

CareOregon Connect

How to request an Inpatient Admission

careoregon.org
twitter.com/careoregon
facebook.com/careoregon



Effective March 1, 2022

CareOregon will allow for Inpatient Admissions to be requested via Connect.

All requests **MUST** continue to 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 main content area is white and contains the following text:

Home | Providers | Physical health providers | Provider Portal

Log in with OneHealthPort

OneHealthPort's single sign-on offers health care professionals an easy and secure way to access the provider portals of major local health plans and hospitals, as well as other valuable online services. [Click here to visit OneHealthPort.](#)

Need an account?

Best practice is to obtain a OneHealthPort account to gain single sign-on access to a variety of health plans, including CareOregon. [Click here to register.](#)

You can also choose to request an account directly through CareOregon Connect.

The first step is for your clinic administrator to register your organization:

- Each organization is free to assign the administrator responsibility to the person(s) who best fits their needs.
- The administrator manages and controls the administration of user access for your clinic, including adding and deleting users.
- The administrator will have full security rights and can assign users different levels of access by selecting from a variety of pre-defined roles. For example: front desk staff may only need to see eligibility screens, as they do not work with claims or authorizations. HIPAA rules tell us that access should be based *only* on the *minimum amount of information necessary for purposes of health care operations*.
- Each organization should also select a backup administrator.

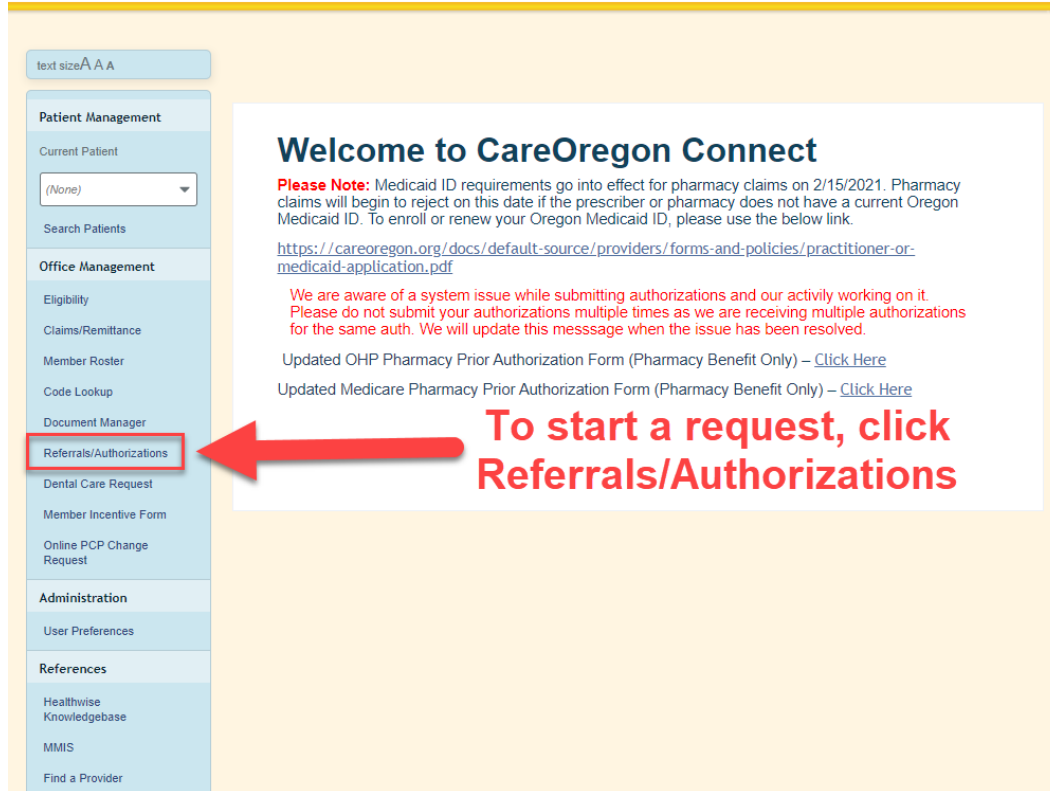
At the bottom of the page, there is a blue box titled "PROVIDER PORTAL LOGIN" containing a form with fields for "Username" and "Password", and a "LOGIN" button. Below the form are links for "Forgot your username?", "Forgot your password?", and "New User? Sign up >".

Two red arrows are overlaid on the image: one points from the text "Log into Connect via the CareOregon Provider Portal or web link." to the browser address bar, and the other points from the same text to the "PROVIDER PORTAL LOGIN" form.



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](#)

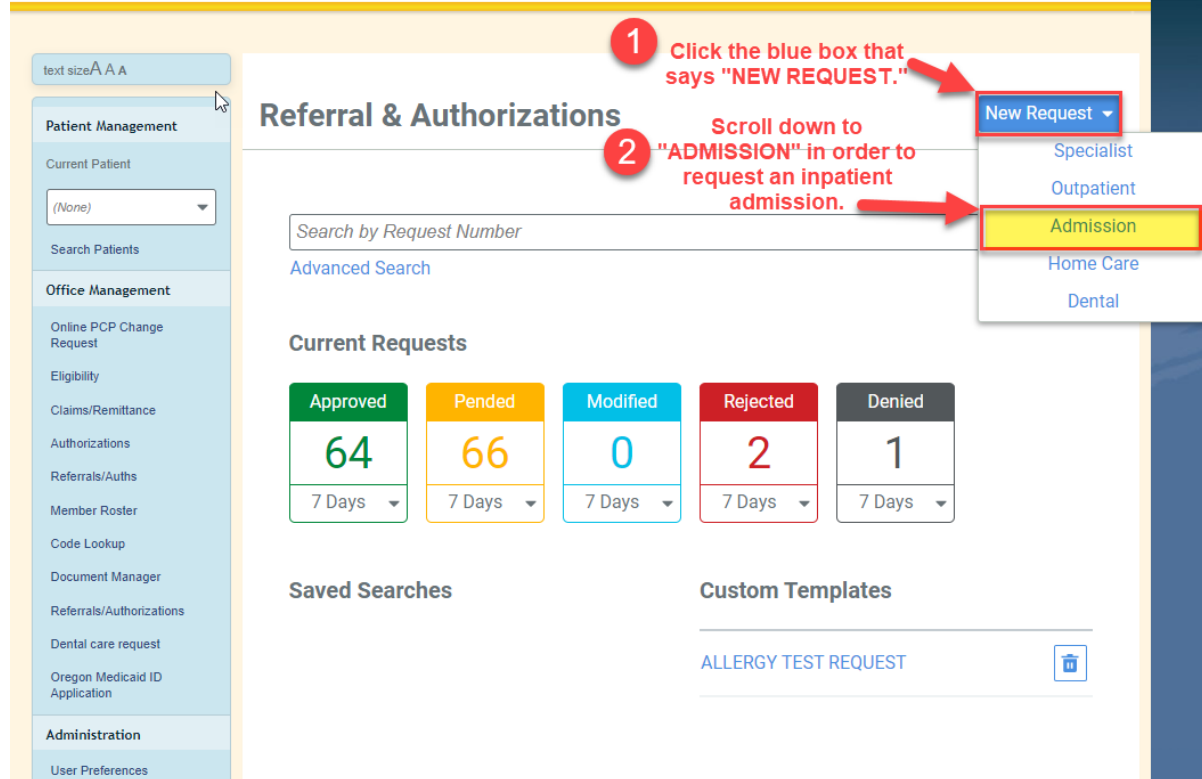
Updated Medicare Pharmacy Prior Authorization Form (Pharmacy Benefit Only) – [Click Here](#)

To start a request, click Referrals/Authorizations



Step 3:

Start a new request.



The screenshot shows the 'Referral & Authorizations' section of the CareOregon web application. On the left is a navigation sidebar with categories like Patient Management, Office Management, and Administration. The main content area has a search bar and a 'Current Requests' summary table. A dropdown menu is open for 'New Request', with 'Admission' highlighted. Red annotations with arrows point to the 'New Request' button and the 'Admission' option, accompanied by numbered instructions.

1 Click the blue box that says "NEW REQUEST."

2 Scroll down to "ADMISSION" in order to request an inpatient admission.

Referral & Authorizations

Search by Request Number

Advanced Search

Current Requests

Approved	Pended	Modified	Rejected	Denied
64	66	0	2	1
7 Days	7 Days	7 Days	7 Days	7 Days

Saved Searches

Custom Templates

ALLERGY TEST REQUEST



Step 4:

Search patients.

The screenshot shows the 'Search Current Patients' modal window with the following fields: Member ID, First Name, and Last Name. A 'Search' button is circled in red and labeled with a '3' and the word 'Then'. Red arrows labeled '1' and '2' point from the Member ID and First Name/Last Name fields respectively to the search button. The word 'OR' is placed between the arrows. In the main interface, a red box highlights the search area with a hand cursor pointing to the search button.

Search Current Patients

Member ID: First Name: Last Name:

3 Then **1** OR **2**

Close

***Search Current Patients**
Select a patient

***Co-Morbidity**
 No Yes

Diagnosis
***Search and select a diagnosis**

Requesting Provider
***Requesting Provider** ***Contact Name** ***Contact Info** Phone
 Fax



Step 5:

Select the appropriate patient.

Search Current Patients

Modify Search ▾

SOLO, HANS			
Patient ID	TST00005	Birthdate	2/21/1969
Effective Dates	10/26/2021-1/23/2022	PCP	MCHD EAST COUNTY HEALTH CENTER
			+ Add
[REDACTED], HANA			
Patient ID	[REDACTED]1H7I	Birthdate	6/18/1989
Effective Dates	1/1/2020-	PCP	ADVENTIST HEALTH ESTACADA MEDICAL CLINIC
			+ Add
[REDACTED] HANA			
Patient ID	[REDACTED]1H7I_Dental	Birthdate	6/18/1989
Effective Dates	5/17/2021-	PCP	SUNNYSIDE HEALTH CLINIC
			+ Add



Step 6:

Complete required fields.

text size A A A

Referral & Authorizations / Search Requests

Admission Request Submission

This template should be used to request services for:
Inpatient Admissions and Transplants Only

3 Start completing all fields marked with an asterik*. These are required.

4

Patient

* Search Current Patients

SOLO, HANS

* Co-Morbidity
 No Yes

Diagnosis

* Search and select a diagnosis

Use the search feature when needed to find an appropriate code.

5

* Requesting Provider

* Contact Name

* Contact Info

Phone

* Contact Info

Fax

6

* Servicing Providers

* Contact Name

* Contact Info

Phone

Navigation Menu:

- 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
- References
 - MMIS
 - Provider Manual
 - Language services - Interpretation and Translation
 - COBI
 - Language services -



Step 7:

Enter Service Details.

Service Details

These two are auto populated and the only option.

*Service

7

*Location

*Level of Service

Elective or Urgent?

Surgical x ▾

Inpatient Hospital x ▾

Select... ▾

Admission Source

Physician or Clinic

Physician Referral x ▾

Patient Status

This is auto populated and the only option.

Admitted inpatient/thi... x ▾

Service Units

*Start Date

*End Date

1 Days ▾

01/01/2022 📅

01/01/2022 📅

Enter only 1 Day!!!!



Step 8:

Enter procedures and comments if appropriate.

Requested Procedures 8

*Procedure Code



Procedure Code

Description or Code **TRANSPLANT**

Search

Close

Enter in the description or CPT code and hit "Search."

After clicking here, you will see a box pop up.

+ 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 9:

Select the appropriate procedure/CPT code.

Procedure Code

Modify Search ▾

9 Select the appropriate CPT Code.

ANES-HEART TRANSPLANT/HEART/LUNG TRANSPLANT			+ Add
Code 00580	Code Set	CPT	
Transplantation / Uterus			
Code 0UY9	Code Set	ICD10PCS	+ Add
REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT			
Code 48556	Code Set	CPT	+ Add
REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT			
Code 50370	Code Set	CPT	+ Add
REMOVAL TRANSPLANTED INTESTINAL ALLOGFT COMPLETE			
Code 44137	Code Set	CPT	+ Add

1 - 5 of 278

10 Close



Step 10:

Complete the “Additional Information” Section and begin to attach the clinical documentation.

CLINICAL DOCUMENTATION IS REQUIRED FOR PROCESSING!

Additional Information

***Remarks** **11**

Add any comorbid conditions. If none, list "NO COMORBIDS."

Characters remaining: 225 / 225

Paperwork

***Description** **12** Enter a description of the particular attachment, (Chart Notes, X-Rays, Assessment, etc.)

Assessment

***Report Type** **13** These auto-populate and are the only options.

Medical Record Attachment x ▾

***Transmission Method** Electronically Only x ▾

***file** **14** Click here to upload the document. THIS IS REQUIRED. Failure to add clinical documents may result in delays.

Choose file to add Delete

[+ Add paperwork](#) Click here to add additional documents.

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 11:

Select files.

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

GENERIC EXTRACTS

09/07/2021

Chart Notes 8/3/2021 2:35 PM Microsoft Word D... 12 KB

Clinical Assessment 8/3/2021 2:35 PM Microsoft Word D... 12 KB

Diagnostic Imaging 8/3/2021 2:34 PM Microsoft Word D... 12 KB

File name:

Choose file to add

+ Add paperwork

Submit Load Save

*Transmission Method
Electronically Only

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.



Step 12:

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 condition that 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.

The image shows a screenshot of a web application interface. At the top, a white callout box with red text reads: "DID YOU KNOW... You can click 'Save' PRIOR to 'submit' to create a template?". Below this, a dialog box titled "Name this saved request" is open. It contains a text input field with the text "RECON REP PECTUS EXCAVATM/CARIN," and a checked checkbox labeled "Save As Template". A red box highlights the "Save" button at the bottom of the dialog. Another white callout box with red text says: "Name your Template and click 'SAVE' again. It will be available for use the next time you submit a request." A red arrow points from the top callout box to the "Save" button. At the bottom right, another white callout box with red text reads: "Remember...you will still need to click 'SUBMIT' after this step in order to submit the request." The background shows a form with fields for "Description" (Assessment), "Report Type" (Medical Record), and "MS Note 1.3.21". There are buttons for "Submit", "Load", and "Save" at the bottom of the form. The text "COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible manage" is partially visible at the very bottom.

Characters remaining: 213 / 225

DID YOU KNOW...
You can click "Save" PRIOR to "submit" to create a template?

Name this saved request

RECON REP PECTUS EXCAVATM/CARIN,

Save As Template

Name your Template and click "SAVE" again.
It will be available for use the next time you submit a request.

Remember...you will still need to click "SUBMIT" after this step in order to submit the request.

Submit Load Save

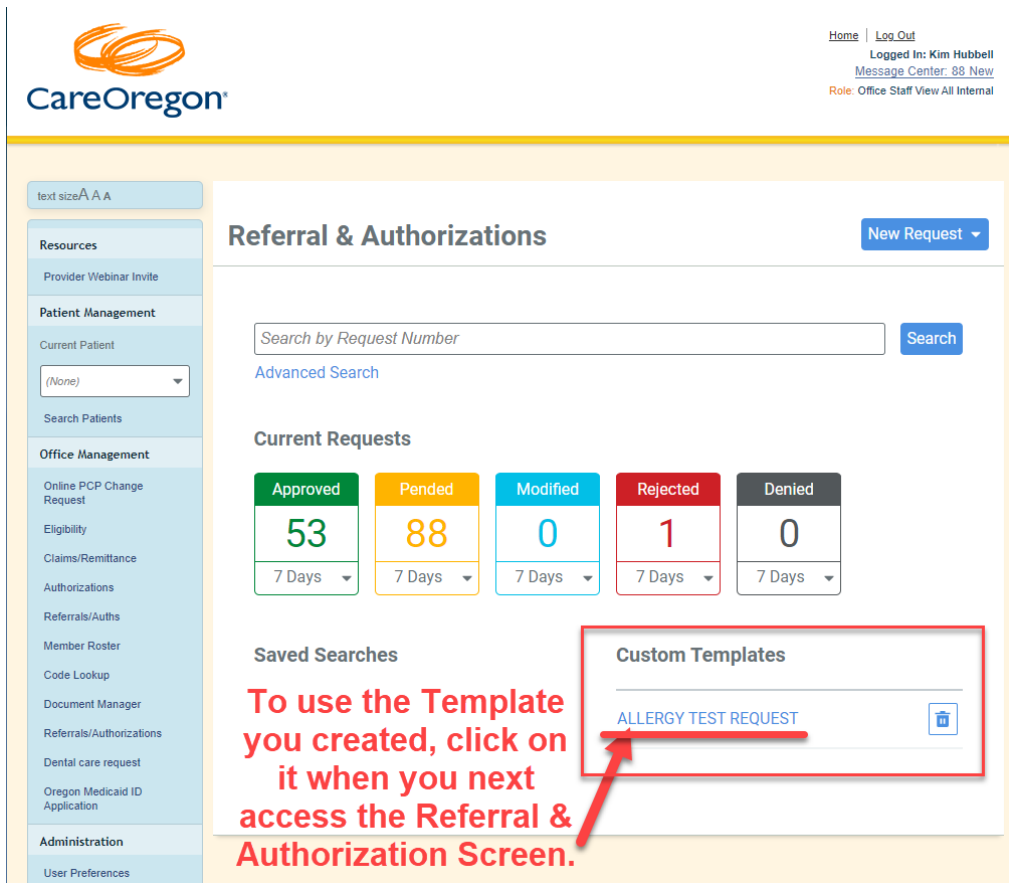
COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible manage



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

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 [Search](#)

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.

The screenshot displays the 'Request Detail' page for an admission request. The left sidebar contains navigation menus for Patient Management, Office Management, and Administration. The main content area shows the request status as 'Pended' in a yellow button, with a red box and arrow pointing to it and a red text annotation: 'This request was submitted and has been pended. This means that it is awaiting review by CareOregon staff.' Below this, a table lists patient information including Patient, Member ID, Request Number, and Submitted On (2/24/2022). A 'Confirmation Number' is also displayed in a red box. The 'Diagnosis' section shows 'Q67.6 Pectus excavatum' and 'Co-Morbidity' as 'No'. The 'Requesting Provider' section lists 'OHSU INTERNAL MEDICINE' with NPI 1376709535, contact name Sally Smith, and address 3181 SW Sam Jackson Park Rd, Portland, OR, 972393011.

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

References

- MMIS

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

Admission Request

Pended

This request was submitted and has been pended. This means that it is awaiting review by CareOregon staff.

Patient	Member ID	Request Number	Submitted On
[Redacted]	[Redacted]	[Redacted]	2/24/2022

Confirmation Number
6[Redacted]21

Diagnosis

Diagnosis Codes	Co-Morbidity
Q67.6 Pectus excavatum	No

Requesting Provider

Provider	Provider NPI	Address
OHSU INTERNAL MEDICINE	1376709535	3181 SW Sam Jackson Park Rd Portland, OR, 972393011

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



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.

(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
- References
 - MMIS
 - Provider Manual
 - Language services -

Search by Request Number

Search

[Advanced Search](#)

Current Requests

Approved	Pended	Modified	Rejected	Denied
63	70	0	2	2
7 Days ▾	7 Days ▾	7 Days ▾	7 Days ▾	7 Days ▾

Saved Searches

Custom Templates

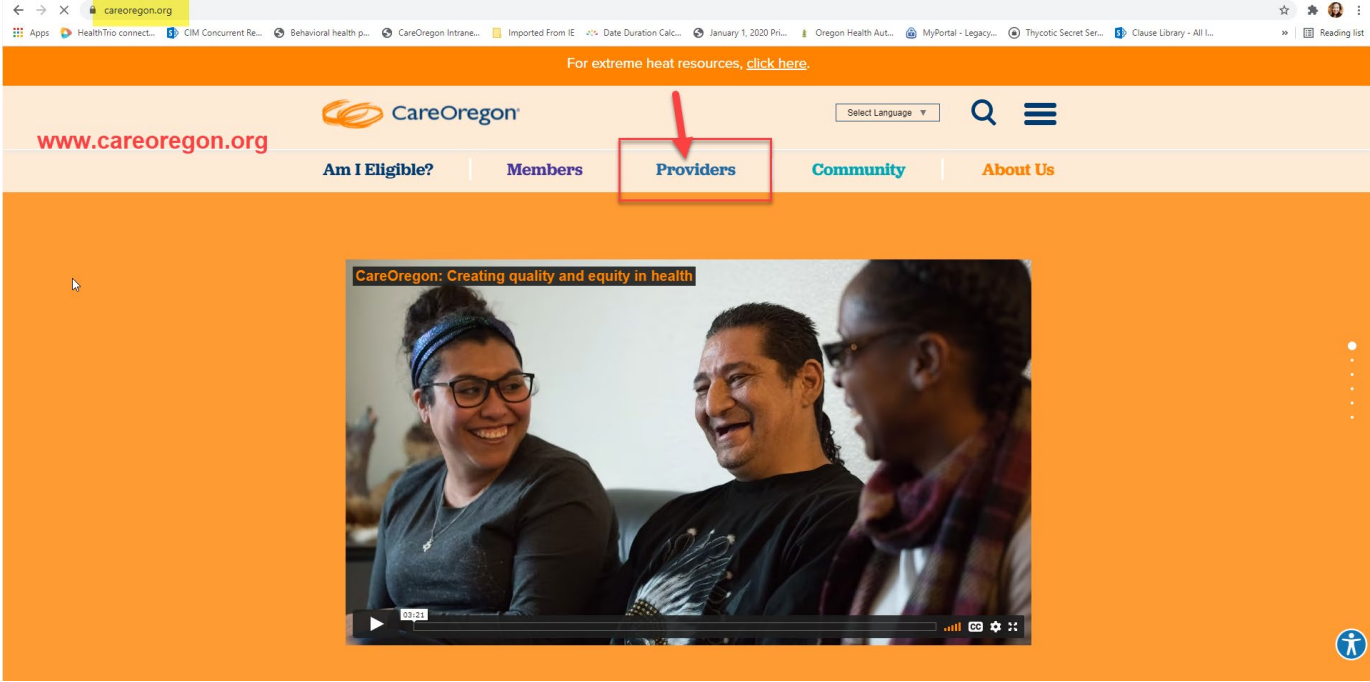
ALLERGY TEST REQUEST 

RECON REP PECTUS EXC
AVATM/CARINATM; W/T
HORACSCPY 

Here is where you can access your template next time you submit a request for this content type.



CareOregon Support



CareOregon Support, (cont.)


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



Thank you

315 SW Fifth Ave

Portland, OR 97204

503-416-4100 | 800-224-4840

[careoregon.org](https://www.careoregon.org)