

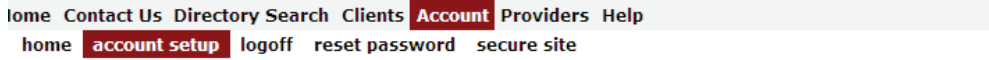
# Oregon Medicaid Provider Web Portal Quick Set Up Guide

Activate your account at <https://www.or-medicare.gov>



You will need the PIN letter sent by OHA and your Oregon Medicaid Provider ID.

■ Click **Account**, then **Account Setup**, then enter the following information:



**Account Setup**

Login ID\* 153430  
Personal Identification Number\* J7qWdbJfd

Please note Login ID and Personal Identification Number are case sensitive.

- **Login ID:** Your Oregon Medicaid Provider ID
  - **Personal Identification Number:** From your PIN letter (case-sensitive)
- Click “**setup account**” when done.

■ Enter the following information. **All fields are required:**

Please note Login ID and Personal Identification Number are case sensitive.  
Required fields are indicated with an asterisk (\*).

User Name\* HER-HEALTHCARE27  
Contact Last Name\* BETH  
Contact First Name\* BILLER  
Phone Number\* 503-555-1212  
1st Secret Question\* Name of first pet  
1st Answer\* Bingo  
2nd Secret Question\* Favorite color  
2nd Answer\* Blue

Password\* .....  
Confirm Password\* .....  
E-Mail\* beth.b@her-h  
Confirm E-Mail\* beth.b@her-h

I Agree

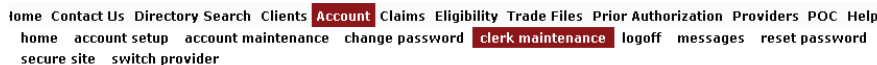
submit cancel

- **User name:** Make it unique.
  - **Contact name phone, and email:** For the person who will act as your web portal administrator and manage staff access.
  - **Secret question** answers are case-sensitive.
- Your **Password** must be at least 8 characters, not contain your account name or full name and include:
- UPPER-CASE letter
  - lower-case letter
  - Number, blank space or special character such as **!, @, &** (do not use blank spaces at the beginning or end of your password).
- Click “**I Agree**” and “**submit**” when done.

## Give staff web portal access

For each person who needs web portal access:

- Click **Account**, then **Clerk Maintenance**, then “**add clerk.**”
- Enter the following information:



**Clerk Maintenance**

User Name\* Contact First Name\* Contact Last Name\*

Type data below for new record.

User Name\* HER-HEALTHCARE27 [ Search ]  
Contact First Name\* BETH  
Contact Last Name\* BILLER  
Phone Number\* 503-555-1212  
E-Mail\* beth.b@her-healthcare.com  
Confirm E-Mail\* beth.b@her-healthcare.com  
Password\* .....  
Confirm Password\* .....

**Assigned Roles**  
Benefits HSC Inquiry  
Claim Inquiry  
Claim Submission  
Eligibility Inquiry  
Prior Auth Inquiry

**Available Roles**  
Trade Files  
Prior Auth Submit  
Drug Search  
Plan of Care Inquiry  
Claim Void  
Clerk Maintenance

remove clerk add clerk

submit cancel

■ Click “**submit**” when done.

Click “**add clerk**” to repeat the process for another person.

- **User name:** Make it unique.
- **Clerk name phone, and email**
- **Password** (temporary), has same requirements as login password

- ### Available Roles:
- **Benefits HSC Inquiry:** Verify specific service coverage by benefit plan and Prioritized List.
  - **Claim Inquiry, Claim Submit and Claim Void**
  - **Clerk Maintenance**
  - **Demographic Maintenance** (e.g., change office hours)
  - **Drug Search:** View coverage, Prior Authorization and rate information
  - **Eligibility Inquiry**
  - **Online RA**
  - **Plan of Care Search**
  - **Prior Authorization Inquiry and Prior Authorization Submit**

**Questions?** Call Provider Services at 800-336-6016 (option 5) or visit the OHP provider website at [bit.ly/ohpproviders](http://bit.ly/ohpproviders).