Traditional Health Worker claims submission guide

CareOregon is committed to helping our members live better lives, prevent illness and respond effectively to health issues. Traditional health workers (THWs) provide person- and community-centered care that increases the appropriate use of care and empowers individuals to be agents in improving their own health.

THW services are a covered benefit for all Oregon Health Plan (OHP) members. Below is more information about the requirements and processes for receiving reimbursement for THW services. While CareOregon routinely updates the information in this guide, all THWs are responsible for completing and complying with the most recent Oregon Health Authority (OHA) requirements.

How to become eligible to bill for traditional health worker services

To bill CareOregon, Health Share of Oregon, Columbia Pacific CCO or Jackson Care Connect for THW claims, you must:

1. **Complete an OHA-approved training.**
   Click here to find a training: *link.careoregon.org/oha-thw-training*

   a. Note the oral health training requirement. Click here to access OHA's oral health training: *link.careoregon.org/oha-thw-oral-training*

   b. Complete an application to become a certified THW and be listed on Oregon's THW registry: *link.careoregon.org/oha-thw-certification*

   c. Email your completed and signed application to *thw.program@dhsoha.state.or.us*. **Note:** Only handwritten and e-signatures are accepted.

   d. Attach copies of your government-issued ID and certificates of completion from the required trainings, including oral health.

   e. Emailing is the fastest method. Applications sent by mail/fax can be delayed up to 90 days.

2. **Complete your criminal background check.** Once your THW application and supporting documents are received and your application has been processed, you will get an email from the Background Check Unit/ORCHARDS requesting your consent to conduct a background check. Complete the background check survey and submit it.

   a. These emails often end up in junk and/or spam folders, so please make sure to check those as well.

   b. A background check is required, even if you have had one in the past.

   c. This process will take about three to five weeks. All costs are covered by OHA.

   d. If you meet all the requirements and pass the background check, you will be notified by email and your information will be added to OHA's registry of certified traditional health workers.

3. **Obtain a National Provider Identifier (NPI).** To bill Oregon Medicaid, you will need to obtain an NPI number. Apply via the National Plan and Provider Enumeration System website at *nppes.cms.hhs.gov*. **Note:** If you are billing as an organization, like a doula hub, your hub will also need an NPI number.

4. Apply for an Oregon Medicaid ID number.

    a. To apply through OHA, click here for the application and instructions: *link.careoregon.org/oha-provider-enroll*
    Note: If you plan to bill Open Card, we recommend applying for your Medicaid ID number via this method.

    b. To apply through CareOregon, click here for the application and instructions: *link.careoregon.org/co-medicaid-application*
    Note: CareOregon must have a claim on file from a provider before processing your application.

If you are billing as an organization like a doula hub, your hub will also need a DMAP number. Every two years, you will need to reapply for your DMAP number to keep it active. You can always verify DMAP enrollment is active by searching your NPI on this webpage: *link.careoregon.org/NPI-search*

The search can be done retroactively as well.

5. Complete CareOregon's THW Provider Enrollment form.

    a. CareOregon has developed a THW Provider Enrollment form to gather information about THWs in our network. This information is used to identify the availability of THW services within our Provider Directory and to meet OHA's THW data reporting requirements.

    b. The form is available here: *link.careoregon.org/co-thw-provider-enroll*
    Please email completed enrollment forms to: *providerupdates@careoregon.org*

Claims submission information and support

The following offers important details for submitting claims.

Payor ID	93975
Paper claims address	Claims, CareOregon PO Box 40328 Portland OR 97240 *Please note that submitting electronic claims is highly recommended and preferred.*

Electronic claims submission

For electronic billing, we accept HIPAA-compliant 837 electronic claims through our clearinghouse, Change Healthcare. Change Healthcare validates the claims for HIPAA compliance and sends them directly to CareOregon. Change Healthcare offers several solutions for providers without a practice management system or clearinghouse. Contact them at 866-369-8805 for claims support.

If you need help with claims that were submitted but not yet received by CareOregon, you must first contact your practice's specific clearinghouse or vendor to resolve the electronic data interchange (EDI) issue. They will be able to confirm their receipt of the claim if their submission to Change Healthcare was successful.

Mailed claims

Handwritten claims will not be accepted.

Timely filing

- Doula claims fall under the OHP pregnancy benefit, where a pregnancy diagnosis is used. Therefore, timely filing requires a claim to be received within 365 days from the date of service (OAR 410-141-3565).

- Initial filing for all other worker types should happen within 120 days from date of service.

- Resubmission/correction is limited to one year from date of service.

Electronic payment and remittance

We prefer to issue payment electronically to avoid lost paper checks and ensure providers get paid faster. To receive payments electronically, click here to fill out our electronic payment form: l*ink.careoregon.org/co-electronic-payments*

Please complete this form and fax it back to the number listed on the bottom of the form. Paper remittance advice can still be sent via mail if desired. Remittance advice can be viewed and downloaded via the Connect web portal. Portland metro behavioral health providers can access remittance advice through CIM.

Claims submission support and other resources

Resource	Contact/access information	Purpose
CareOregon Connect portal	*link.careoregon.org/provider-portal* See the instructions below on how to access this portal.	Provides 24/7 online access to: • Check detailed claim status • Review remittance advice • Check eligibility, PCP assignment, benefits
CIM Behavioral Health Provider Portal for Portland-area providers (PH Tech)	*link.careoregon.org/cim-login* See the instructions below on how to access this portal.	• Claims submission for Portland-area behavioral health providers • Receive online support • Check detailed claim status • Check OHP eligibility and health plan assignments
Provider Customer Service	Call 800-224-4840. Press option 3 for provider. Email claims inquiries to: *claimshelp@careoregon.org*	• Customer service is available from 8 a.m. to 5 p.m. Monday through Friday
Provider relations specialist	Provider relations specialists are assigned by region. Click here to find the provider relations specialist in your region: *link.careoregon.org/provider-relations-specialists*	• Setting up a contract • Training on health plan operations, policies and procedures • Help with CareOregon Connect and CIM portals

Checking member eligibility

Per OAR chapters 410-141, **providers are required to confirm new and current member benefits and eligibility before providing any services.** Failure to confirm member eligibility may result in the provider not being reimbursed, should the member be ineligible. Additionally, because Medicaid is the payer of last resort, providers must check if the member has other coverage prior to billing CareOregon. If it is determined that the member has other coverage, the provider must bill the primary payer according to the primary payer's claims requirements before billing CareOregon.

CareOregon Connect

Providers can check members' eligibility for CareOregon, Columbia Pacific CCO and Jackson Care Connect within the Connect and CIM portals. More information about accessing these portals is found below.

MMIS

In addition to checking eligibility through the Connect and CIM portals, OHA provides web portal access for OHP providers via their Medicaid Management Information Systems (MMIS). There, providers can check OHP member eligibility and health plan enrollment and access the Prioritized List — called Health Services Commission (HSC) Inquiry — which outlines whether treatments are covered based on diagnoses.

To gain access to MMIS, you must first complete step 5a above to get your Oregon Medicaid ID. When your ID is approved, you will be sent a PIN letter with your Medicaid ID in the mail. This PIN can be utilized to provide access to MMIS.

Note: For Health Share of Oregon members, eligibility should be determined through PH Tech.

How to access provider portals

CareOregon Connect

CareOregon Connect is available to physical health providers in all CareOregon regions, and behavioral health providers in the Columbia Pacific CCO and Jackson Care Connect regions. Create a OneHealthPort account to gain single sign-on access to a variety of health plans, including CareOregon.

Click here to register:
www.onehealthport.com/sso/register-your-organization

THW claims submission guide

Need help with the portal?

- Many helpful tutorials can be found here:
  careoregon.org/providers/physical-health-providers/provider-portal/provider-portal-tutorials

- If you need your password reset or are locked out of the portal, call 877-814-9909.

- For general questions, call CareOregon Customer Service at 800-224-4840.

- Contact your provider relations specialist for training here:
  link.careoregon.org/provider-relations-specialists

- For Portland-area behavioral health providers, please visit the CIM Behavioral
  Health Provider Portal: *signin.phtech.com/IdentityServerWeb/core/login*

In the Portland area, CareOregon works with a third-party administrator, Performance Health Technology (PH Tech) for authorization and claims management of behavioral health claims. The community integration manager (CIM) is the online tool offered by PH Tech for the submission and management of service authorizations. It can also be used to manage adjudicated claims.

- To register as a new provider and gain CIM access, please visit the PH TECH Help Center at
  help.phtech.com and submit a request.

- Visit the CIM Provider Portal at *link.careoregon.org/cim-provider-portal* to log in to your CIM
  account and access additional CIM provider tools, like the CIM Provider Manual.

- For additional support, please contact PH TECH Provider Customer Service at 503-584-2151.

More information about the claims submission process can be found in CareOregon's Behavioral Health Provider Manual: *careoregon.org/providers/behavioral-health-providers*

Please carefully review all procedures before providing any services to members.

Need help?

Call OHA Provider Enrollment at 800-336-6016 (option 6) or email:
provider.enrollment@dhsoha.or.us.