your specialty code to choose it.

Instructions > **Provider Type** Page 2 of 10

Provider Type ?

Provider Type* 34 [Search]
Type Description Physician

Primary	Provider Specialty	Specialty Description
A	Type data below for new record.	
<input type="checkbox"/>	Primary: Provider Specialty*	[Search]
	Specialty Description	

Primary: Provider Specialty [Close]		
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
A	Yes	115 Oral Surgeon
<input checked="" type="checkbox"/>	Primary: Provider Specialty*	[Search]
	Specialty Description	Oral Surgeon

delete
add

previous
next

Step 4: Base Information

Fill in Base Information data, then click **next**.

Instructions > Provider Type > Base Information

Page 3 of 10

Base Information

Application Type*

Application NPI

License

License State

License Type

License Certification

License Certification End

UPIN

Ownership

Birthdate*

SSN*

Name Type* Business Name Personal Name

Name*

Address 1*

Address 2

City*

State*

Zip*

Phone*

Contact

Gender

Field	Instructions
Application Type	<p>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.</p> <ul style="list-style-type: none"> ■ To enroll an individual provider, select their provider type or Non Payable Ent. ■ 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>
Name Type	<p>If the application is for an individual, use the individual’s birthdate and SSN.</p> <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**.

Instructions > Provider Type > Base Information
Service Location

Service Location Page 4 of 10

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

Taxonomy Page 5 of 10

*** No rows found ***

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

Primary: Taxonomy	[Search]
Taxonomy Description	

delete add

previous next

To add a taxonomy:

Click **add**, then **Search** to open search panel.

- To find your taxonomy, search by taxonomy code or description, then click **search**.
- To choose your taxonomy, click the appropriate row.

Instructions > Provider Type > Base Information
Service Location > Taxonomy

Taxonomy Page 5 of 10

No

Type data below for new record.

Primary: Taxonomy*	[Search]
Taxonomy Description	

delete add

previous next

Primary: Taxonomy [Close]

Search

Taxonomy	Description
101Y00000X	COUNSELOR
101YA0400X	COUNSELOR - ADDICTION (SUBSTANCE USE DISORDER)
101YM0800X	COUNSELOR - MENTAL HEALTH
101YP1600X	COUNSELOR - PASTORAL
101YP2500X	COUNSELOR - PROFESSIONAL
101YS0200X	COUNSELOR - SCHOOL
102L00000X	PSYCHOANALYST
102X00000X	HEALTH & SOCIAL SERVICE-POETRY THERAPIST
103G00000X	NEUROPSYCHOLOGIST - CLINICAL NEUROPSYCHOLOGIST
103GC0700X	NEUROPSYCHOLOGIST - CLINICAL

search clear

Search Results

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

Once you have chosen your taxonomy, click the check box next to **Primary: Taxonomy**, then click **next**.

Instructions > Provider Type > Base Information
Service Location > Taxonomy

Page 5 of 10

Taxonomy	
Primary Indicator	Description
Yes	103GC0700X NEUROPSYCHOLOGIST - CLINICAL
Type data below for new record.	
<input checked="" type="checkbox"/>	Primary: Taxonomy* 103GC0700X [Search]
Taxonomy Description	NEUROPSYCHOLOGIST - CLINICAL

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*	<input type="text"/>
IRS Tax ID*	<input type="text"/>

previous next

Step 8: Address

You **do not** need to make changes to this page. Provider Enrollment will update the provider's enrollment record using information in the form(s) submitted at the end of the application.

- To skip this page, click **next**.
- If you choose to make changes to this page, click the type of address you want to add. Enter the information in the fields below. If you get an error about address standardization, you may change the address to Provider Enrollment's address:

500 Summer St NE
Salem, OR 97301

Provider Enrollment will update the address when they process your application.

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

Addresses Page 7 of 10

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	500 SUMMER ST NE	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

Fax

International Phone

International Fax

ADA Accessible? No

Language Format Indicator

Written

previous next

Step 9: Contacts

You must add at least one contact for this application. To do this, click **add**. Fill in data, then click **next**.

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

Contacts Page 8 of 10

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 in the application, click **previous**.

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

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

Page 9 of 10

Submit ?

Once you have completed all of the information on the enrollment pages, click the "Save" button to submit your enrollment request.

previous save cancel

Step 11: Completion

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

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

The following messages were generated:

Message Description	Panel	Field	Row
Save was Successful.	Instructions		

Page 10 of 10

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.

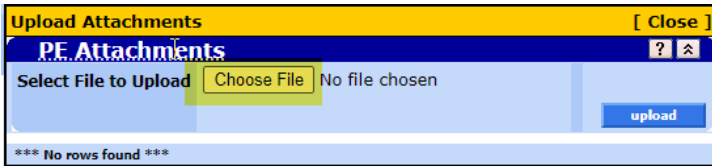
This is the only time you will be able to add attachments to your application. If you need to send more information later, you will need to fax the information using the EDMS Coversheet.

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.

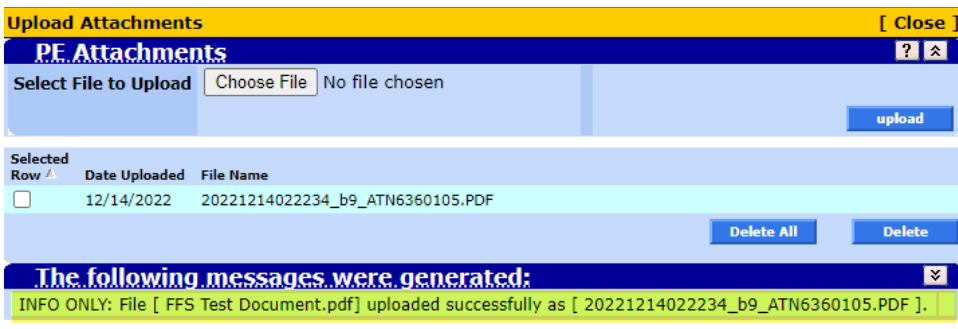
To upload attachments:

For each file you need to attach:

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



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

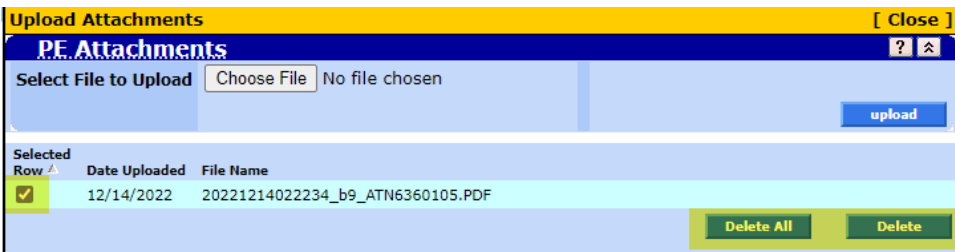


To delete uploaded documents:

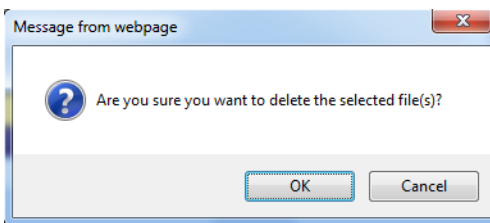
You will have a short window of time after you upload the document(s) to delete any incorrect attachment(s). To do this:

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

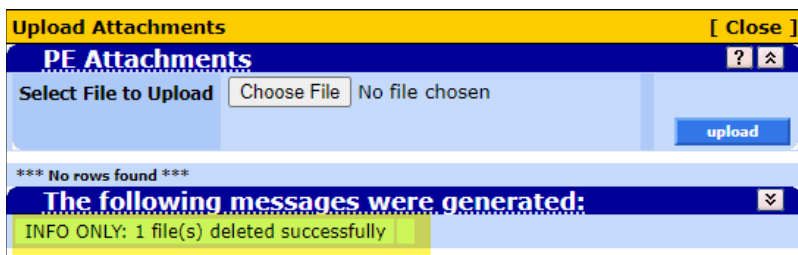
You can also click **Delete All** if you want to delete all uploaded documents.



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 at the bottom of the Completion page. This opens an EDMS Coversheet that lists your ATN.