

## Submitting a Request with a To Be Determined (TBD) Provider –

### *BH Navigation Team Support Request*

## Entering Behavioral Health Authorization Requests with TBD Provider

You will begin the process the same as entering a regular Behavioral Health Authorization request:

### [BH Referrals/ Authorizations](#)

1. Click on **BH Referrals/Authorizations**



The screenshot shows the CareOregon web portal interface. The top left features the CareOregon logo. The top right contains user navigation links: Home, Log Out, Logged In, Message Center (0 New), and Role: Office Staff View All. A left-hand navigation menu is visible, with categories: Resources, Patient Management, Office Management, Eligibility, Claims/Reimbursement, Member Roster, Reports, Code Lookup, Document Manager, Referrals/Authorizations, Dental care request, Administration, and References. The 'BH Referral/Authorizations' item under the 'Referrals/Authorizations' category is highlighted with a red box and a red arrow pointing to it. The main content area displays an 'ATTENTION' message under the heading 'Authorizations:' with the following text:

**Authorizations:**

- Elective inpatient admission authorization requests can now be submitted using the Connect portal.
- We understand some providers are having intermittent issues while submitting authorization requests. If you receive any message that indicates you should resubmit the request or try again later, *please do not resubmit* the request. We will receive your request when submitted the first time, regardless of the error message. It would help us troubleshoot these types of issues if you could submit an email to [careoregonconnect@careoregon.org](mailto:careoregonconnect@careoregon.org) with a screenshot of the message, please include your first and last name.

1. Fill in each of the required fields:

a. Patient

Referral & Authorizations / Search Requests

### Behavioral Health Request Submission

Patient

Search Current Patients

Select a patient

Search Current Patients

Member ID	First Name	Last Name
<input type="text" value="ID Number"/>	<input type="text" value="First"/>	<input type="text" value="Last"/>

b. Diagnosis

Patient

Search Current Patients

MEMBER, IMA

**Diagnosis**

Search and select a diagnosis

F33.1

Search and select a diagnosis

Description or Code F33.1

Search and select a diagnosis

Modify Search

**Click Add**

MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE

Code F33.1 Code Set ICD10CM

1 - 1 of 1

c. **Requesting Provider** (the provider making the request). This is a **required field**.

The screenshot shows a form with three main sections: **Diagnosis**, **Requesting Provider**, and **Servicing Providers**. The **Requesting Provider** section is highlighted with a red border and contains a search icon, a text input field, and a dropdown menu for 'Phone'. The **Servicing Providers** section also has a search icon, a text input field, and a dropdown menu for 'Phone'. A 'Search for More' button is visible in the top right of the Diagnosis section.

This is a close-up of the **Requesting Provider** search dialog. It features a search input field containing the text 'Lifeworks', a 'Search' button, and a 'Close' button. A 'Type' dropdown menu is also present. Red arrows point to the search input field, the Search button, and the Close button.

This screenshot shows the details for the provider **LIFEWORKS NW**. The details include: **Specialty** (Mental Health Clinic), **NPI** (redacted), **Tax Id** (redacted), **Address** (5415 SW Westgate Dr, Portland, OR 97221), **Network** (Columbia Pacific CCO, Jackson Care Connect), and a blue **+ Add** button. A red arrow points to the '+ Add' button with the text 'Find the appropriate provider and then select "Add"'. A 'Modify Search' link is also visible at the top.

#### d. Servicing Providers

The servicing provider is the one that will provide the service that is being requested.

These service types will **ALWAYS** be submitted as “**TBD (To be Determined) BH PROVIDER**” so the **Behavioral Health Navigation (BH Navigation Team)** team can work with the members and providers to find the servicing provider:

- **Assertive Community Treatment (ACT)** – *must be Provider TBD*
- **Level D Child INITIAL ONLY**– *must be Provider TBD*
- **Level D Adult ICM and TAY INITIAL ONLY**- *must be Provider TBD*

To contact the BH Navigation team, email [SPOC@careoregon.org](mailto:SPOC@careoregon.org) or call 503-488-2253. In some instances (like ABA), this team will be able to assist in locating a provider. However, it is preferred that you call Provider Customer Service at 503-416-4100 (option 3) for this support.

#### BH Navigation Team Process

Once a request is received for the following, it will auto-approve:

**Level D Child Initial** – *must be Provider TBD*

**Level D Adult ICM and TAY Initial** - *must be Provider TBD*

Once a request for **Assertive Community Treatment (ACT) Initial**, it will pend for clinical review.

In both instances, after approval, the BH Navigation Team will be notified so they can begin working with the provider and/or member in order to find a provider with an opening. They will monitor the request until which time the member admits to care or the request is withdrawn. The team will also work to ensure that the service start and end date is adjusted to reflect the actual service dates.

These service types *can* be submitted with “TBD BH PROVIDER” if necessary, but **it is preferable that the Servicing Provider be identified prior to or that the servicing provider submits the request once they have agreed to accept the member.**

- *ABA Applied Behavioral Analysis*
- *Subacute (Youth)*
- *Psychiatric Residential Treatment Services (PRTS, Youth)*
- *Psychiatric Day Treatment Services (PDTS, Youth)*
- *Eating Disorder Residential*
- *Eating Disorder Partial/IOP*
- *Psychological Testing*
- *Transcranial Magnetic Stimulation (TMS)*
- *Electroconvulsive Therapy (ECT)*

**Please note that submission and approval of a prior authorization does not constitute a referral to a provider. The "Referring Provider" needs to coordinate a referral to the “Servicing Provider” to initiate care. If the “Referring Provider” needs care coordination support or consult, they can contact the Regional Care Team at 503-416-3731.**

If a member has multiple care coordination needs, they may be referred to **CareOregon Care Coordination – Regional Care Team (RCT)**.

You may submit a referral any of the following ways:

- **Online:** Submit a completed [Care Coordination Referral form](#) and we’ll route it to that appropriate RCT
- **Email:** Send us a completed form to [ccreferral@careoregon.org](mailto:ccreferral@careoregon.org)
- **Collective (PreManage):** If your clinic uses this online platform, check the RCT tag after searching for your patient
- **Call:** Our Care Coordination team can be reached at [503-416-3731](tel:503-416-3731), or reach out to our Provider Customer Service team at [503-416-4100](tel:503-416-4100) (option 3) and we’ll connect you to the member’s assigned team

<b>TBD BH PROVIDER</b>	
TBD BH PROVIDER	
<b>Specialty</b>	<b>NPI</b>
<b>Address</b>	<b>Tax Id</b> 930933975
**NO CALL TRACKING CONNECT PURPOSES ONLY** Unknown OR 00000	

e. Service Details

- *Select Service Category*

**Service Details**

Service Category

Mental Health X

Mental Health

Substance Abuse

- *Select Service Type*

**Service Details**

Service Category      Service Type      Urgency

Mental Health X

Select...

Standard X

- *Select Urgency*

**Service Details**

Service Category      Service Type      Urgency

Mental Health X

Select...

Standard X

- *Select Service Units*

- *Select the appropriate type and number for the service type you selected above. This is not a required field!*

- *Select Service Dates*

- **Select the Start Date** of the service
- **Select the End Date** of the service
  - These can be left blank or entered as an estimate. CareOregon staff will adjust these once a member has been accepted by a provider for the service.*

- *Requested Procedures – enter requested procedures if desired.*  
This is not a required field. The service types using a “TBD BH Provider” are often a code group. CareOregon staff will add these at the time they review the request.

*If you decide to enter the requested procedure, follow the steps below.*

f. Remarks

- Type in any additional remarks/comments*

g. Add Paperwork

- Upload the request and applicable chart notes/medical records*
- To upload records, click “Add Paperwork”*

## 2. Save the request as a template (if applicable)

- a. This is helpful for requests that are submitted frequently for a specific level/type of care. After saving, you will need to name the template. See the job aid, *Connect Job Aid – Creating a Template for Common Requests* on the CareOregon website.

## 3. Submit the Request

The screenshot shows a 'Paperwork' form with the following fields and controls:

- 1**: \*Description (Text input field containing 'Medical Records')
- 2**: \*Report Type (Dropdown menu with 'Medical Record Attachment X' selected)
- 3**: \*Transmission Method (Dropdown menu with 'Electronically Only X' selected)
- 4**: \*File (File upload area with 'Choose file to add' and a 'Delete' button)

Below the form are three buttons: '+ Add paperwork', 'Submit', and 'Save'. A 'Load' button is also present between 'Submit' and 'Save'.

**Instructions:**

- If you wish to save this request as a template, ex. if you request this level of care with these codes frequently, click "Save," name your template and then click ok. Next, click "Submit."
- If you do not wish to save the template, click "Submit." **YOU MUST CLICK SUBMIT TO TRANSMIT THE REQUEST!**

### Status

After submission, you will see the status of your request.

Referral & Authorizations / Search Requests

## Request Detail

[Print](#)

### Behavioral Health Request

Pended

Patient	Member ID	Request Number	Submitted On
TEST, ADAM	IB500Y50		4/20/2023

Confirmation Number  
686881

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### Diagnosis

Diagnosis Codes  
F20.9 Schizophrenia, unspecified

\*\*\*NOTE: There will be a request number shown after 10/01/2023!