

Provider FAQs for Using CareOregon Connect



Q: What is CareOregon Connect?

A: CareOregon Connect is CareOregon's provider portal. Providers can use it to verify member eligibility, view the status of claims, remittance advices, member rosters, as well as submit and view authorizations requests.

Q: Can I access it through OneHealthPort?

A: Yes. OneHealthPort is a single sign-on for multiple health plan provider portals. You can register at OneHealthPort and CareOregon will receive all of the information needed to establish your access.

Q: I'm a new CareOregon provider and need help navigating the portal. What tools do you provide?

A: CareOregon Connect was designed to be very intuitive and user-friendly, so most users are able to begin by taking self-guided instruction through video and document tutorials. They can be found at the following link:

<http://www.careoregon.org/Providers/ProviderPortalLogin/PortalTutorials.aspx>

CareOregon's Provider Relations Specialists can be contacted for additional assistance as needed.

Q: Can I submit all prior authorization requests online now?

A: No – Currently we are only accepting requests for specialist and outpatient services.

Additional services such as inpatient, DME, home health, and pharmacy will be available in the future. We are not currently accepting retro authorization requests online. These will still need to be sent in by fax to the number located on the authorization request form.

Q: Can I still submit prior authorization requests online if I need to include medical records?

A: Yes. Medical records can be uploaded to accompany the request by selecting the "Additional Information" link below the "Start Date" and "End Date" fields.

Q: Why would I want to use Connect to submit an authorization online? Do I get a faster response?

A: In some cases yes! If a provider is submitting a request for a service that doesn't require an authorization, they may receive a 'No Action Required' response immediately. Requests that pend will still be processed in the order in which they were received (excluding urgent request).

The additional benefit is that you can validate that CareOregon received their request and you don't have to call after faxing something is to make sure it was received.

It also increases processing speed and accuracy as it automates many manual processes.

Q: Why don't I have an authorization number?

A: There are 4 instances where an authorization number won't be available:

- Rejected status – an authorization number will not be assigned when a request is submitted for a benefit not administered by CareOregon.
- Denied status – an authorization number will not be assigned when a request is denied.
- Approved status received immediately – an authorization number will not be immediately available. Once the request is routed through CareOregon's system (typically a few hours), an authorization number will be assigned and can be viewed in Connect.
- No Action Required status received immediately – an authorization number will not be assigned to authorization requests for services that do not require an authorization.

Q: I need to make changes to a request – can I do this online?

A: No, once a request is submitted, no changes can be made in Connect. You will need to call CareOregon and ask that the authorization be updated.

Q: Does the approved status on the authorization mean that all services are allowed?

A: No, the overall status of “Approved” only indicates that one or more of the services requested has been approved. Each request will contain a line for each service requested and its status. There may be lines that are denied, so it’s important that all lines are reviewed.