



CareOregon Connect Job Aid: Reports and Administrative Functions

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What is CareOregon Connect?

The CareOregon Connect portal is the system that is used by providers to **submit authorization requests to CareOregon**. For CareOregon providers, it is accessed via the websites for the lines of business using the OneHealthPort Login or the Connect Portal Login, depending on the configuration of the submitting organization.

- [Health Share of Oregon](#)
- [Jackson Care Connect](#)
- [Columbia Pacific CCO](#)
- [COA](#)

CareOregon Connect – Claims/Remittance

You can search and view claims and remittance advice via Connect using the “Claims/Remittance” Option.

Searching Claim Status

The screenshot shows the CareOregon Connect interface. On the left is a sidebar with navigation links: Patient Management, Office Management, Eligibility, Claims/Remittance (highlighted with a red box), Member Roster, Code Lookup, Document Manager, Referrals/Authorizations, Dental Care Request, Online PCP Change Request, and Administration. The main content area has two tabs: 'Claim Status' (highlighted with a red box) and 'Remittance Advice'. Below the tabs, a message states: 'Searches can be performed by claim number OR a combination of date of service(s) and member information'. The 'Claim Status Search' form includes fields for 'Claim Number', 'Date of Service' (with start and end date pickers), 'Patient' (with radio buttons for Last Name, Member ID, and Patient Account Number, and a dropdown for Patient List), and 'Provider' (with radio buttons for Last Name and Provider Tax ID). There are also checkboxes for 'Status' (Paid, Pended, Denied). A red arrow points from the 'Claims/Remittance' link in the sidebar to the 'Claim Status' tab. At the bottom of the form are 'Search' and 'Clear' buttons, with the 'Search' button highlighted by a red box.

Searches can be performed by **claim number** OR a **combination of date of service(s) and member/patient information**.

To search by “**Claim Number**”:

1. Enter the claim number in the “**Claim Number**” field.
2. Click “**Search**.”

NOTE: Dates of Service will not impact the search so there is no need to adjust these.

This is a close-up of the 'Claim Status Search' form. A red circle with the number '1' and an arrow points to the 'Claim Number' field, which contains the text 'Claim # here' in red. Below this, the 'Date of Service' is set from 4/14/2023 to 7/14/2023. The 'Patient' section has 'Last Name' selected, with a dropdown menu showing 'Patient List'. The 'Provider' section has 'Last Name' selected. At the bottom, the 'Status' section has 'Paid', 'Pended', and 'Denied' all checked. A red circle with the number '2' and an arrow points to the 'Search' button, which is highlighted by a red box. A 'Clear' button is also visible next to it.

A. To search by a **combination of dates of service and member/patient information or provider information**:

1. Claims by **Member/Patient**:

- a. Enter the appropriate **date of service range**.
- b. Enter in either the **patient's last name, member ID or account number**.
Select your desired search parameter's associated radio button.

Patient ☒ Last Name ☐ Member ID ☐ Patient Account Number

(Last Name Example - Smith, John)
(ID Example - HP555555,HP444444)
(SSN Example - 555-55-5555, 444-44-444)
(Medicaid ID Example - AA55555,AA44444)
(Medicare ID Example - 5555555,4444444)

Alternately, in some instances you may be able to select a patient from the patient list to the left by clicking on the arrow.

Patient ☒ Last Name ☐ Member ID ☐ Patient Account Number

(Last Name Example - Smith, John)
(ID Example - HP555555,HP444444)
(SSN Example - 555-55-5555, 444-44-444)
(Medicaid ID Example - AA55555,AA44444)
(Medicare ID Example - 5555555,4444444)

- c. **Optional:** If you wish to add additional search parameters, you can filter your results by status. To filter by **status**, check the box next to the status(es) you would like to have included in your search results.

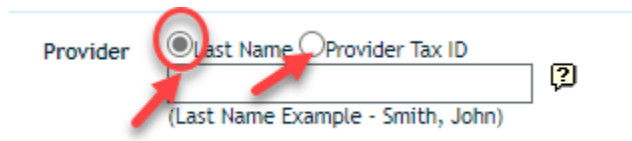
Status ☒ Paid ☒ Pended ☒ Denied

- d. After entering in the member/patient information and selecting them, click **"Search."**

Search Clear

2. Claims by **Provider**

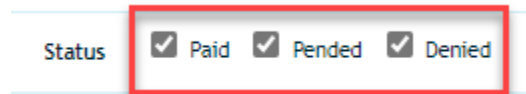
- a. Enter the appropriate **date of service range**.
- b. Enter in either the **provider's last name (or Organization/Facility) OR Provider Tax ID**. Select your desired search parameter's associated radio button.



Provider ☒ Last Name ☐ Provider Tax ID

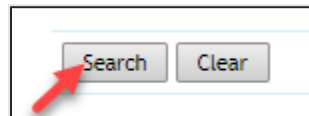
(Last Name Example - Smith, John)

- c. **Optional:** If you wish to add additional search parameters, you can filter your results by status. To filter by **status**, check the box next to the status(es) you would like to have included in your search results.



Status ☒ Paid ☒ Pended ☒ Denied

- d. After entering in the member/patient information and selecting them, click **"Search."**



Viewing Claim Status Search Results

Claim Number Search Results

The initial Claim Status Results will show in a window as shown below. From here you can click any of the **blue hyperlinks** to see more details:

1. Click **“View”** to download the original CareOregon **“Check Information Form”** (aka Remittance Advice).
2. Click the **“Claim Number”** to open the **“Claim Status Detail.”**
3. From here you can click any of the **blue hyperlinks** to see more details: Click **“View”** to download the original CareOregon **“Check Information Form.”**
4. Click the **“Claim Number”** to open the **“Claim Status Detail.”**

The screenshot shows the 'Claim Status Search Results' page. At the top, there are tabs for 'Claim Status' and 'Remittance Advice'. Below this is a 'Claim Status Code Crosswalk' box with three bullet points: 'Finalized/Payment = Claim has been paid or considered for payment', 'Finalized/Denied = Claim has been considered for payment and denied', and 'Pend/In Process = Claim is waiting processing for benefit consideration. We will contact you if additional information is needed to process your claim.' Below the crosswalk, it says 'Pages: (1) Results: 1'. To the right, there is a 'Print' button circled in red with an arrow pointing to it and the text 'To Print'. Below this is the 'Claim Status Search Criteria' section with a 'Claim Number' field containing '23172E'. The main section is 'Claim Status Search Results', which contains a table. The table has columns: 'View EOP', 'Claim Number', 'Status', 'Patient', 'Patient Account No.', 'DOS', 'Provider', 'Billed', 'Paid/Cap. Value', 'Payment Date', 'Coinsurance Amount', 'Copay Amount', 'Deductible Amount', and 'COB Amount'. The first row of data shows 'View' (a blue hyperlink), '23172E', 'Finalized/Payment', '46672', '1 Jun 2023', 'HEALTHCARE -', '30 Jun 2023', 'PRIMARY CARE', and various dollar amounts. Below the table is a 'Claim Totals' row. At the bottom, there is a footer with a disclaimer and a 'PLEASE NOTE' section. Annotations include a red arrow pointing from the 'View' button to the text 'Clicking here will open the Claim Status Detail window', and another red arrow pointing from the 'View' button to the text 'To download the original CareOregon Check Information Form'.

Claim Status Code Crosswalk

- Finalized/Payment = Claim has been paid or considered for payment
- Finalized/Denied = Claim has been considered for payment and denied
- Pend/In Process = Claim is waiting processing for benefit consideration. We will contact you if additional information is needed to process your claim.

Pages: (1) Results: 1

Print To Print

Claim Status Search Criteria

Claim Number 23172E

Claim Status Search Results

Clicking here will open the Claim Status Detail window

View EOP	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value	Payment Date	Coinsurance Amount	Copay Amount	Deductible Amount	COB Amount	
View	23172E	Finalized/Payment	46672	1 Jun 2023	HEALTHCARE -	30 Jun 2023	PRIMARY CARE	\$0.00	\$0.00	27 Jun 2023	\$0.00	\$0.00	\$0.00	\$0.00
Claim Totals							\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	

Pages: (1) Results: 1

To download the original CareOregon Check Information Form

If undesired claim results are returned, please modify your search to add or remove search criteria. For more detailed results, select the claim number for the line level information.

PLEASE NOTE: Claims for dual members will not have the same claim number. Returned results may show both the primary and secondary claim. Please see our helpful hints for easy ways to identify these claims.

****See below for examples of both forms, along with additional details and report access methods.

Check Information Form (aka Remittance Advice)

CareOregon
315 SW Fifth Avenue
Portland OR 97204

Check Information Form

Forwarding Service Requested

J95A 4,184

PORTLAND OR 97207

Page 1 of 1

J95A (4,184) 1 of 1

Y039-079

CareOregon®

Check Information

TAX ID #: [REDACTED]
Check #: [REDACTED]
Paid Date: 06/27/23

Calculated Payment: \$5,276.00
Refund: \$0.00
Recovery: \$0.00
Paid: \$5,276.00

Claim#: 23172E
Model: APM, HSO QUALITY INCENTIVE
Control #: [REDACTED]
Provider: [REDACTED]

Date of Service	Rate	Members	Calculated Payment	Refund Received	Paid Amount	Expi Code
06/01-06/30/2023	\$0.00	0	\$0.00	\$0.00	\$0.00	u9079

Claim#: 23172E
Model: APM, HSO COST OF CARE INCENTIVE
Control #: [REDACTED]
Provider: [REDACTED]

Date of Service	Rate	Members	Calculated Payment	Refund Received	Paid Amount	Expi Code
06/01-06/30/2023	\$0.00	0	\$0.00	\$0.00	\$0.00	u9079

Claim#: 23172E
Model: APM, HSO BEHAVIORAL HEALTH INCENTIVE
Control #: [REDACTED]
Provider: [REDACTED]

Date of Service	Rate	Members	Calculated Payment	Refund Received	Paid Amount	Expi Code
06/01-06/30/2023	\$4.00	1319	\$5,276.00	\$0.00	\$5,276.00	

Claim#: 23172E
Model: APM, HSO ORAL HEALTH INCENTIVE
Control #: [REDACTED]
Provider: [REDACTED]

Date of Service	Rate	Members	Calculated Payment	Refund Received	Paid Amount	Expi Code
06/01-06/30/2023	\$0.00	0	\$0.00	\$0.00	\$0.00	u9079

Explanation Code Summary

u9079 Payment rate \$0 due to measure performance of last reporting deliverable or payment suspension per terms of contract. Member count not displayed for this payment rate.

Claim Status Detail Window

Claim Status Remittance Advice

Claim Status Detail for 23172E

Print

Claim Level Information

Provider [REDACTED] Practice [REDACTED]

Patient [REDACTED] Patient Account No. [REDACTED]

Ref/Auth Number None Claim Receipt Date 21 Jun 2023

Diagnosis Z76.89 : PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES

Admit Date [REDACTED] Discharge Date [REDACTED]

SERVICE LINE INFORMATION

Line	Status	Check/EFT Number	Payment Date	DOS	Adjudicated Procedure	Procedure	Modifier	Units	Billed Amount	Allowed Amount	Disallowed Amount	Deductible Amount	Patient Responsibility	Interest	Penalty	Paid
001	Finalized/Payment	[REDACTED]	27 Jun 2023	1 Jun 2023-30 Jun 2023	API01	API01		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Click to see the remittance advice detail for this check number.

PAYOR REMARKS

NOTE: To see the "Remittance Advice Detail," click the blue underlined Check/EFT Number.

Remittance Advice Detail

1. On **Remittance Advice (RA) Detail** form, you can click “**RA Report**” as shown above. This will generate a report.

Remittance Advice Detail for Check Number [redacted], Total Claims Paid: 4

Check Date	Cleared On	Total Paid	Total Billed	Payor	Vendor Name	Vendor Address	Tax ID	Vendor NPI
27 Jun 2023		\$5276.00	\$5276.00	CareOregon Inc.		PORTLAND, OR 97207		

Click here to generate a download of the Remittance Advice for this check number.

Selected Claim Number 23172E

Provider	Patient	Patient Account Number	Member ID Number

DOS	Procedure	Modifier	POS	Units	Billed	Allowed	Withhold	Co-Payment	Co-Insurance	Deductible	Patient Responsibility	Disallowed	Interest	Sequestration	Paid	EOP	CARC	RARC
1 Jun 2023	AP0101		99	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Totals					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			

EOP

CARC

RARC

1. Once the below message populates, select, “**Click here to go to the Document Manager**” to see your report.

To retrieve report

Your report is available in your Document Manager.

[Click here to go to the Document Manager.](#)

2. To open the report, click either “**Remittance Advice Report**” hyperlink or click “**Download.**”

My Documents

Add Document

Current Documents Archived Documents

Document Search:

Search term: [Document name] Category: All Date Range: [mm/dd/yyyy - mm/dd/yyyy] Member: [Search Members]

Owner: [Show All Statuses] Status: Show All Statuses

Search Clear

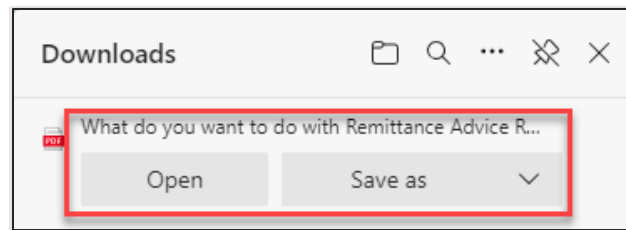
Sorted By: Newest Per Page: 25

Remittance Advice Report_20230714-090356.pdf.pdf Uploaded: 07/14/2023

Owned By: CareOregon, Inc. Member: Expires: Does Not Expire

Download

Your report will download to your computer so that you can view and/or save the report.



Remittance Advice Report
Description Remittance advice detail for a selected check

Check Number:
Total Claims
Report Sorted

4
PATIENT/MEMBER NAME

Check Date:
Total Paid:
Payor:
Total Billed:

27 Jun 2023
\$ 5,276.00
,
5276.0

Vendor Name:
Vendor
Tax ID:
Vendor NPI:

Claim Number	Provider	Patient	Patient Acct Num	Member ID	POS	Procedure	Modifier	POS	Units	Billed	Allowed	Withhold	Co-Payment	Co-Insurance	Deductible	Patient Responsibility	Disallowed	Interest	Penalty	Paid	EOP	CARC	RARC
01 Jun 2023	APM01				99	0				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Totals:										\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
EOP																							
CARC																							
RARC																							

Claim Number	Provider	Patient	Patient Acct Num	Member ID	POS	Procedure	Modifier	POS	Units	Billed	Allowed	Withhold	Co-Payment	Co-Insurance	Deductible	Patient Responsibility	Disallowed	Interest	Penalty	Paid	EOP	CARC	RARC
01 Jun 2023	APM01				99	0				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Totals:										\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
EOP																							

Searching Remittance Advice

You can search and view remittance advice via Connect using the “**Claims/Remittance**” Option.

The screenshot shows the 'Remittance Advice' search interface. On the left, a sidebar lists navigation options: Patient Management, Office Management, and Administration. Under Office Management, 'Claims/Remittance' is selected. The main content area has two tabs: 'Claim Status' and 'Remittance Advice'. Below the tabs, there is a search instruction: 'To search for a member by name, selection the option By Patient. Enter the last name followed by "," and then the first name.' The search criteria include: 'By Provider' (with a 'Select Provider' link), 'By Tax ID' (text input), 'By Patient' (with a 'Select Patient' link), 'By Patient Account Number' (text input), 'By Remittance Advice' (with a 'Check Number' dropdown and text input), and 'By Date' (with a 'Check Date' dropdown, 'From' and 'To' date inputs, and calendar icons). A red box highlights the 'Search' button at the bottom left.

Searches can be performed by a **Provider (Name), Tax ID, Practice, Patient, Patient Account Number or Remittance Advice (Check Number or Claim Number)**. You can also enter a combination of options to get a more refined search.

1. To search by one or more of the following, follow the steps below.

a. By Provider

- a. Click “**Select Provider**”
- b. Type in a name in the “**Name**” field.
- c. Select an Identifier:
 - *NPI number*
 - *Provider ID*
 - *UPIN*
- d. Click “**Search**”

The screenshot shows the 'Search Provider' dialog box. It has a 'Name' field (1), an 'Identifier' field with a dropdown set to 'NPI' (2), and a 'Search' button (3). Below the fields, it says 'There are no providers that match the search criteria.'

e. Click “Add” next to the appropriate provider to select.

The screenshot shows a 'Search Provider' window with a search bar and a 'Search' button. Below the search bar, there is a section titled 'Search Results' showing a single result: 'COUNSELING SERVICES LLC'. To the right of this result is an 'Add' button, which is highlighted with a red box and a red arrow. A red text annotation says 'If correct, click ADD'.

b. By Tax ID

a. Enter the Tax ID into the “By Tax ID” field.

The screenshot shows the 'Remittance Advice' window. It has tabs for 'Claim Status' and 'Remittance Advice'. Below the tabs, there is a text instruction: 'To search for a member by name, selection the option By Patient. Enter the last name followed by "," and then the first name.' Below this, there are several search options: 'By Provider' (with a 'Select Provider' link), 'By Tax ID' (with a text field containing '1044120000' and a red box around it with a red arrow pointing to it), 'By Patient' (with a 'Select Patient' link), 'By Patient Account Number' (with a text field), 'By Remittance Advice' (with a 'Check Number' dropdown and a text field), and 'By Date' (with a 'Check Date' dropdown and 'From' and 'To' date fields). At the bottom, there are 'Search' and 'Clear' buttons.

c. By Patient

- a. Click **“Select Patient”** and then **“Search.”**

Remittance Advice

By Provider [Select Provider](#)

By Tax ID

By Patient [Select Patient](#)

By Patient Account Number

By Remittance Advice

By Date

- b. Select from the options you are given.

- If you want a more specific search, continue to enter in any/all of the following before clicking search:
- Type in a name in the **“Name”** field box: Last, First (3 character minimum)
- Select an Identifier:
 - *Member ID (DMAP#)*
 - *SSN*
- Gender:
 - *Male*
 - *Female*
- Date of Birth – mm/dd/yy

Claim Status Remittance Advice Add Claim

To search for a member by name, selection the option By Patient. Enter the last name followed by “,” and then the first name.

Rem Search Members

By Pro Name

By Tax

By Pre Identifier ☐ Member ID ☐ SSN

By Pat

By Pat Gender ☐ Male ☐ Female

By Pat Numb

By Re mm/dd/yyyy

By Da

d. **Patient Account Number** - displays all the remittances associated with the member you selected for your practice.

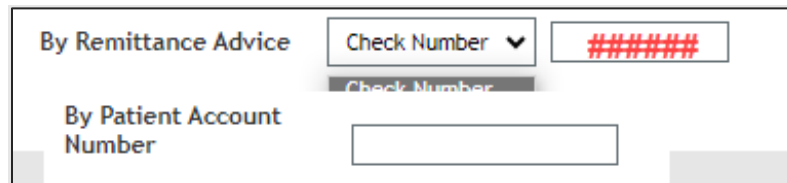
- a. Enter in the patient account number as well as any other desired fields to find your specific remittance advice.



A form with the label "By Patient Account Number" and a text input field.

e. **By Remittance Advice** – displays the specific remittance advice you enter.

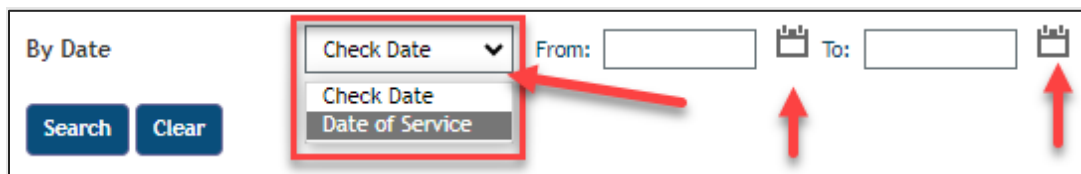
- a. Click the drop down and select either:
 - *Check Number* – then enter check number in the text box
 - *Claim Number* – then enter the claim number in the text box



A form with two sections. The top section is labeled "By Remittance Advice" and contains a dropdown menu with "Check Number" selected, a text input field with "#####", and a label "Check Number" below the dropdown. The bottom section is labeled "By Patient Account Number" and contains a text input field.

f. **By Date** – opens all remittance advices within the date range or date of service.

- a. Click the drop down and select either:
 - *Check Date*
 - *Date for Service*
- b. Enter the appropriate dates.



A form with the label "By Date" and two buttons: "Search" and "Clear". To the right is a dropdown menu with "Check Date" selected, a "From:" label, a text input field, a calendar icon, a "To:" label, a text input field, and another calendar icon. Red arrows point to the dropdown menu, the "From:" field, and the "To:" field.

2. Once you've entered details for your desired search parameters, you will click "**Search**" to retrieve the results.
3. See [Remittance Advice Detail](#) section above for steps on retrieving the results.

CareOregon Connect – Member Roster

Member Roster

A roster for your members/patients can be generated in Connect using the “**Report List**” option.

NOTE: You will only have access to your own members.

1. Select “**Member Roster**” in the left-side menu, and then immediately select the “**Report List**” tab at the top of the screen.

Resources

Patient Management

Office Management

Eligibility

Claims/Remittance

Authorizations

Member Roster

Code Lookup

Document Manager

Referrals/Authorizations

Dental Care Request

Online PCP Change Request

Administration

References

Report List **Batch Report Status** **Legacy Reports**

Attention: Primary Care Providers

The member rosters have been enhanced to include new fields: Expected Delivery Date! Please download your rosters as usual. These two new options will be listed under for you to select if you are interested in viewing this information.

- **Expected Delivery Date** This date will identify those members who are currently pre based off of eligibility information provided by the State of Oregon.
- **Auto Assigned Date** This date reflects when the member was assigned to your clinic identify newly assigned members. The Auto Assigned Date captures all PCP assignments automatically assigned to a clinic by CareOregon and/or those done at the clinics re

Please Note: Report data is updated every 24 hours. Report results requested today w

Member Roster

SELECTION CRITERIA

Member Active Members As of

Results By ☒ Practice ☐ Name ☐ ID ☐ NPI ☐ TIN

2. Choose one of the three available “**Member Roster**” report options.

Resources

Patient Management

Office Management

Eligibility

Claims/Remittance

Authorizations

Member Roster

Code Lookup

Document Manager

Referrals/Authorizations

Dental Care Request

Report List **Batch Report Status** **Legacy Reports**

Available Reports

Report Name	Report Description
Member Roster by Access List	Displays a list of members grouped by selected access list.
Member Roster by PCP	Displays a list of members grouped by a selected provider.
Member Roster by Practice	Displays a list of members grouped by a selected practice.
Referral Authorization Report	Provides a list of Referrals_Authorizations
Remittance Advice Report	Provides the ability to print the remittance advice.
Remittance Advice Report	Remittance Advice Report

1. Member Roster by Access List

- a. Complete fields under “*Select Type of Members*”
 - i. Select from the available drop-down options, and enter your desired date.

Member Roster by Access List

Select Type of Members

Active Members ▼ As of 07/29/2023

Active Members
ALL Members
Terminated Members

Please select a single Access List to narrow the search. If one is not selected no results will be returned.

- b. Complete fields under “*Select a single Access List*”
 - i. Select the access list associated to the membership you want to view.

Please select a single Access List to narrow the search. If one is not selected no results will be returned.

ACL ID

Select Access List ▼

Select Access List
CareOregon, Inc. (Internal)

- c. Select “**Continue.**”

Continue

2. Member Roster by PCP

a. Complete fields under “Select Type of Members.”

- i. Select from the available drop-down options and enter your desired date.

Member Roster by PCP

Select Type of Members

Active Members As of 07/29/2023

Active Members
All Members
Terminated Members

narrow the search. If one is not selected no results will be returned

b. Complete fields under “Select a provider”

- i. Click **“Select Provider”**
- ii. Type in a name in the **“Name”** field.
- iii. Select an Identifier:
 - 1. NPI number
 - 2. Provider ID
 - 3. UPIN
- iv. Click **“Search”**

Search Provider

Name C

Identifier 18 NPI

Search Cancel

There are no providers that match the search criteria.

- v. Click **“Add”** next to the appropriate provider to select.

Search Provider

Name C

Identifier 18 NPI

Search Cancel

1 - 1 of 1

Name COUNSELING SERVICES LLC

If correct, click ADD

Add More Info

c. Select **“Continue.”**

Continue

3. Member Roster by Practice

a. Complete fields under “Select Type of Members”

- i. Select from the available drop-down options and enter your desired date.

Member Roster by Practice

Select Type of Members

Active Members As of 07/29/2023

Active Members
All Members
Terminated Members

narrow the search. If one is not selected no results will be returned

b. Complete fields under “Select a practice”

- i. Click **“Select Practice.”**
- ii. Type in a name in the **“Name”** field.
- iii. Select an Identifier:
 1. NPI number
 2. Provider ID
 3. UPIN
- iv. Click **“Search”**

Search Provider

Name

Identifier

Search

There are no providers that match the search criteria.

- v. Click **“Add”** next to the appropriate provider to select.

Search Provider

Name

Identifier

Search

1 - 1 of 1

Name

ADD More Info

If correct, click ADD

c. Select **“Continue.”**

Continue

3. Select a format for your report:
 - a. PDF
 - b. Comma Separated Values (CSV)

Report - Claim Status Report

Back

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.
Please select a download format for the report.

PDF
PDF
Comma Separated Values (CSV)

A red box highlights the dropdown menu, and a red arrow points to it from the right.

4. You MUST click “**Submit**” to generate the report.

Report - Claim Status Report

Back

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.
Please select a download format for the report.

PDF Submit

A red box highlights the Submit button, and red arrows point to it from both sides.

5. The report will now generate. To view your report, you must go to the “[Document Manager](#)” in the left-side menu.
Please note! Your “**Member Roster**” report may take up to 30 minutes or more to generate.

Report - Claim Status Report

Back

NOTE: YOUR REPORT MAY TAKE UP TO 30 MINUTES OR MORE TO GENERATE!

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.

A red arrow points down to the processing note.

CareOregon Connect – Reports

Report List

The “**Report List**” has pre-designed reports that you can access.

The screenshot displays the CareOregon Connect interface. On the left, a sidebar contains 'Resources' and 'Office Management' sections. Under 'Office Management', the 'Reports' link is highlighted with a red box. A red arrow points from this box to the 'Report List' tab in the main content area. Another red arrow points from the 'Report List' tab to the 'Available Reports' table. The table lists seven reports with their names and descriptions.

Report Name	Report Description
Claim Status Report	Reviews the status of claims outside the usual claim status inquiry.
Member Roster by Access List	Displays a list of members grouped by selected access list.
Member Roster by PCP	Displays a list of members grouped by a selected provider.
Member Roster by Practice	Displays a list of members grouped by a selected practice.
Referral Authorization Report	Provides a list of Referrals_Authorizations
Remittance Advice Report	Provides the ability to print the remittance advice.
Remittance Advice Report	Remittance Advice Report

The available reports are:

- [Claim Status Report](#) – Reviews the status of claims outside of the usual claim status inquiry.
- [Member Roster by Access List](#) – Displays a list of members assigned to any PCP/Practice viewable under a selected Access List (applies ONLY to contracted Primary Care Providers).
- [Member Roster by PCP](#) – Displays a list of members assigned to a selected Primary Care Provider (applies ONLY to contracted Primary Care Providers).
- [Member Roster by Practice](#) – Displays a list of members assigned to a selected practice (applies ONLY to contracted Primary Care Providers).
- [Referral Authorization Report](#) – Provides a list of the Referrals_Authorizations (requests/notification) that a provider has submitted.
- [Remittance Advice Report](#) – Provides the ability to print remittance advice.

After requesting and submitting these reports, it can take some time to run. Once they have finished running, they will appear in the “[Document Manager](#).”

Claim Status Report

Report Name	Report Description
Claim Status Report	Reviews the status of claims outside the usual claim status inquiry.
Member Roster by Access List	Displays a list of members grouped by selected access list.
Member Roster by PCP	Displays a list of members grouped by a selected provider.
Member Roster by Practice	Displays a list of members grouped by a selected practice.
Referral Authorization Report	Provides a list of Referrals_Authorizations
Remittance Advice Report	Provides the ability to print the remittance advice.

1. To run a “**Claim Status Report**,” enter the following and then select, “**Continue**.”
 - Date range or particular date
 - *If you do not select a date, the report will default to the dates that appear*
 - “**Bill Type**”
 - “**Provider**”
 - “**Practice**”
 - Claim “**Status**” – REQUIRED

Claim Status Report

Date Section
If no date range is selected the report will default to the dates that appear.

Start Date: 06/14/2023 End Date: 07/14/2023 (1)

Bill Type (2)

Provider
[Select Provider](#) (3)

Practice
Select Practice (4)

Patient
[Select Patient](#) (5)

Status (5)
ALL
Paid
Pending
Denied
Voided
Rejected
Forwarded
Submitted

(6) Continue

2. Select a format for your report:

- PDF
- Comma Separated Values (CSV)

Report - Claim Status Report

Back

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.
Please select a download format for the report.

PDF
PDF
Comma Separated Values (CSV)

A red box highlights the dropdown menu, and a red arrow points to it from the right.

3. You MUST click “**Submit**” to generate the report.

Report - Claim Status Report

Back

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.
Please select a download format for the report.

PDF Submit

A red box highlights the Submit button, and two red arrows point to it from the left and right.

4. The report will now generate. To view your report, you must go to the “[Document Manager](#).”

Report - Claim Status Report

Back

NOTE: YOUR REPORT MAY TAKE UP TO 30 MINUTES OR MORE TO GENERATE!

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.

A red arrow points down to the processing note.

My Documents

[Add Document](#)

[Current Documents](#) [Archived Documents](#)

Document Search:

Search term: Category: Date Range: to

Owner: Status: Member:

[Search](#) [Clear](#)

Sorted By: [Newest](#) Per Page: [25](#)

Document Name	Owned By	Member	Uploaded	Expires	Actions
Claim Status Report_20230714-092623.pdf	Kim Hubbard		07/14/2023	2023-10-12	View/Edit Download Archive

Remittance Advice Report

[Report List](#) [Batch Report Status](#) [Legacy Reports](#)

[Help](#)

Report Name	Report Description
Claim Status Report	Reviews the status of claims outside the usual claim status inquiry.
Member Roster by Access List	Displays a list of members grouped by selected access list.
Member Roster by PCP	Displays a list of members grouped by a selected provider.
Member Roster by Practice	Displays a list of members grouped by a selected practice.
Referral Authorization Report	Provides a list of Referrals_Authorizations
Remittance Advice Report	Provides the ability to print the remittance advice.

To run a “Remittance Advice Report”

1. Enter a **check number**
2. Click “**Continue**”

Report - Remittance Advice Report

NOTE: Your report may take 30 min or more to generate. It will be delivered to the DOCUMENT MANAGER.

Your report is currently processing and will take time to complete. It will be delivered to your Document Manager when it is complete which may be 30 minutes or more. Please select a download format for the report.

[Back](#)

PDF

Your only option is PDF.

3. “PDF” will default as your selection (as it is your only option).
4. Click “**SUBMIT**” for your report to process.

Report - Remittance Advice Report

[Back](#)

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.
Please select a download format for the report.

PDF

You must click submit for the report to process.

- Your report will process. This may take up to 30 minutes or more depending upon the size of the report.

Report - Remittance Advice Report

[Back](#)

Your report is currently processing and will take time to complete.
It will be delivered to your [Document Manager](#) when it is complete which may be 30 minutes or more.

- Go to the “[Document Manager](#)” to retrieve your report.

Office Management

- Online PCP Change Request
- Eligibility
- Claims/Remittance
- Member Roster
- Reports
- Code Lookup
- Document Manager**
- Referrals/Authorizations
- Dental care request
- BH Referral/Authorizations

Administration

References

My Documents [Add Document](#)

[Current Documents](#) [Archived Documents](#)

Document Search:

Search term: Category: Date Range:

Owner: Status: Member: [Search Members](#)

[Clear](#)

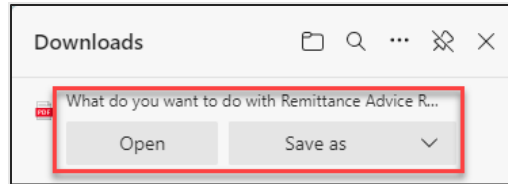
Sorted By: Per Page:

Remittance Advice Report_20230714-052623.pdf [Permanently Delete](#)

Owned By: Kim Hubbard Member: Expires: 2023-10-12

Click either to download your report.

- Once you’ve selected a download option, choose to either “**Open**” or “**Save**” the document.



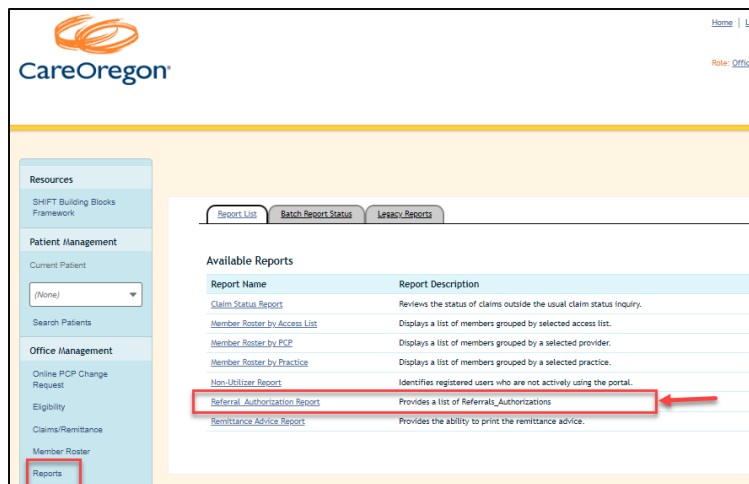
Remittance Advice Report
Description: Remittance advice detail for a selected check

Check Number:		Check Date:	27 Jun 2023	Vendor Name:	
Total Claims	4	Total Paid:	\$ 5,276.00	Vendor	
Report Sorted	PATIENT/MEMBER NAME	Payor:	.	Tax ID:	
		Total Billed:	5276.0	Vendor NPI:	

Claim Number	Provider	Patient	Patient Acct Num	Member ID														
008	Procedure	Modifier	POS	Units	Billed	Allowed	Withhold	Co-Payment	Co-Insurance	Deductible	Patient Responsibility	Disallowed	Interest	Penalty	Paid	EOP	CARC	RARC
01 Jun 2023	APM01		99	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Totals:					\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
EOP																		
CARC																		
RARC																		

Referrals Authorization Report

The Referral_Authorization Report provides a list of the requests that you've submitted, along with their status (Approved, Denied, etc.)



1. You can run a report using multiple search parameters:
 - a. Date
 - b. Scheduled Report Date Section
 - c. Provider (Requesting, Servicing, Specialty)
 - d. Member
 - e. Service – Service Type
 - f. Status
2. Once you have determined your parameters, click **“Continue.”**

Referral_Authorization Report

Date Selections
 If a date range is not selected the report will default to the dates that appear. Do not use this section for scheduled reports.
 Service Start Date Begin: 05/21/2023
 Service Start Date End: 07/20/2023

Scheduled Report Dates Section
 If a number is not entered no results will be returned for the scheduled report. REMEMBER to clear the defaulted fields for Service Start Date Begin and Service Start Date End.
 End Date = Run Date
 Start Date is calculated.
 Day(s): [dropdown]
 Enter number of days to go back from run date.

Provider
 Requesting Provider: Select Provider
 Servicing Provider: Select Provider
 Servicing Provider Specialty: [dropdown menu with options: ABA, Acupuncture, Acute Care, Addictions Medicine, Addictions Residential Treatment Facility, Adolescent Medicine, Adult Health, Alcohol and Drug Treatment]
 If a specialty is not selected it will default to All Specialties.

Member
 Select Patient

Service
 Service Type: [dropdown menu with options: Specialist, Outpatient, Admission, Transportation, Home Care]
 If a Service Type is not selected it will default to All Service Types.

Status
 [dropdown menu with options: Pended, Approved, Denied, Modified, No Action Required, Contact Plan, Rejected]
 If a Status is not selected it will default to All Statuses.

Continue

3. The report will automatically generate and display as shown in the examples below:

Report - Referral_Authorization Report

Referral_Authorization Report

Reporting Period: May 21, 2023 - Jul 20, 2023

Number of Ref/Auth Reported: 0

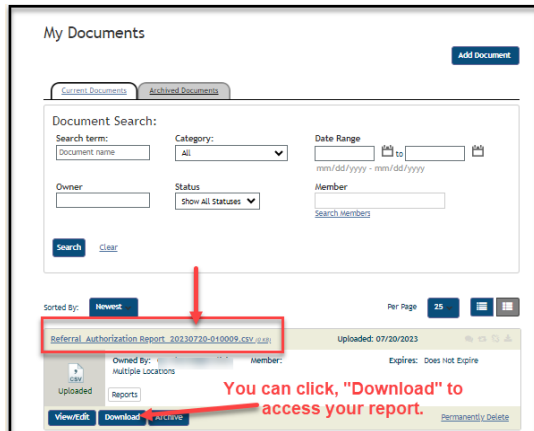
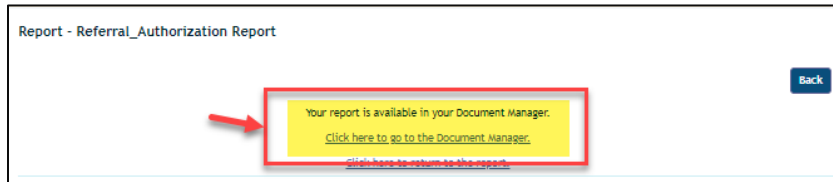
Export to CSV → [CSV icon]

Service Request Number	Status	Patient	Diagnosis Code	ServiceType	Service	Procedure Code	Requesting Provider	Servicing Provider	Start Date	End Date	Approved Units
	Approved		D72.81B	Transportation		99214	MADISON	COUNSELING LLC	06/21/2023	06/28/2023	

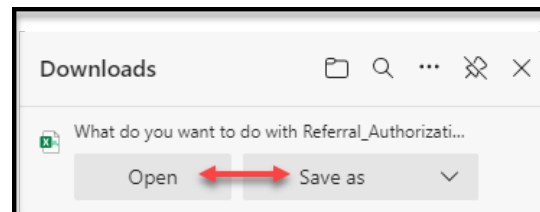
Generated: 07/20/2023 12:55 PM Page 1 of 1

4. Export report into a CSV format by clicking the **“CSV”** icon.

5. Your report will be processed and sent to the [Document Manager](#).

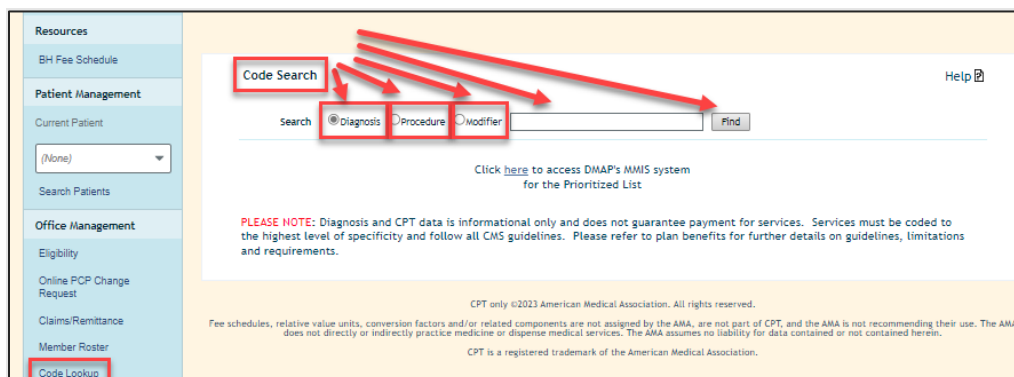


6. The Document Manager will allow you to open or save your report to your computer.



CareOregon Connect – Code Lookup

Diagnostic, Procedure and Modifier Codes can be looked up using Connect’s “**Code Lookup**” tool.

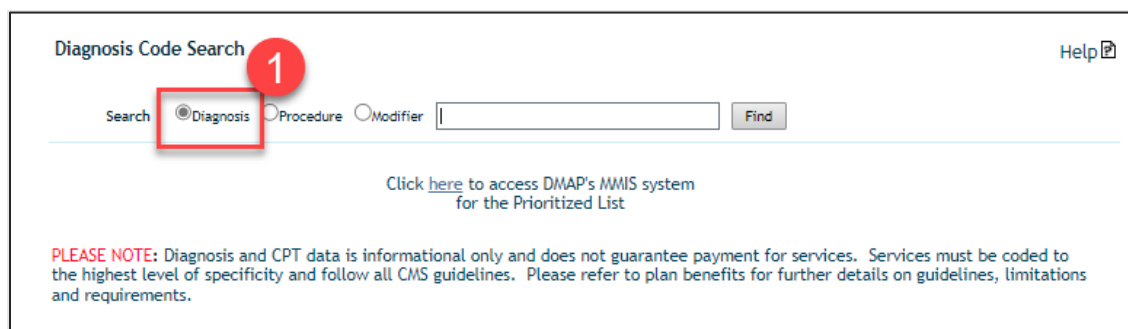


To use the **Code Search**, select the radio button that corresponds to the code you would like to search:

- ❖ Diagnosis
- ❖ Procedure (CPT/HCPCS)
- ❖ Modifier

1. Diagnosis Code Search

- a. Click the radio button next to “**Diagnosis.**”



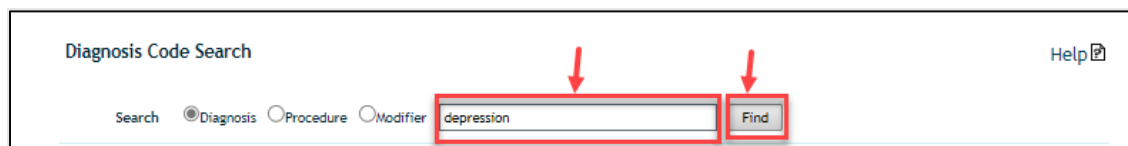
Diagnosis Code Search Help

Search ☒ Diagnosis ☐ Procedure ☐ Modifier

Click [here](#) to access DMAP's MMIS system for the Prioritized List

PLEASE NOTE: Diagnosis and CPT data is informational only and does not guarantee payment for services. Services must be coded to the highest level of specificity and follow all CMS guidelines. Please refer to plan benefits for further details on guidelines, limitations and requirements.

- b. Type in a code or description and click the “**Find**” button.



Diagnosis Code Search Help

Search ☒ Diagnosis ☐ Procedure ☐ Modifier

- c. Clicking “**View**” will show you the codes in this category.

SEARCH RESULTS				HELP ?
Code Set	Code	Description	Related Codes	
ICD-9-CM	300.4	Dysthymic disorder	View	
ICD-9-CM	V17.0	Family history of psychiatric condition	View	
ICD-9-CM	296.3	Major depressive disorder, recurrent episode	View	
ICD-9-CM	296.36	Major depressive disorder, recurrent episode, in full remission	View	
ICD-9-CM	296.35	Major depressive disorder, recurrent episode, in partial or unspecified remission	View	
ICD-9-CM	296.31	Major depressive disorder, recurrent episode, mild	View	
ICD-9-CM	296.32	Major depressive disorder, recurrent episode, moderate	View	
ICD-9-CM	296.34	Major depressive disorder, recurrent episode, severe, specified as with psychotic behavior	View	
ICD-9-CM	296.33	Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior	View	
ICD-9-CM	296.30	Major depressive disorder, recurrent episode, unspecified	View	
ICD-10-CM	F33.2	Major depressive disorder, recurrent severe without psychotic features	View	
ICD-10-CM	F33	Major depressive disorder, recurrent		
ICD-10-CM	F33.42	Major depressive disorder, recurrent, in full remission	View	
ICD-10-CM	F33.41	Major depressive disorder, recurrent, in partial remission	View	
ICD-10-CM	F33.4	Major depressive disorder, recurrent, in remission	View	
ICD-10-CM	F33.40	Major depressive disorder, recurrent, in remission, unspecified	View	
ICD-10-CM	F33.0	Major depressive disorder, recurrent, mild	View	
ICD-10-CM	F33.1	Major depressive disorder, recurrent, moderate	View	
ICD-10-CM	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	View	
ICD-10-CM	F33.9	Major depressive disorder, recurrent, unspecified	View	

Pages: 1 2 3 4 5 Results: 98

2. Procedure Code Search

- Using the **“Procedure”** code look up, you can search by the description of the procedure or by the specific CPT/HCPCS code.
- Then click **“View”** to see **“Related Codes”** or **“Applicable Modifiers.”**

Pages: (1) 2 3 4 Results: 80				Help ?
Procedure Code Search				
Search	☐ Diagnosis	☒ Procedure	☐ Modifier	psychotherapy Find
SEARCH RESULTS				HELP ?
Code Set	Code	Description	Related Codes	Applicable Modifiers
ICD-10-PCS	G272	Family Psychotherapy / Other Family Psychotherapy	View	
ICD-10-PCS	G272ZZZ	Family Psychotherapy	View	
CPT	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)		View
CPT	90846	Family psychotherapy (without the patient present)		View
ICD-10-PCS	G2H2	Group Psychotherapy / None	View	
ICD-10-PCS	G2H2ZZZ	Group Psychotherapy	View	
CPT	90853	Group psychotherapy (other than of a multiple-family group)		View
HCPCS	G0410	Group psychotherapy other than of a multiple family group, in a partial hospitalization setting, approximately 45 to 50 minutes		View
ICD-10-PCS	H253	Individual Psychotherapy / 12-Step	View	
ICD-10-PCS	G251	Individual Psychotherapy / Behavioral	View	
ICD-10-PCS	H251	Individual Psychotherapy / Behavioral	View	
ICD-10-PCS	G252	Individual Psychotherapy / Cognitive	View	
ICD-10-PCS	H250	Individual Psychotherapy / Cognitive	View	
ICD-10-PCS	G258	Individual Psychotherapy / Cognitive-Behavioral	View	

CareOregon Connect – Document Manager

You can look up documents that you have attached/uploaded to Connect, or reports that were generated using the “**Reports**” feature.

1. Use the “**Document Search**” feature to search reports.

Resources

- BH Fee Schedule

Patient Management

- Current Patient
- (None)
- Search Patients

Office Management

- Eligibility
- Online PCP Change Request
- Claims/Remittance
- Member Roster
- Code Lookup
- Document Manager**
- Referrals/Authorizations
- Dental care request
- BH Referral/Authorizations

Administration

- User Preferences

References

- MMIS
- Provider Handbook
- Language services - Interpretation and Translation
- Language services - Material Request
- DME Change of Vendor Request Form

My Documents

[Add Document](#)

Current Documents Archived Documents

Document Search:

Search term: Category: Date Range: to

Owner: Status: Member:

[Search](#) [Clear](#)

Sorted By: Per Page:

686832 1 ref attachment.txt (1 KB) Uploaded: 04/14/2023

Owned By: Careoregon, Inc. (internal) Member: Expires: Does Not Expire

[View/Edit](#) [Download](#) [Archive](#) [Permanently Delete](#)

686831 2 Dental Treatment Procedure Detail PDF.pdf (1 KB) Uploaded: 04/14/2023

Owned By: Careoregon, Inc. (internal) Member: Expires: Does Not Expire

[View/Edit](#) [Download](#) [Archive](#) [Permanently Delete](#)

686831 1 ref attachment.txt (1 KB) Uploaded: 04/14/2023

Owned By: Careoregon, Inc. (internal) Member: Expires: Does Not Expire

[View/Edit](#) [Download](#) [Archive](#) [Permanently Delete](#)

2. The most recently generated reports will show at the top of the list by default. To sort the list another way, select “**Sorted By.**”

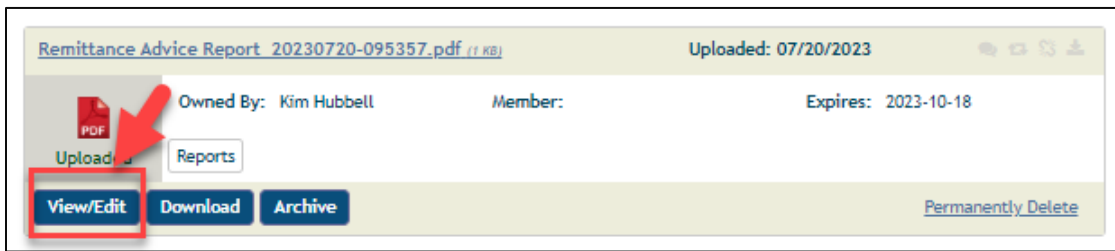
Remittance Advice Report_20230720-095357.pdf (1 KB) Uploaded: 07/20/2023

Owned By: Kim Hubbell Member: Expires: 2023-10-18

Uploaded Reports

[View/Edit](#) [Download](#) [Archive](#) [Permanently Delete](#)

3. View and/or Edit report details by selecting “**View/Edit.**”



Document Manager
This document is associated with: [Document Tools](#)

Document Details

10101	Name - 693043_1_Connect Beta Testing.docx
01011	Uploaded By - CareOregon, Inc. (Internal)
10110	File Size - 11KB
	Date uploaded - July 20, 2023 10:47:43 AM

Member

[Search Members](#)

Document Manager Categories

☐ Assessments	☐ Consents	☐ Documentation
☐ HIPAA X12 Transactions	☐ Hospital Notes	☐ Lab Results
☐ Medical Expense Receipts	☐ Office Notes	☐ Prescription
☐ Reports	☐ XRays	

My Categories [Add New Category](#)

☐ Meds Chart

Comments [Add New Comment](#)

This document does not have any comments.

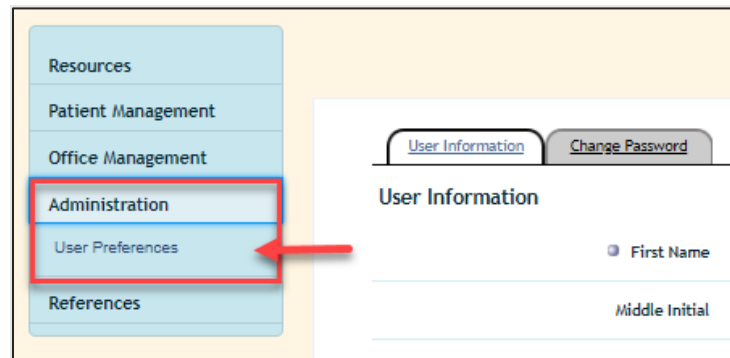
[Save Changes](#) [Cancel](#)

4. Once you edit the document properties, click “**Save Changes.**”

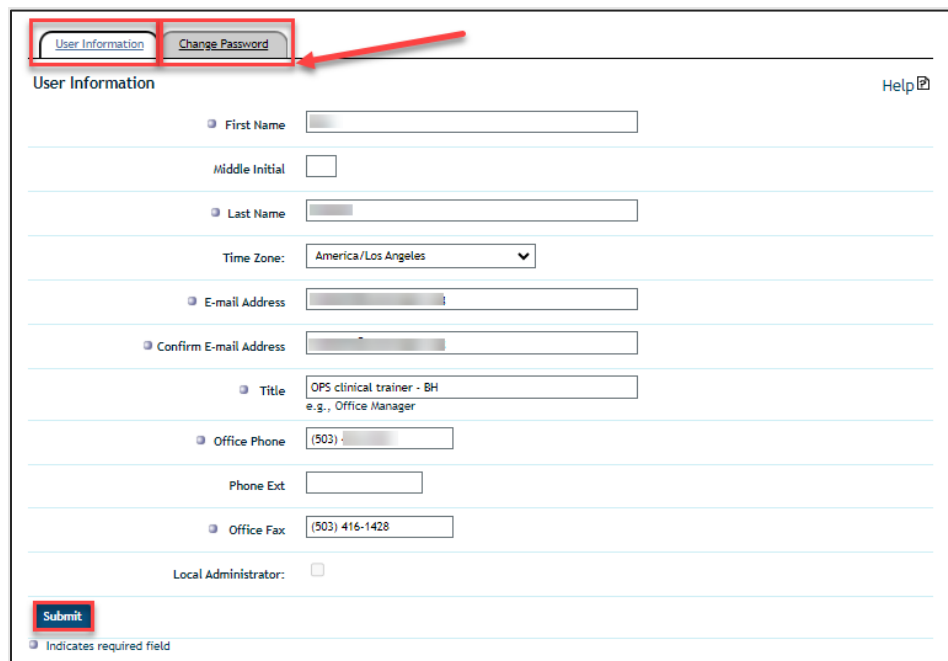
CareOregon Connect – Administration

User Preferences

User Preferences allows you to update your user information, including changing your password.



This screenshot shows the left-hand navigation menu of the CareOregon Connect Administration interface. The menu items are: Resources, Patient Management, Office Management, Administration, User Preferences, and References. The 'User Preferences' item is highlighted with a red rectangular box, and a red arrow points to it from the right. To the right of the menu, a partial view of the 'User Information' and 'Change Password' tabs is visible.



This screenshot shows the 'User Information' form in the CareOregon Connect Administration interface. The 'Change Password' tab is highlighted with a red rectangular box, and a red arrow points to it from the right. The form contains the following fields and options:

- First Name**: Text input field.
- Middle Initial**: Text input field.
- Last Name**: Text input field.
- Time Zone**: Dropdown menu with 'America/Los Angeles' selected.
- E-mail Address**: Text input field.
- Confirm E-mail Address**: Text input field.
- Title**: Text input field with the value 'OPS clinical trainer - BH' and a hint 'e.g., Office Manager'.
- Office Phone**: Text input field with the value '(503) '.
- Phone Ext**: Text input field.
- Office Fax**: Text input field with the value '(503) 416-1428'.
- Local Administrator**: Checkbox, currently unchecked.
- Submit**: A red button at the bottom left of the form.
- Help**: A link with an external icon at the top right of the form.

At the bottom left of the form, there is a legend: ☐ Indicates required field.

CareOregon Connect – References

Depending on your Connect permissions, you may find several external resources. Here is an example.

NOTE: Your view may vary from what is shown here.

