

CareOregon Connect

How to attach documents to prior authorization requests.

careoregon.org
twitter.com/careoregon
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Effective October 1, 2021

CareOregon will require that all Prior Authorization Requests that are submitted via Connect **MUST HAVE** **clinical documentation attached to be** **accepted!**



Entering a Connect Request

Step 1:

Log In

The screenshot shows the CareOregon Provider Portal login page. The browser address bar displays the URL `careoregon.org/providers/physical-health-providers/provider-portal`. The page header is a dark blue bar with the text "Provider Portal". Below the header, the breadcrumb navigation reads "Home | Providers | Physical health providers | Provider Portal". The main content area is titled "Log in with OneHealthPort" and includes a paragraph explaining the single sign-on service and a link to visit OneHealthPort. Below this is a section titled "Need an account?" which provides instructions for obtaining an account and a link to register. A blue box at the bottom of the page contains the "PROVIDER PORTAL LOGIN" form, which includes fields for "Username" and "Password", a "LOGIN" button, and links for "Forgot your username?", "Forgot your password?", and "New User? Sign up >".

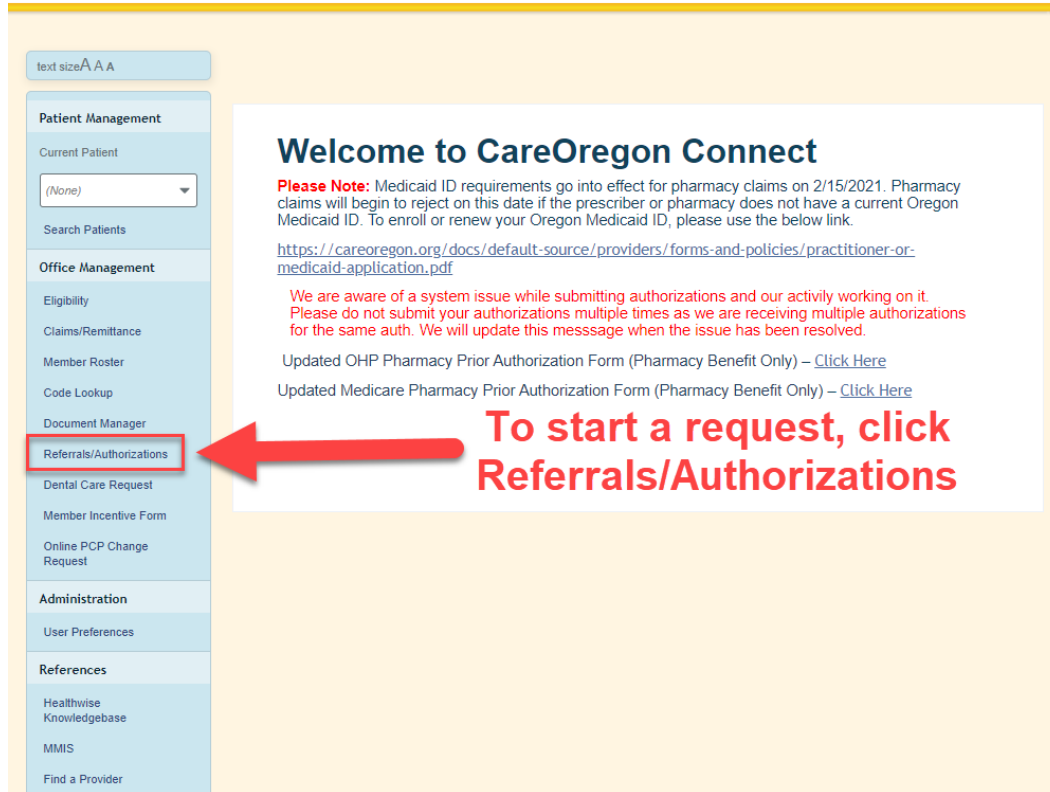
Log into Connect via the CareOregon Provider Portal or web link.

careoregon.org | page 3



Step 2:

Access
Referrals/Authorizations
screen.



text size A A A

Patient Management

Current Patient

(None) ▾

Search Patients

Office Management

Eligibility

Claims/Remittance

Member Roster

Code Lookup

Document Manager

Referrals/Authorizations

Dental Care Request

Member Incentive Form

Online PCP Change Request

Administration

User Preferences

References

Healthwise Knowledgebase

MMIS

Find a Provider

Welcome to CareOregon Connect

Please Note: Medicaid ID requirements go into effect for pharmacy claims on 2/15/2021. Pharmacy claims will begin to reject on this date if the prescriber or pharmacy does not have a current Oregon Medicaid ID. To enroll or renew your Oregon Medicaid ID, please use the below link.

<https://careoregon.org/docs/default-source/providers/forms-and-policies/practitioner-or-medicaid-application.pdf>

We are aware of a system issue while submitting authorizations and our actively working on it. Please do not submit your authorizations multiple times as we are receiving multiple authorizations for the same auth. We will update this message when the issue has been resolved.

Updated OHP Pharmacy Prior Authorization Form (Pharmacy Benefit Only) – [Click Here](#)

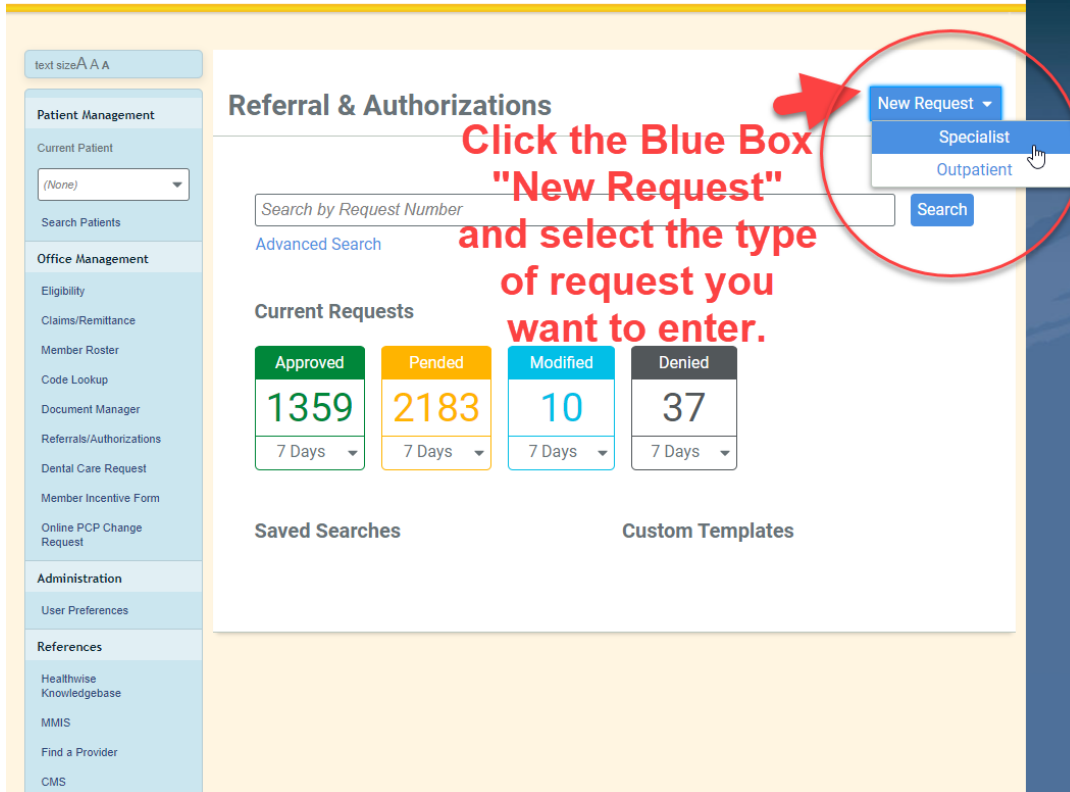
Updated Medicare Pharmacy Prior Authorization Form (Pharmacy Benefit Only) – [Click Here](#)

To start a request, click Referrals/Authorizations



Step 3:

Start a new request.



Referral & Authorizations

text size A A A

Patient Management

Current Patient
(None)

Search Patients

Office Management

Eligibility
Claims/Remittance
Member Roster
Code Lookup
Document Manager
Referrals/Authorizations
Dental Care Request
Member Incentive Form
Online PCP Change Request

Administration

User Preferences

References

Healthwise Knowledgebase
MMIS
Find a Provider
CMS

Search by Request Number

Advanced Search

Current Requests

Approved	Pended	Modified	Denied
1359	2183	10	37
7 Days	7 Days	7 Days	7 Days

Saved Searches Custom Templates

New Request ▾

- Specialist
- Outpatient

Search

Click the Blue Box "New Request" and select the type of request you want to enter.



Step 4:

Search patients.

The image shows a screenshot of a web application interface. A modal dialog box titled "Search Current Patients" is open, featuring three input fields: "Member ID", "First Name", and "Last Name". A "Search" button is circled in red, with a red arrow labeled "3" pointing to it. Two other red arrows, labeled "1" and "2", point to the "Member ID" and "Last Name" fields respectively. The word "OR" is placed between the arrows labeled "1" and "2". Below the dialog box, a red box highlights a section of the main form containing a search dropdown menu with the text "Select a patient" and a search icon. A hand cursor is shown clicking the search icon. To the right of the dropdown is a "Co-Morbidity" section with radio buttons for "No" (selected) and "Yes".



Step 5:

Select the appropriate patient.

Search Current Patients

Modify Search ▾

SMITH, JOHN	Patient ID	Effective Dates	Birthdate	PCP	+ Add
SMITH, JOHN	Patient ID	Effective Dates 1/1/2020-	Birthdate	PCP	+ Add
SMITH, JOHN	Patient ID	Effective Dates	Birthdate	PCP	+ Add
SMITH, JOHN	Patient ID	Effective Dates	Birthdate	PCP	+ Add
SMITH, JOHN	Patient ID	Effective Dates	Birthdate	PCP	+ Add

Close

Check to make sure the member's coverage is active and click +Add.



Step 6:

Complete required fields.

- Eligibility
- Claims/Remittance
- Member Roster
- Code Lookup
- Document Manager
- Referrals/Authorizations
- Dental Care Request
- Member Incentive Form
- Online PCP Change Request
- Administration**
- User Preferences
- References**
- Healthwise Knowledgebase
- MMIS
- Find a Provider
- CMS
- CMS Fee Schedule Search
- Claim Adjustment Reason & Remittance Advice Remark
- Provider Manual
- Passport to Languages
- COBI

Submit ST/PT/OT on the Outpatient template. This template should never be used for Therapy Services.

Authorization requests must have Medical Records attached.

Attach any relevant documentation that supports medical necessity. Documentation may include but is not limited to chart notes, lab results, etc.

Upload documentation with your online request or fax chart notes to:

503-416-3713 -Specialist Requests/Outpatient Services

503-416-3724 -Inpatient Requests

1-800-272-9315 - Toll Free number

Start completing all fields marked with an asterik*.

Patient

* Search Current Patients

* Co-Morbidity

 No Yes

Diagnosis

* Search and select a diagnosis

Requesting Provider

* Requesting Provider

* Contact Name

* Contact Info

 Phone ▾ Fax ▾

Servicing Providers

* Servicing Providers

* Contact Name

* Contact Info

 Phone ▾ Fax ▾

Service Details



Step 7:

Enter Service Details.

Service Providers

* Contact Name

* Contact Info

Service Details

* Service

* Location

* Level of Service

Medical Care
Acupuncture
Chiropractic
Diagnostic Lab
Diagnostic X-Ray
Psychiatric
Substance Abuse

Start Date

* End Date

Additional Information

Remarks

Characters remaining: 225 / 225

Paperwork

Complete each of the fields in the Service Details Section. If you need another option, click the drop down arrows.



Step 8:

Enter procedures and comments if appropriate.

*Service: Medical Care | *Location: Office | *Level of Service: Select...
*Service Units: Days | *Start Date: 08/03/2021 | *End Date: 08/10/2021

Requested Procedures

*Procedure Code: 95004 | 95004 | CPT | PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS

Additional information

Remarks: [Text Area] | Characters remaining: 225 / 225

Paperwork

+ Add paperwork | Submit | Load | Save

Referral & Authorizations / Search Requests

Specialist Request Submission

For OHP Only: If the member has a comorbid condition, please see below for detailed instructions regarding submission requirements.

This Template should be used to request treatment in the following locations:
11 (Office) 13 (Assisted Living) 14 (Group Home) 49 (Independent Clinic) 81 (Independent Lab)

Submit ST/PT/OT on the Outpatient template. This template should never be used for Therapy Services.
Authorization requests must have Medical Records attached.
Attach any relevant documentation that supports medical necessity. Documentation may include but is not limited to chart notes.
Upload documentation with your online request or fax chart notes to:
503-416-3713 -Specialist Requests/Outpatient Services
503-416-3724 -Inpatient Requests
1-800-272-9315 - Toll Free number

Patient

*Search Current Patients: SMITH, JOHN | *Co-Morbidity: No Yes

Diagnosis

COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible management, but it is not controlled and providing this service will significantly improve the condition?
If yes, please indicate what the comorbid condition(s) are in the "Remarks" field. Please include the ICD-10 and additional narrative information. Chart notes documenting the comorbid condition are required to be submitted as an attachment to this request when applicable.

Enter the procedure code being requested.

If answered yes, then....



Step 9:

Attach clinical documentation.

Paperwork

***Description** 2

Assessment

***Report Type** 3

Medical Record Attachment x ▾

***File** 5

+ Choose file to add

Enter a description of the this particular attachment, (Chart Notes, XRays, Assessment, etc).

***Transmission Method** 4 **This should auto-populate.**

Electronically Only x ▾

1 + Add paperwork

Submit Load Save

COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible management, but it is not controlled, and providing this service will significantly improve the condition?

If yes, please indicate what the co-morbid condition(s) are in the **remarks** field. Please include the ICD-10 and additional narrative information. Chart notes documenting the co-morbid condition are required to be submitted as an attachment to this request when applicable.



Step 10:

Select files.

Files are limited to 525950976 bytes (around 500MB) and to the following types: CSV, DOC, PDF, TXT, XML, XLS.

GENIC EXTRACTS

09/07/2021

aining: 225 / 225

*Transmission Method
Electronically Only

File
Choose file to add

+ Add paperwork

Submit Load Save

COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible management, but it is not controlled and providing this service will significantly improve the condition?

If yes, please indicate what the comorbid condition(s) are in the "Remarks" field. Please include the ICD-10 and additional narrative information. Chart notes documenting the comorbid condition are required to be submitted as an attachment to this request when applicable.

1 Choose file to add

2 Select the document you wish to attach.

3 Click "OPEN"

After clicking here, your files will open.



Step 10:

Verify and
SUBMIT!

Paperwork

*Report Type
Medical Record Attachment x ▾

*Transmission Method
Electronically Only x ▾

Diagnostic Imaging.docx x

Delete

+ Add paperwork

Submit Load Save

COMORBID CONDITIONS: Does the member have a co
providing this service will significantly improve the co

If yes, please indicate what the comorbid condition(s)

notes documenting the comorbid condition are required to be submitted as an attachment to this request when applicable.

If the document
attaches, you should
see it here.

Hit "SUBMIT" once you are finished.
This will transmit the request. **ONLY
SUBMIT will transmit the request. Not
"Save" or "Load."**



Optional Step :

Time Saver –
Creating
Templates for
frequently
submitted
request or
members

Do this BEFORE
hitting SUBMIT.

95004 | CPT | PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS

*Quantity 12 *Date 08/

Additional Information

Remarks

Name this saved request

 Save As Template
Just name the Template and click the box. Next hit SAVE again.

NOTE: Clicking SAVE ONLY makes a TEMPLATE and DOES NOT SUBMIT the request.

DID YOU KNOW....that you can also click "SAVE" to create a template to save time on future entries?

*Report Type Medical Record
Diagnostic Image

+ Add paperwork

*Transmission Method Electronically Only

Save

Submit Load Save

COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible management, but it is providing this service will significantly improve the condition?
If yes, please indicate what the comorbid condition(s) are in the "Remarks" field. Please include the ICD-10 and additional narrative



Optional Step part 2 :

Time Saver – Using created Templates .

Simply click on the template name to load instead of hitting the new request button. Make corrections then submit.

Home | [Log Out](#)
Logged In: Kim Hubbell
Message Center: 88 New
Role: Office Staff View All Internal

CareOregon®

text size A A A

Resources
Provider Webinar Invite

Patient Management
Current Patient
(None) ▾
Search Patients

Office Management
Online PCP Change Request
Eligibility
Claims/Remittance
Authorizations
Referrals/Auths
Member Roster
Code Lookup
Document Manager
Referrals/Authorizations
Dental care request
Oregon Medicaid ID Application

Administration
User Preferences

Referral & Authorizations

New Request ▾

Search by Request Number
[Advanced Search](#)

Current Requests

Approved	Pended	Modified	Rejected	Denied
53	88	0	1	0
7 Days ▾	7 Days ▾	7 Days ▾	7 Days ▾	7 Days ▾

Saved Searches

Custom Templates

[ALLERGY TEST REQUEST](#)

To use the Template you created, click on it when you next access the Referral & Authorization Screen.



Step 11:

Once you reach this screen you will see that you have successfully submitted a request.

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#) [Print](#)

Specialist Request
Pended

Patient: SMI Member ID: [Redacted]

Confirmation Number: 96

Diagnosis

Diagnosis Codes
J30.1 Allergic rhinitis due to pollen

Requesting Provider

Provider	Provider NPI	Address
[Redacted]	[Redacted]	Portland, OR, 972230083

Contact Name	Contact Medium	Contact Info
Sally Smith	Phone	1112223333
	Fax	1112223334

Servicing Providers

[Redacted]

[See More](#)

Contact Name	Contact Medium	Contact Info
Sally Smith	Phone	1112223333
	Fax	1112223334

The request was submitted and has been pended. This means it is awaiting review. Some authorizations will be auto approved and will show that they are in "Approved" status.



TIP:

When looking for the status of a submitted authorization, you can search here. It will only show requests submitted by you or your organization.

text size A A A

Patient Management

Current Patient
(None)

Search Patients

Office Management

Eligibility
Claims/Remittance
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Healthwise Knowledgebase
MMIS
Find a Provider

Referral & Authorizations

New Request ▾

Search by Request Number Search

Advanced Search

Current Requests

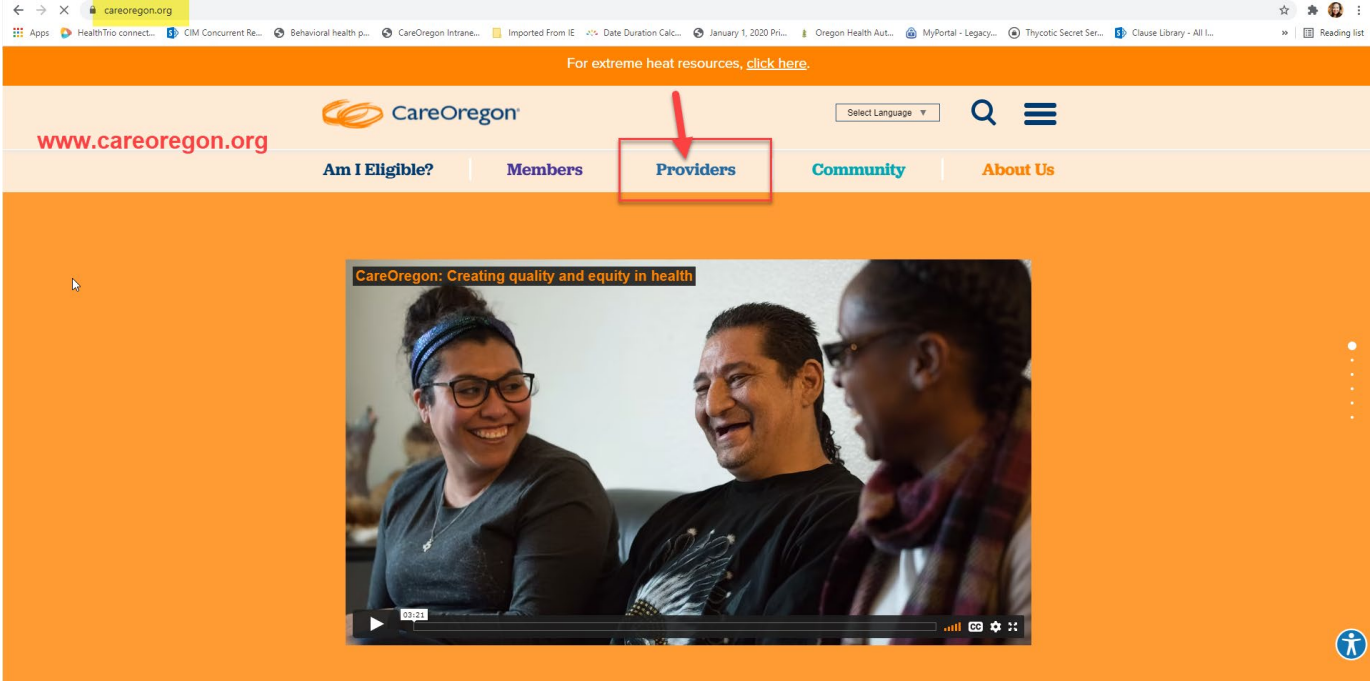
Approved 1377 7 Days ▾	Pending 2230 7 Days ▾	Modified 10 7 Days ▾	Denied 37 7 Days ▾
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Custom Templates

Did you know that you can change search parameters on this page?






CareOregon Support



CareOregon Support, (cont.)

Questions about Coronavirus or the COVID-19 vaccine? [Click here to learn more.](#)





 Select Language ▾  

You heal. We're here to help.

Thanks to you and our network of primary care providers, dentists, behavioral health providers and specialists, we're helping more Oregonians receive comprehensive, coordinated, affordable care than ever before.

CLICK HERE

How can we help you?

-  **Provider support**
Information on becoming a CareOregon provider, health-related services, care coordination, claims and more.
-  **Physical health providers**
Log in to the Provider Portal and find forms, policies and more.
-  **Behavioral health providers**
Log in to CIM and access forms and manuals.
-  **Pharmacy resources**
Find our formulary, help desk, and learn about continuing education opportunities.



CareOregon Support, (cont.)



Select Language ▾



Provider support

Home | Providers | Provider support

As a CareOregon provider, you may have specific questions for us. Below, you'll find contact and procedural information for providers. If you are looking for specific forms and policies, visit our [provider](#) page and select your area. Please click on a topic below to get started.

[Expand/Collapse](#)



Contact us
 Please call Provider Customer Service at 503-416-4100 or 800-224-4840. Press **option 3** for provider.

Care Management Department
 Fax: 503-416-3637 or 800-862-4831

Verifying clinics' email addresses
 CareOregon is confirming clinics' email addresses to ensure we can contact you with system alerts and other critical information. Please send the email address(es) that you want CareOregon to use when contacting your clinic to careoregonalerts@careoregon.org. Be sure to identify each email with a name and job title.

Need to change your clinic info?
 Send changes or updates to providerupdates@careoregon.org.

Provider relations specialists
 View our [team assignments list](#) to find your specialist. Fax us at 503-416-1478 or 800-874-3916.

[Becoming a CareOregon provider](#)

[Interpretation services](#)

[Health-related services](#)

[Care coordination and Regional Care Teams](#)

Provider support ▾

[Policies and Forms](#)

[Quality Metrics Toolkit](#)

[2020 important updates about OHP and metro-area CCOs](#)

[Provider updates](#)

[Interpreters](#)

[Physical health providers ▾](#)

[Metro area behavioral health providers](#)

[Pharmacy resources ▾](#)

[Best practice guidelines](#)

[COVID-19 provider information](#)

[Wildfire Resources for Providers](#)





CareOregon®

Thank you

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Portland, OR 97204

503-416-4100 or 800-224-4840