

# Secure Messaging in Connect

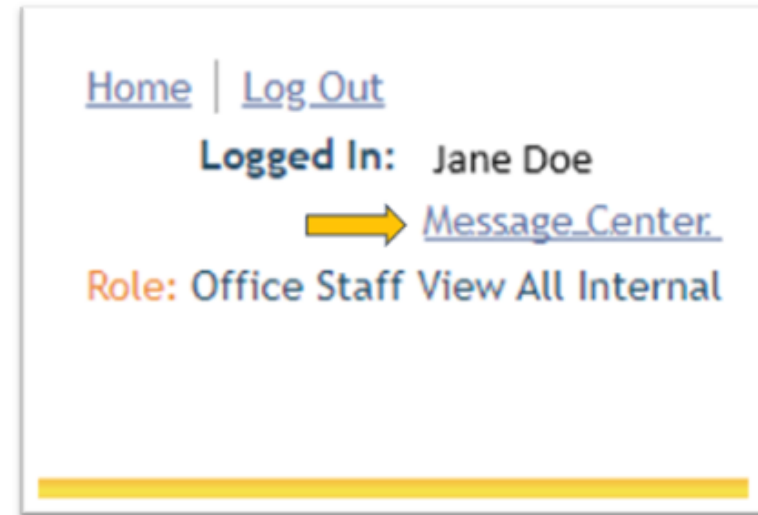


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Log in to Connect with your  
secure username and password

# Message Center

- Click the Message Center button on the top right corner of the screen
- To send a secure message click on one of the templates



## Message Center

### **Provider Customer Service Inquiries**

[Eligibility Inquiries](#)  
[Authorization Inquiries](#)  
[Claims Inquiries](#)  
[Benefit Inquiries](#)  
[Other Inquiries](#)

### **Pharmacy Inquiries**

[Pharmacy Auth Inquiries](#)  
[Pharmacy Benefits Inquiries](#)  
[Pharmacy Claim Inquiries](#)

### **Provider Data Inquiries**

[Oregon Medicaid ID Individual Enrollment form](#)  
[Oregon Medicaid ID Group Enrollment form](#)  
[Oregon Medicaid ID Hosp.Facility Enrollment form](#)

# Provider Customer Service Inquiries

**Eligibility Inquiries-** Check the eligibility status of a member

**Authorization Inquiries-** Check the status of an authorization

**Claim Inquiries-** Check the status of an existing claim

**Benefit Inquiries-** Check member benefit

**Other Inquiries-** Ask a provider or member related question

# Pharmacy Inquiries

**Pharmacy Auth Inquiries-** Check the status of a pharmacy authorization

**Pharmacy Benefits Inquiries-** Check member pharmacy benefit

**Pharmacy Claim Inquiries-** Check the status of an existing pharmacy claim

# Provider Data Inquiries

Oregon Medicaid ID Individual Enrollment form- Enroll individual providers

Oregon Medicaid ID Group Enrollment form- Enroll a group

Oregon Medicaid ID Hosp.Facility Enrollment form- Enroll a facility

# Complete inquiry and submit

## \*are required fields


### Eligibility Inquiries

*Please note that benefit and coverage details may vary per plan or member. To assist you effectively, please provide the required information below.*

#### Provider Information

*Provider name:	<input type="text" value="Provider Name"/>
*Provider TIN/NPI:	<input type="text" value="123456789"/>

#### Member Information

*Member's first and last name:	<input type="text" value="Member's first and last name"/>
*Member's DOB:	<input type="text" value="05 / 13 / 2024"/> 
*Member's ID#:	<input type="text" value="123456"/>

\*Question:

Inquiry Here

Submit

# Complete, add attachment and submit

## Instructions

*When to use this: Individual and Group Type 1 & 2 NPI Providers*

**Required form:** [Provider Enrollment Agreement \(PEA\) 3975](#)

Please make sure PEA 3975 is completely filled out, signed, dated and attached

*Effective date requested for enrollment:	<input type="text" value="mm / dd / yyyy"/>
*Name:	<input type="text"/>
*NPI:	<input type="text"/>
*Date of birth:	<input type="text" value="mm / dd / yyyy"/>
*Social Security or EIN:	<input type="text"/>
State Medical License:	<input type="text"/>
Effective date:	<input type="text" value="mm / dd / yyyy"/>
Expiration date:	<input type="text" value="mm / dd / yyyy"/>
Specialty:	<input type="text"/>
State Medical Board:	<input type="text"/>

Secure attachments  
Max 20 files, 126MB file size

Add Attachment

Submit



# Success! Your Form Has Been Submitted

## Confirmation




**Form Submitted Successfully**

Thank you for your submission!

# Submitted inquiries can be found in your inbox

[Active Mailboxes \(2\)](#)

1 - 2 of 2 < >

<a href="#">Mailbox Name</a>	<a href="#">Total Messages</a>	<a href="#">Unread Messages</a> ▼	<a href="#">Relationship</a>	
<a href="#">CareOregon, Inc. (44166082)</a>	0	0	Access Owner	



# Additional Forms have been added under Office Management

**Resources**

- SHIFT Building Blocks Framework
- BH Health Share Resources
- 2024 Medicaid Incentives Overview

**Patient Management**

- Office Management**
- Eligibility
- Claims/Remittance
- Submit Claim Attachments
- Provider Information Form
- Credentialing Information Update Form
- Member Roster

**Message Center**

[Eligibility Inquiries](#)  
[Authorization Inquiries](#)  
[Claims Inquiries](#)  
[Benefit Inquiries](#)  
[Other Inquiries](#)

[Click here for Individual Enrollment form submission](#)  
[Click here for Group Enrollment form submissions](#)  
[Click for Hospital Facility Enrollment submission](#)

**Active Mailboxes (2)**

1 - 2 of 2

Mailbox Name	Total Messages	Unread Messages	Relationship
CareOregon, Inc. (44166082)	0	0	Access Owner

