



Complete all of the fields in the Physician & Billing Information section. **The information must include your provider's Federal ID#. Make sure that you enter the full clinic/facility name (no abbreviations).** Skip the Universal Provider ID number. Once this section has been completed, click the NEXT button on the bottom of the screen

\* If you need access to multiple facilities you may need to register for each facility and have more than 1 user account.

**Physician & Billing Information**

Federal ID\*: 999999999      Universal Provider ID:


First Name\*: Your Frist Name

Middle Initial: x

Last Name\*: Your Last Name

Clinic Name\*: Clinic Name

Billing Address \*: Clinic Billing Address

Access Requested - Claims or Auth?: Enter Claims, Auths or Both  **Make sure to indicate if you need access to authorizations, claims or both**

City\*: Clinic City

State\*:

Zip Code\*: Clinic Zip Code  
Zip Codes must be 5 or 9 digits.

Telephone: Phone Number  
Phone Numbers must be 7 or 10 digits formatted as (xxx) xxx-xxxx

Email\*: Your Email Address  
Not a valid Email Address

Date of Birth\*: Your date of birth (Used for identification purposes only)  
Dates must be entered in MM/DD/YYYY format.

**\*Required Field** [Help](#)

Next select the programs.  
Click on the Plan Name drop down, select CareOregon.

**New Program Access Requests**

Plan Name:

Program Name:

QNXT Provider ID:

Click on the Program Name drop down, select CareOregon Medicaid

**New Program Access Requests**

Plan Name:

Program Name:

QNXT Provider ID:

Leave the QNXT Provider ID field blank

Then click on the Add button

**New Program Access Requests**

Plan Name:

Program Name:

QNXT Provider ID:

The screen will now show you that have signed up for CareOregon Medicaid.

**Health Plan Access**

To access your Personal Health Information online, you must submit an Access Request to the Health Plan. To create this request, select a Plan and Program from the menus below. **A request for access to at least one plan must be created before clicking on the Submit button.**

**New Program Access Requests**

Plan Name: CareOregon  
Program Name: Select One  
QHXT Provider ID:

**Access Requests to be Submitted:**



Plan Name	Program Name	Provider ID	Functions
CareOregon	CareOregon Medicaid		<a href="#">Remove</a> <- Prev Next ->

Next select Health Plan of CareOregon Medicare from the Program Name drop down then click the Add button.

**New Program Access Requests**

Plan Name: CareOregon  
Program Name: Select One  
QHXT Provider ID:


Select One  
CareOregon Medicaid  
Health Plan of CareOregon Medicare

The system will now display that you have signed up for both programs offered through CareOregon

**New Program Access Requests**

Plan Name: CareOregon  
Program Name: Select One  
QHXT Provider ID:

**Access Requests to be Submitted:**



Plan Name	Program Name	Provider ID	Functions
CareOregon	CareOregon Medicaid		<a href="#">Remove</a>
CareOregon	Health Plan of CareOregon Medicare		<a href="#">Remove</a> <- Prev Next ->

Next select and enter your User Name and Password. Follow the instructions on the screen (shown in green). The Password must contain at least 6 characters, consisting of at least one upper and lower case letter and a number.

Enter your password again in the confirm password field.

Enter a password reminder, then click the submit button.

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**QNXT View Account Information**

**QNXT View Username\*:**  Usernames must contain at least one alphanumeric character and may contain one of the following characters [space . @ \_ -]. For example, your username can be your real name or email address.

**QNXT View Password\*:**  Must contain at least 6 characters, consisting of an upper and lower case letter and a number.

**Confirm Password\*:**

**Password Reminder:**   
(A question or phrase that will help you remember your password)

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You should receive the message below confirming that your registration was accepted. You'll receive an e-mail within 2-3 business days that will contain your PIN code. If the email is not received or you need any further assistance, please call the Provider Systems Helpdesk @ 503-416-4100. Select option 3 for providers. Select option 3 again for the Help Desk.

### Thank You for Registering!

In the next few days, you will be mailed a PIN code for use with your password the first time you login to the site. Save your username and password in a safe place until your PIN arrives in the mail. Once your PIN code arrives, return to this site and click the Login link on the home page.

You have been registered as: