

Encounter Only Provider Enrollment MMIS Web Portal

Access the MMIS Web Portal based on your organization's Internet access protocol and log on

Encounter Only Provider Enrollment Web Portal for Contracted Plans

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In the Providers drop down select Enrollment

Security Information

Warning: Use of this network is restricted to authorized users. User activity may be monitored and/or recorded. BE ADVISED: if personal information, may be provided to law enforcement.

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.

Instructions

Page 1 of 10

Instructions

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.

If you need additional assistance completing the steps of the application, please click the Help on the header menu.

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

Click Next to begin the Online Provider Enrollment Process

Provider Type [Search] [Close]

Provider Type* [Search]

Type Description

*** No rows found ***

Primary: Provider Specialty

Specialty Description

Search

Type [Search] [Clear]

Search Results

Type	Description
30	MH-PC20
31	Transportation
32	End-Stage Renal Disease (RSD) Clinic
33	MH Provider
34	Physician
35	Oregon State Hospital
36	DME/Medical Supply Dealer
37	Certified Registered Nurse Anesthetist
38	Adv Comp Health Care
39	Submitter

< Previous 1 2 3 4 5 6 7 8 9 Next >

Click Search Button to Get a List of Provider Types

In the Search Results, click once on the Appropriate Provider Type and the number will Auto Fill

Provider Type [Search] [Close]

Provider Type* 34 [Search]

Type Description Physician

Primary Provider Specialty

Specialty Description

Type data below for new record.

Primary: Provider Specialty [Search] [Close]

Search Results

Provider Specialty	Specialty Description	Provider Type
108	Encounter Only	34
115	Oral Surgeon	34
124	Maternal Fetal Medicine	34
218	Radiation Oncology	34
219	Noonatal - Perinatal	34
220	Allergist	34
221	Abdominal Surgery	34
222	Adolescent Medicine	34
223	Allergy & Immunology	34
224	Aviation Medicine	34

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

Click Search Button to Get a List of Provider Specialty

In the Search Results, click once on the Appropriate Provider Specialty and the number will Auto Fill

Check the Primary Box to Indicate the Primary Specialty

Provider Type [Search] [Close]

Provider Type* 34 [Search]

Type Description Physician

Primary Provider Specialty

Specialty Description Allergy & Immunology

Type data below for new record.

Primary: Provider Specialty* 223 [Search]

Specialty Description Allergy & Immunology

delete add

previous next

Click on Add if more than one Provider Specialty is needed

Click on Next once the Provider Type page is complete

Base Information

1	Application Type*	Encounter Only	12	Name Type*	Business Name Personal Name
2	Application NPI	1234567890	13	Name*	SMITH JANE
3	License	MD1234	14	Address 1*	500 SUMMER ST NE
4	License State	OR	15	Address 2	
5	License Type	Board of Medical Examiner	16	City*	SALEM
6	License Certification	12/01/2000	17	State*	OR
7	License Certification End	12/31/2014		Zip*	97301
8	UPIN			Phone*	(503)555-1212
9	Ownership	No		Contact	PLAN NAME GOES HERE
10	Birthdate*	10/30/1966		Gender	N/A
11	SSN*	555-99-5555			

previous next

Click on Next once the Base Information page is complete

1. Application Type should always be Encounter Only
2. Providers NPI
3. Providers Medical License Number if required
4. Select from the dropdown the State the provider is licensed if required
5. Select License Type from the dropdown if required
6. License Certification start date if required
7. License Certification End date if required
8. UPIN should always be blank
9. Select Yes or No for Ownership
 - a. Should be Yes if enrolling as a business
10. Birthdate
 - a. If Business the birthdate would reflect as the first owner
11. Providers Social Security Number (SSN)
 - a. If Business the Social Security Number would reflect as the first owner
12. Select Name Type
 - a. Business Name for Business Entities
 - i. Hospital
 - ii. DME
 - iii. BP
 - b. Personal Name for Individuals
13. Name
 - a. Provider Last name and then First Name
 - b. Providers Business Name
14. Provider or Business Address
15. Provider Phone Number
16. Contact should be Contracted DMAP Plan Name
17. Gender
 - a. Female or Male for Individual
 - b. N/A for Business

Select County
Provider is
Located

Service Location

County* Marion

Organization Code* Individual

previous next

Select
Appropriate
Organization
Code from
drop down

Click on Next
once the Service
Location page is
complete

Check the Primary
Box to Indicate the
Primary Taxonomy

Taxonomy

Primary Indicator Taxonomy

No

Type data below for new record.

Primary: Taxonomy* [Search]

Taxonomy Description

Search

Taxonomy	Description
101Y0000X	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 Results

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

Click Search
Button to
Get a List of
Taxonomies

In the Search
Results, click once
on the Appropriate
Taxonomy and the
number will Auto
Fill

Click on Add if
more than one
Taxonomy is
needed

Taxonomy

Primary Indicator	Taxonomy	Description
Yes	207K00000X	PHYSICIAN-ALLERGY & IMMUNOLOGY

Type data below for new record.

Primary: Taxonomy* 207K00000X [Search]

Taxonomy Description
PHYSICIAN-ALLERGY & IMMUNOLOGY

delete add

previous next

Click on Next once
the Taxonomy
page is complete

Select SSN from the drop down if Individual and if Business would be FEIN in the IRS Tax Type

Tax ID

IRS Tax Type*

IRS Tax ID* 555995555

previous next

In the IRS Tax ID field, type in SSN if Individual and if Business type Tax ID of the business as reported to the IRS.

Click on Next once the Tax ID page is complete

Select the appropriate row if a PO Box address is needed to be added

Addresses

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phon
A Home Office	SMITH, JANE	500 SUMMER ST NE	SALEM	OR	97301	1063	(503
A Mail to	SMITH, JANE	500 SUMMER ST NE	SALEM	OR	97301	1063	(503
A Route	SMITH, JANE	500 SUMMER ST NE	SALEM	OR	97301	1063	(503
A Service Location	SMITH, JANE	500 SUMMER ST NE	SALEM	OR	97301	1063	(503
A Corporate Office	SMITH, JANE	500 SUMMER ST NE	SALEM	OR	97301	1063	(503
A Medical Records	SMITH, JANE	500 SUMMER ST NE	SALEM	OR	97301	1063	(503

Select row above to update.

Name Type Business Name Personal Name

Name

Title

In Care Of

Usage

Country

Address 1

Address 2

International Address

City

State

Zip

E-Mail

Cell Phone

Phone

Fax

International Phone

International Fax

ADA Accessible?

Language Format

Indicator

Written

previous next

Click on Next once the Addresses page is complete

Name	Title	Contact Type	Usage	Phone	Ext	Cell Phone	Effective Date	End Date
							12/11/2013	12/31/2299

Type data below for new record.

Name* PLAN NAME GOES HERE
Title
Contact Type
Usage Corporate Office
Phone (503)555-1212
Cell Phone
Fax
Email
Effective Date 12/11/2013
End Date 12/31/2299

delete add

previous next

Contracted Plan Name goes in the Name field

Provider Phone Number goes in the Phone field

Effective Date is the first date for the claim and End Date will auto fill with 12/31/2299 (can change date if needed)

Select Corporate Office from the Usage drop down

Click on Next once the Contacts page is complete

Click on the Add button to create Contact information

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

Can click on the Previous button to go back to another page

Can click on the Cancel button to withdraw enrollment request

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

The following messages were generated:

Message Description	Panel	Field	Row
Save was Successful.	Instructions		

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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: **6090261**

The following documents must be completed and mailed in before your enrollment will be approved.
Please print out and complete each form.
The first link below provides detailed instructions on how to submit these documents.

- Instructions for Submitting Supporting Documents
- Copy of Provider License, if applicable
- Provider Enrollment Agreement
- DMAP 3114 - Professional
- Disclosure Statement for Individuals

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

[Coversheet for supporting documentation](#)

This page is confirming enrollment request was successfully submitted and will provide you with an Application Tracking Number (ATN)

Click on Coversheet for supporting documentation to attach ownership information or other documentation