



CareOregon Connect Job Aid: Reports and Administrative Functions

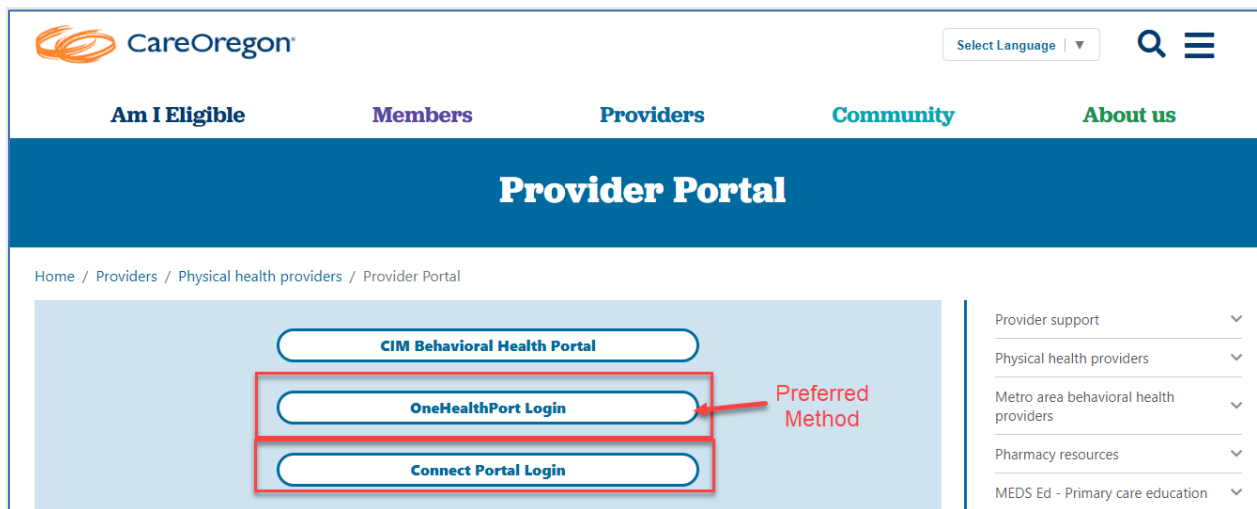
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What is CareOregon Connect?

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](#)



The screenshot shows the CareOregon website's Provider Portal. At the top, there is a navigation bar with the CareOregon logo, a language selector, and search/menus icons. Below this is a secondary navigation bar with links for 'Am I Eligible', 'Members', 'Providers', 'Community', and 'About us'. The main heading is 'Provider Portal'. A breadcrumb trail reads 'Home / Providers / Physical health providers / Provider Portal'. The central content area features three login buttons: 'CIM Behavioral Health Portal', 'OneHealthPort Login', and 'Connect Portal Login'. The 'OneHealthPort Login' button is highlighted with a red box and a red arrow pointing to it, with the text 'Preferred Method' next to it. To the right, there is a sidebar with a list of links: 'Provider support', 'Physical health providers', 'Metro area behavioral health providers', 'Pharmacy resources', and 'MEDS Ed - Primary care education', each with a dropdown arrow.

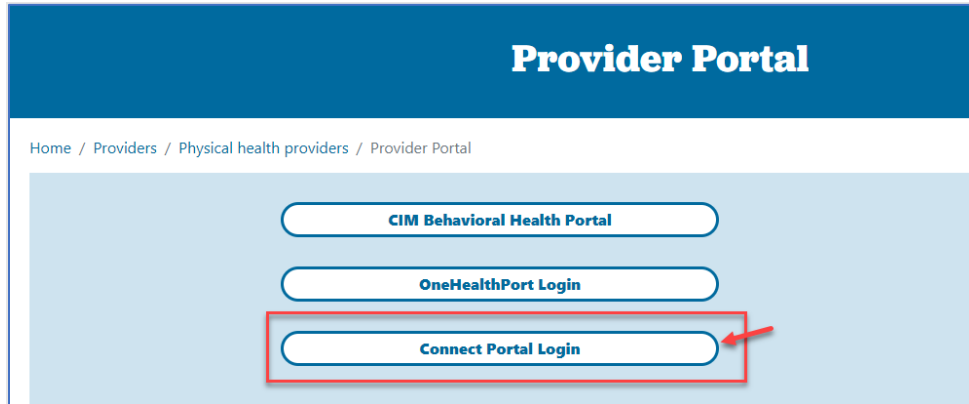
Logging into CareOregon Connect – OneHealthPort or HealthTrio Login

If you have a **OneHealthPort** login, access the Connect system using this login.

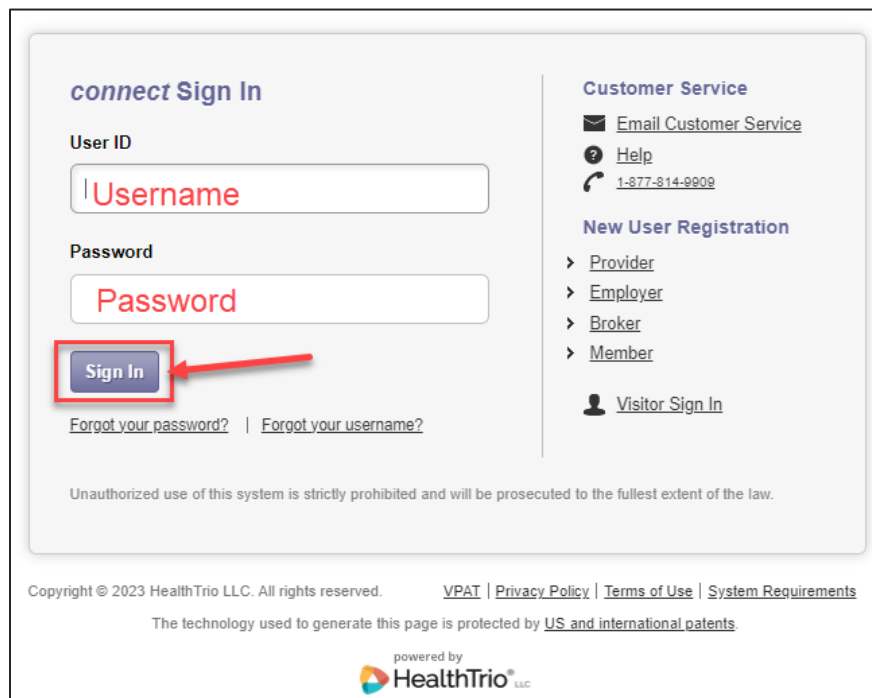
In some instances, providers may be configured to access the Connect system via **HealthTrio** directly. Check with your internal main office contact if you're unsure how your organization is setup.

Direct Connect Login

1. For those logging on via Connect, you will select **“Connect Portal Login.”** Be sure to bookmark this sign-in location in your browser for easier navigation.



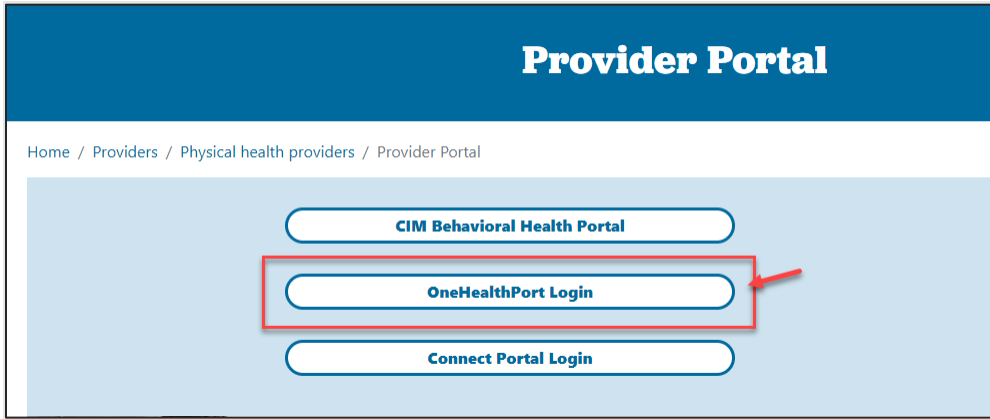
2. Enter your username and password.
3. Click **“Sign In.”**



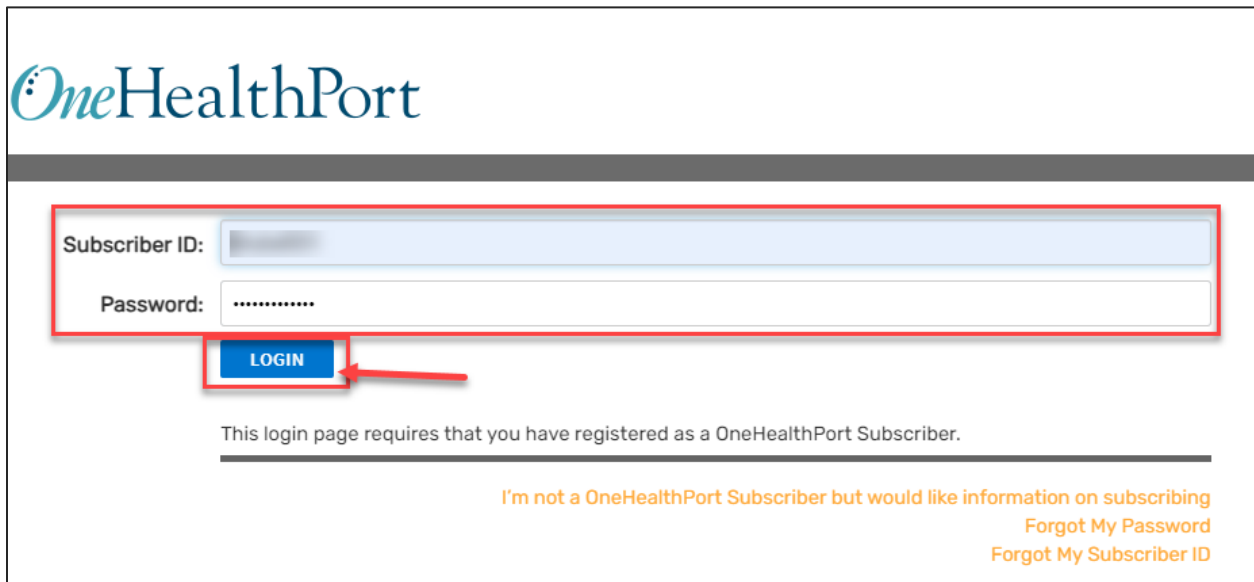
The screenshot shows the 'connect Sign In' form. It includes a 'User ID' field with the placeholder text 'Username' and a 'Password' field with the placeholder text 'Password'. A 'Sign In' button is highlighted with a red rectangular box and a red arrow pointing to it from the right. To the right of the form, there is a 'Customer Service' section with links for 'Email Customer Service', 'Help', and '1-877-814-9909'. Below that is a 'New User Registration' section with links for 'Provider', 'Employer', 'Broker', and 'Member'. At the bottom of the form, there are links for 'Forgot your password?' and 'Forgot your username?'. A disclaimer at the bottom of the form reads: 'Unauthorized use of this system is strictly prohibited and will be prosecuted to the fullest extent of the law.' The footer contains copyright information for HealthTrio LLC, links for 'VPAT | Privacy Policy | Terms of Use | System Requirements', and the HealthTrio logo with the text 'powered by HealthTrio LLC'.

OneHealthPort Login:

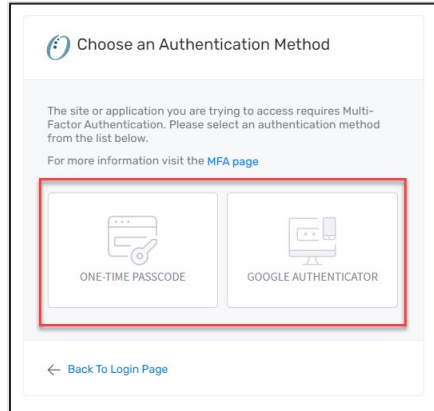
1. For those logging on via **OneHealthPort**, select **“OneHealthPort Login.”** Be sure to bookmark this sign-in location in your browser for easier navigation.



2. Enter your username and password.
3. Click **“LOGIN.”**

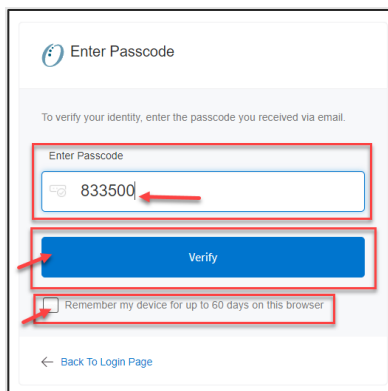
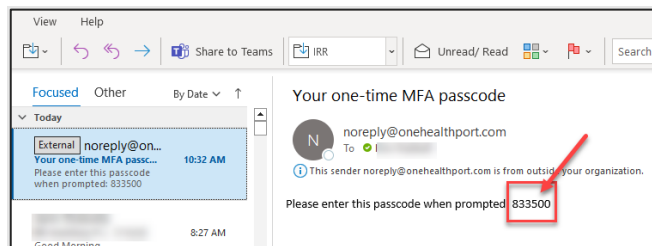
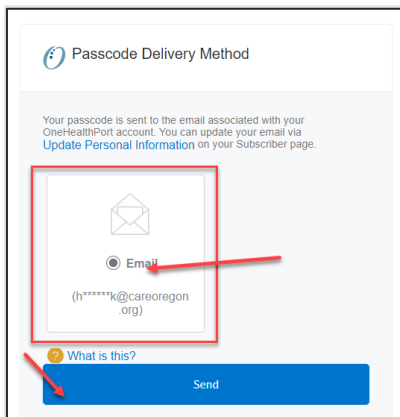
A screenshot of the OneHealthPort login page. The OneHealthPort logo is at the top left. Below it is a login form with two input fields: 'Subscriber ID:' and 'Password:'. The 'Subscriber ID' field contains a blurred value. The 'Password' field contains a series of dots. Below the password field is a blue button labeled 'LOGIN'. A red rectangular box surrounds the 'Subscriber ID' and 'Password' fields, and another red rectangular box surrounds the 'LOGIN' button, with a red arrow pointing to it from the right. Below the form, there is a message: 'This login page requires that you have registered as a OneHealthPort Subscriber.' Underneath this message are three links: 'I'm not a OneHealthPort Subscriber but would like information on subscribing', 'Forgot My Password', and 'Forgot My Subscriber ID'.

4. Select an **Authentication Method**, if this is the first time logging in or if you are using a new computer/browser.



5. Complete the authentication by:
 - a. Entering the code sent to your email if you selected **“One-Time Passcode”** or
 - b. Completing the Google Authenticator process.

Note: See **“One-Time Passcode”** example below.



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 navigation menu with categories: 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 area has two tabs: 'Claim Status' (selected and 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, 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) and 'Search' and 'Clear' buttons at the bottom.

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' input field, which contains the text 'Claim # here'. Below this, the 'Date of Service' is set from 4/14/2023 to 7/14/2023. The 'Patient' section has 'Last Name' selected, and the 'Provider' section has 'Last Name' selected. At the bottom, a red circle with the number '2' and an arrow points to the 'Search' button.

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

(Patient List) ▼

(Last Name Example - Smith, John)
(ID Example - HP5555555,HP4444444)
(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

(Patient List) ▼

(Last Name Example - Smith, John)
(ID Example - HP5555555,HP4444444)
(SSN Example - 555-55-5555, 444-44-444)
(Medicaid ID Example - AA55555,AA44444)
(Medicare ID Example - 5555555,4444444)

(Patient List)
(Patient List)
Skinne


- 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.”**

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.”**

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

Claim Status Search Criteria

Claim Number: 23172E

Claim Status Search Results

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 -	\$0.00	\$0.00	27 Jun 2023	\$0.00	\$0.00	\$0.00	\$0.00
					30 Jun 2023	PRIMARY CARE							
Claim Totals							\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00

Pages: (1) Results: 1

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

Y9P-4P1

CareOregon

Check Information

TAX ID #:	
Check #:	
Paid Date:	06/27/23
Calculated Payment:	\$5,276.00
Refund:	\$0.00
Recovery:	\$0.00
Paid:	\$5,276.00

Claim#: 23172E Control #: [REDACTED]

Model: APM, HSO QUALITY INCENTIVE 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 Control #: [REDACTED]

Model: APM, HSO COST OF CARE INCENTIVE 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 Control #: [REDACTED]

Model: APM, HSO BEHAVIORAL HEALTH INCENTIVE 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 Control #: [REDACTED]

Model: APM, HSO ORAL HEALTH INCENTIVE 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	Deductible Amount	Patient Responsibility	Interest	Penalty	Paid
001	Finalized/Payment	[REDACTED]	27 Jun 2023	1 Jun 2023-30 Jun 2023	APW01	APW01		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

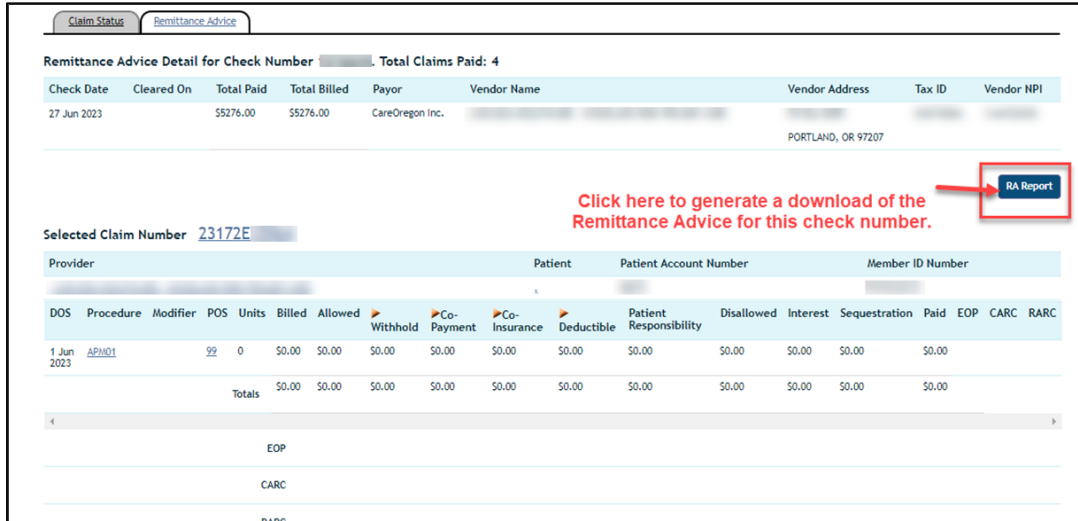
Click to see the remittance advice detail for this check number.

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.	[redacted]	PORTLAND, OR 97207		

Selected Claim Number **23172E**

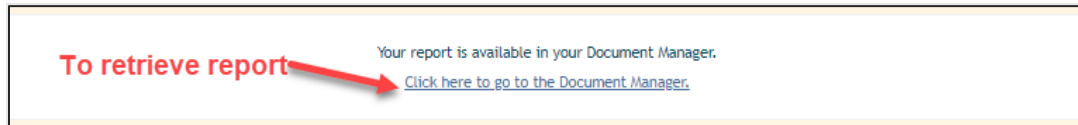
Provider	Patient	Patient Account Number	Member ID Number
[redacted]	[redacted]	[redacted]	[redacted]

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	APH01		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			

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

RA Report

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

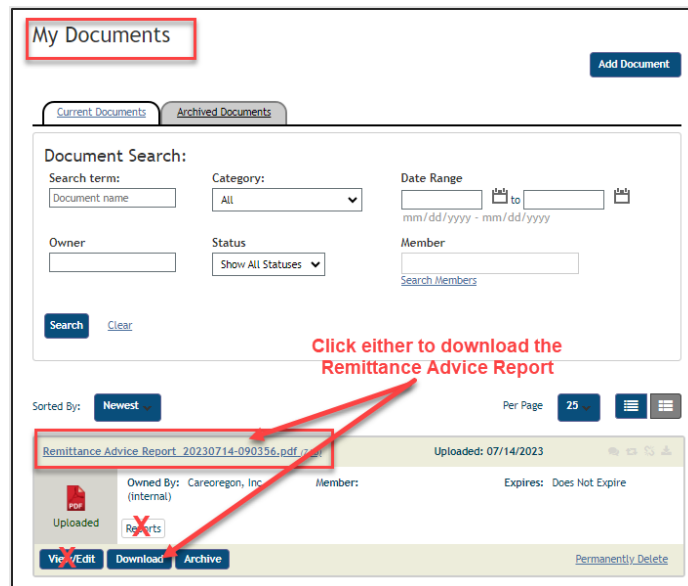


Your report is available in your Document Manager.

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

To retrieve report

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

Search Clear

Click either to download the Remittance Advice Report

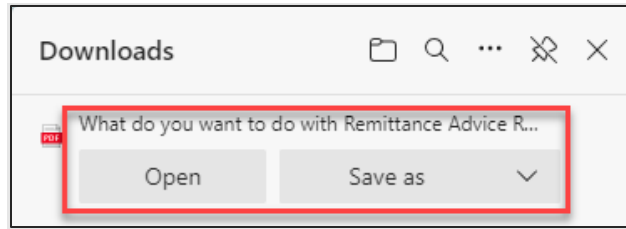
Sorted By: Newest Per Page: 25

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

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

View Edit Download Archive Permanently Delete

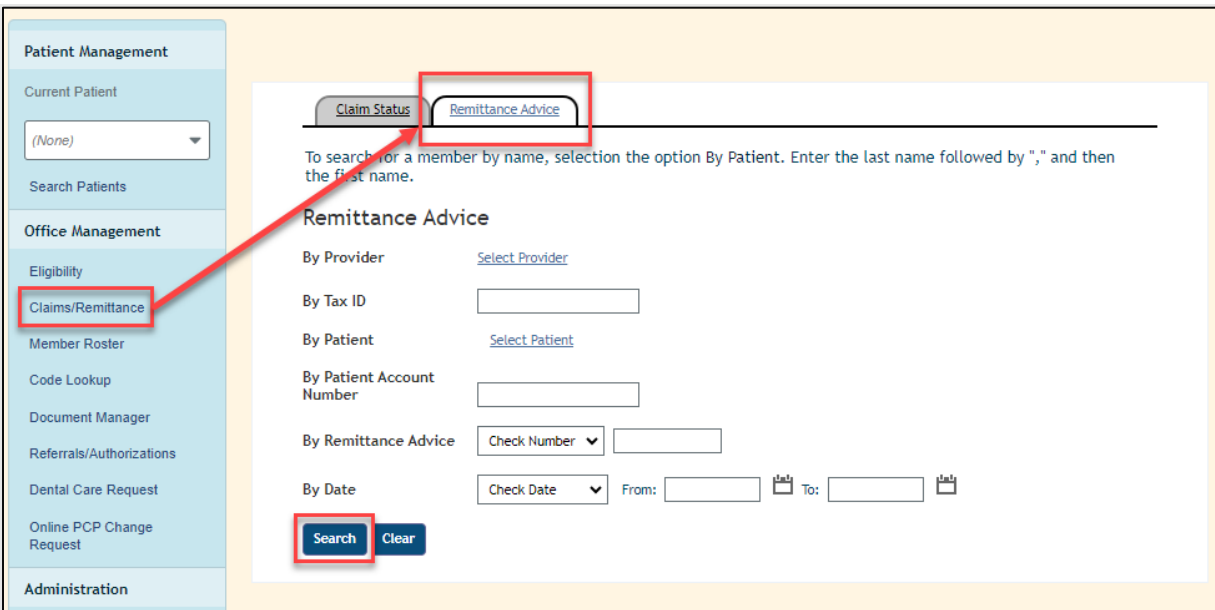
Your report will download to your computer so that you can view and/or save the report.



Remittance Advice Report																			
Description Remittance advice detail for a selected check																			
Check Number:				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									
005	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									
005	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																			

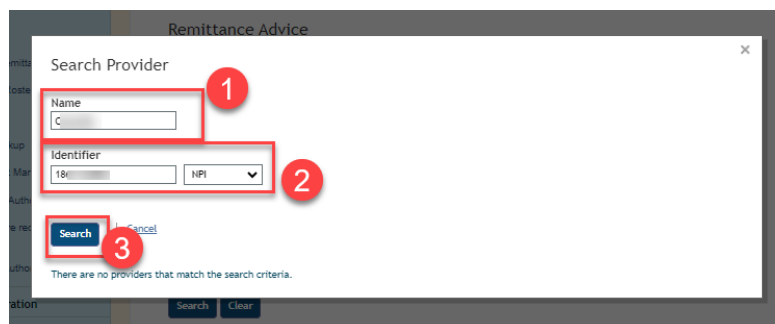
Searching Remittance Advice

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



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**”



- 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 are fields for 'Name' and 'Identifier' (with a dropdown for 'NPI'). The search results section shows '1 - 1 of 1' results. The first result is 'COUNSELING SERVICES LLC'. A red arrow points to the 'Add' button next to the result, with the text 'If correct, click ADD' above it.

b. By Tax ID

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

The screenshot shows the 'Remittance Advice' search form. It has tabs for 'Claim Status' and 'Remittance Advice'. Below the tabs, there is a text box with instructions: 'To search for a member by name, selection the option By Patient. Enter the last name followed by "," and then the first name.' The form has several search options: 'By Provider' (with a 'Select Provider' link), 'By Tax ID' (with a text box containing '1044100000' and a red arrow pointing to it), 'By Patient' (with a 'Select Patient' link), 'By Patient Account Number' (with a text box), 'By Remittance Advice' (with a 'Check Number' dropdown and a text box), and 'By Date' (with a 'Check Date' dropdown, 'From:' and 'To:' text boxes, and calendar icons). 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](#) TAMMY ↓ ×

By Patient Account Number

By Remittance Advice Check Number ▾

By Date Check Date ▾ From: To:

- 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.

Search Members

By Pro Name

By Tax Last, First (3 character minimum)

By Pre Identifier Member ID SSN

By Pat Gender Male Female

By Pat Numb Date of Birth

By Re mm/dd/yyyy

By Da

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

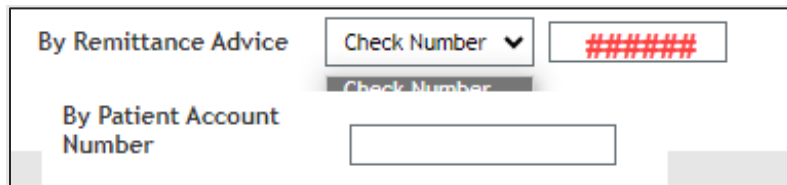
- a. Enter in the patient account number as well as any other desired fields to find your specific remittance advice.



A screenshot of a search interface. It features a label 'By Patient Account Number' in blue text to the left of a white rectangular text input field.

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

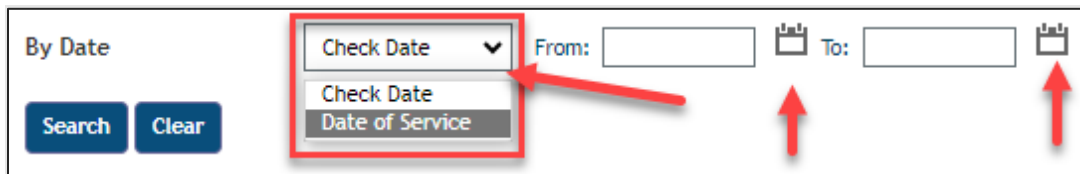
- a. Click the drop down and select either:
 - *Check Number* – then enter check number in the text box
 - *Claim Number* – then enter the claim number in the text box



A screenshot of a search interface. It shows two search options. The top option is 'By Remittance Advice' with a dropdown menu set to 'Check Number' and a text box containing '#####'. Below it, the 'By Patient Account Number' option is partially visible with an empty text box.

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 screenshot of a search interface. It features a label 'By Date' in blue text. To its right is a dropdown menu with 'Check Date' selected, a 'From:' text box, a calendar icon, a 'To:' text box, and another calendar icon. Below the dropdown menu, 'Check Date' and 'Date of Service' are listed as options. A red box highlights the dropdown menu, and red arrows point to the calendar icons and the 'Date of Service' option. There are also 'Search' and 'Clear' buttons.

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.

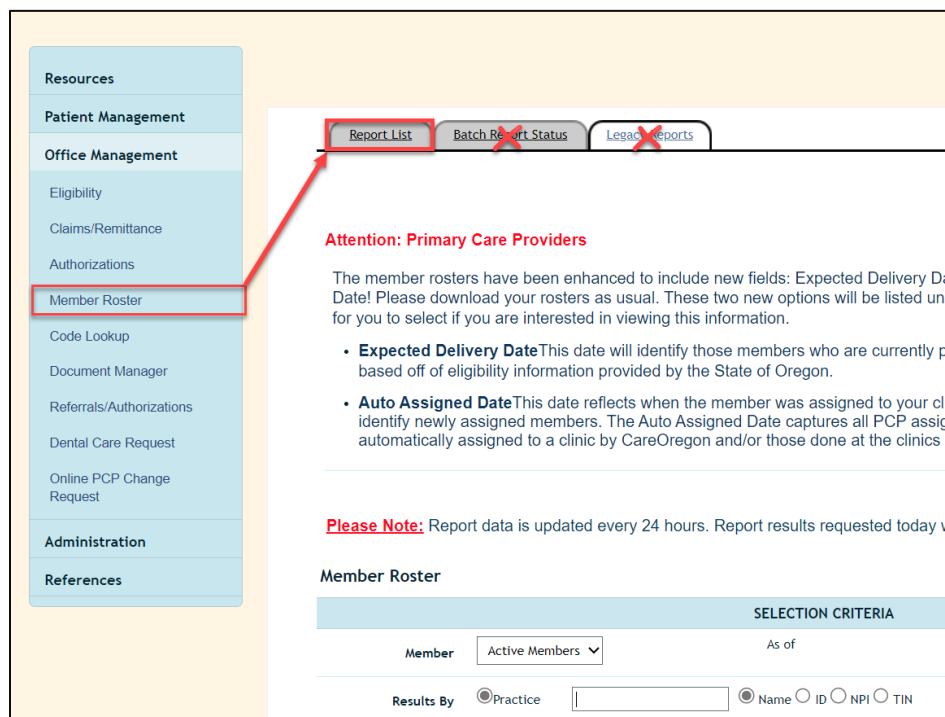
CareOregon Connect – Member Roster

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 pr based off of eligibility information provided by the State of Oregon.
- **Auto Assigned Date** This date reflects when the member was assigned to your clir identify newly assigned members. The Auto Assigned Date captures all PCP assign 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

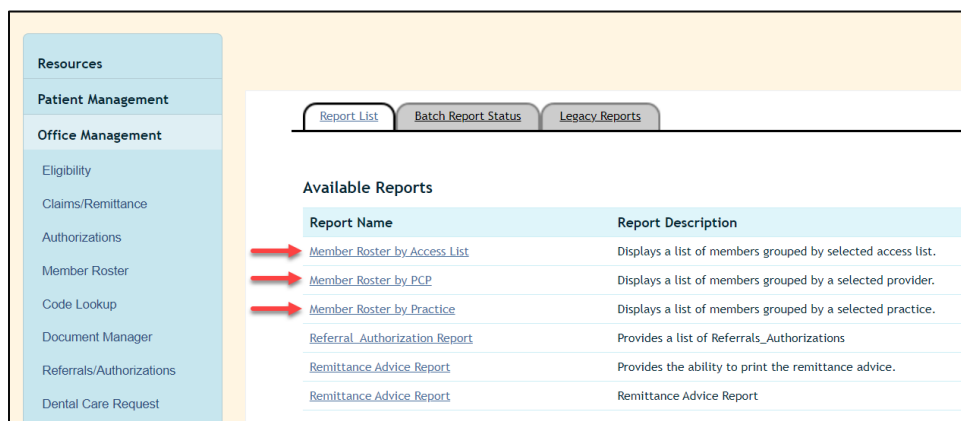
Member Roster

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

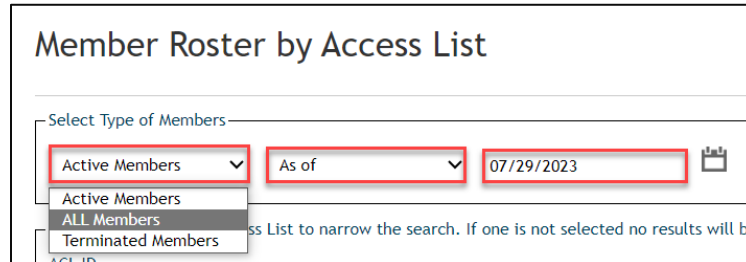
Report List ~~Batch Report Status~~ ~~Legacy Reports~~

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

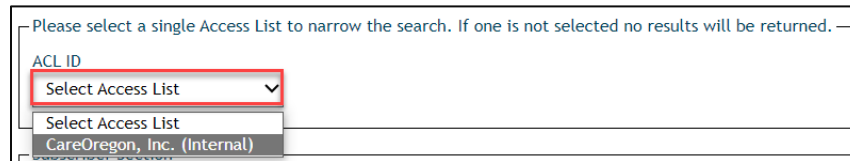
Active Members ▼ As of ▼ 07/29/2023 📅

Active Members
ALL Members
Terminated Members

ss List to narrow the search. If one is not selected no results will be

ACL ID

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



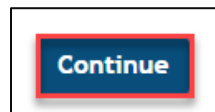
Please select a single Access List to narrow the search. If one is not selected no results will be returned.

ACL ID

Select Access List ▼

Select Access List
CareOregon, Inc. (Internal)

- c. Select “**Continue.**”



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 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

Identifier NPI

Search Cancel

1 - 1 of 1

Name

COUNSELING SERVICES LLC

Search Results

If correct, click ADD

Add More Info

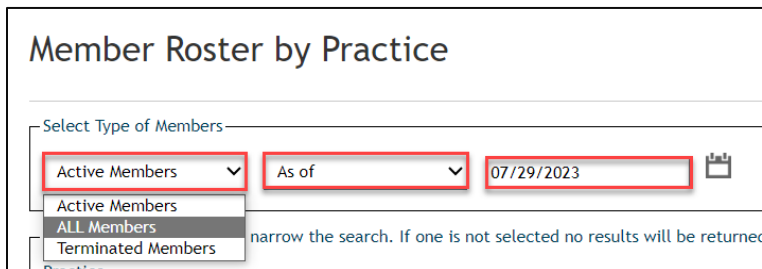
c. Select “Continue.”

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.



b. Complete fields under “Select a practice”

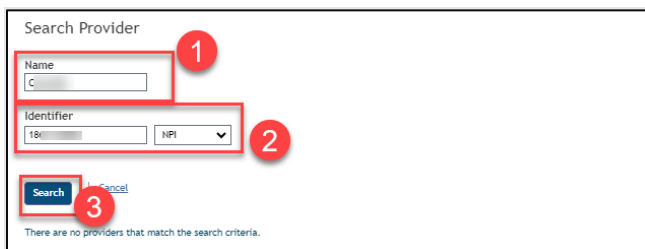
i. Click “Select Practice.”

ii. Type in a name in the “Name” field.

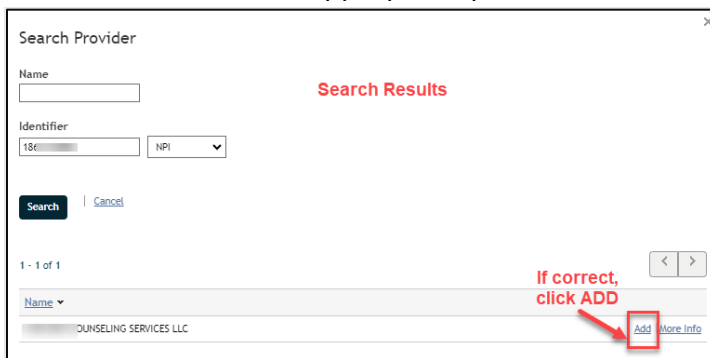
iii. Select an Identifier:

1. NPI number
2. Provider ID
3. UPIN

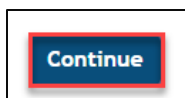
iv. Click “Search”



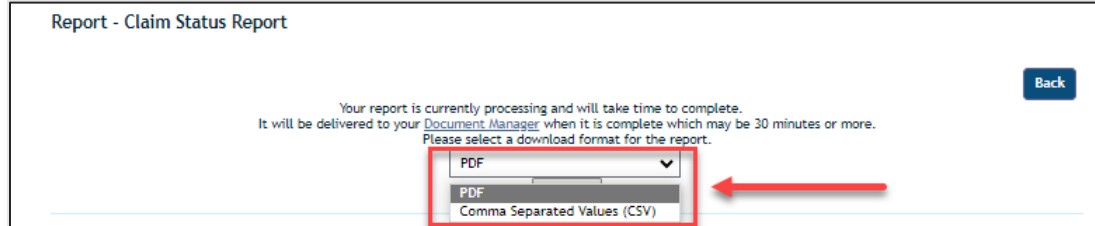
v. Click “Add” next to the appropriate provider to select.



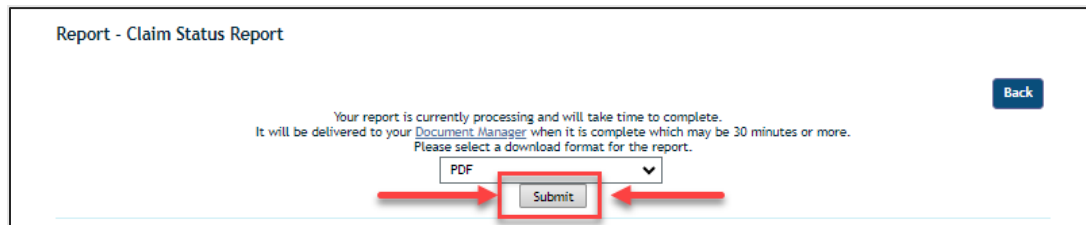
c. Select “Continue.”



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

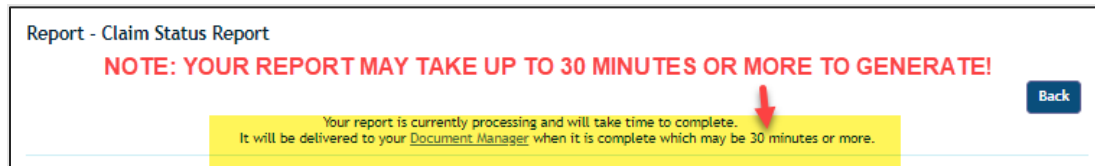


4. You MUST click “**Submit**” to generate the report.



5. The report will now generate. To view your report, you must go to the “[Document Manager](#)” in the left-side menu.

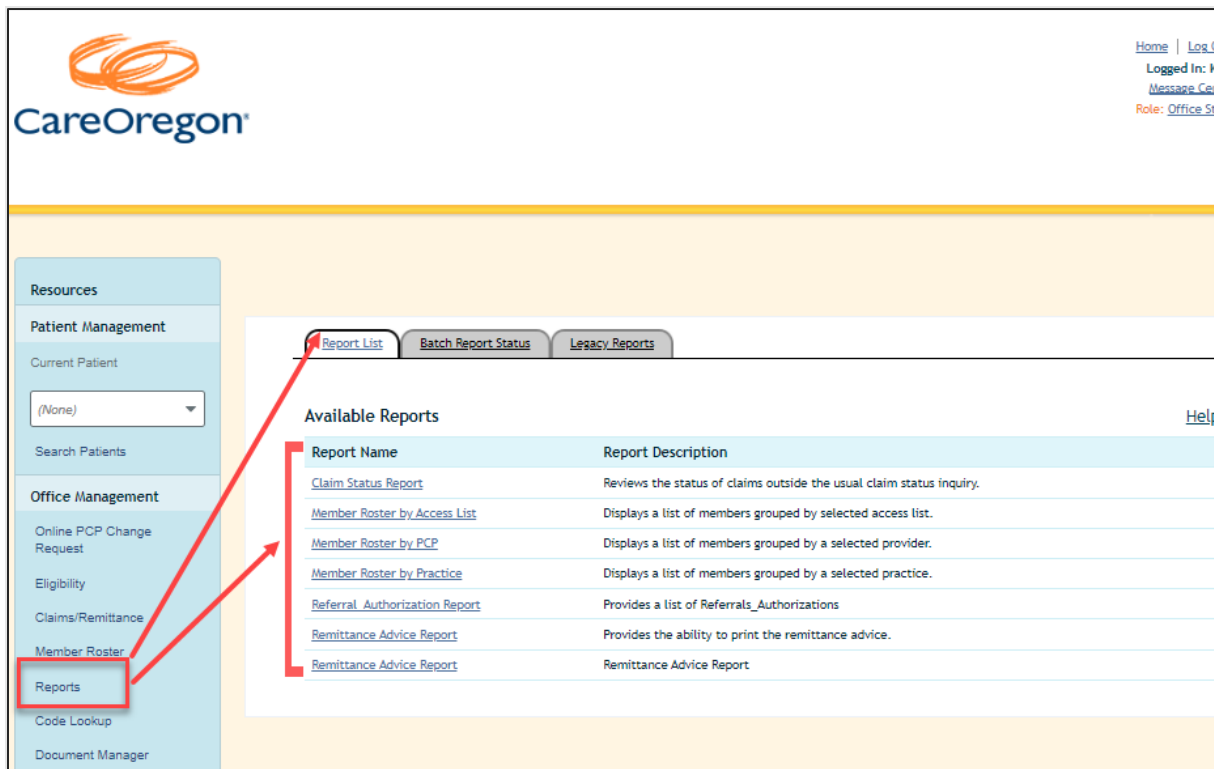
Please note! Your “**Member Roster**” report may take up to 30 minutes or more to generate.



CareOregon Connect – Reports

Report List

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

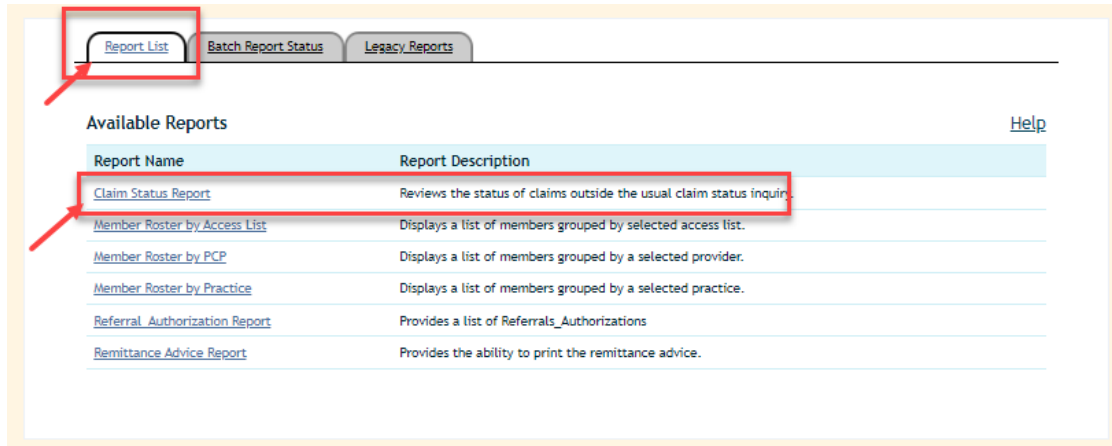


The available reports are:

- [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



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

Bill Type: []

Provider: Select Provider

Practice: Select Practice

Patient: Select Patient

Status: ALL, Paid, Pended, Denied, Voided, Rejected, Forwarded, Submitted

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
Comma Separated Values (CSV)

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

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.

My Documents

Resources

- Patient Management
- 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

Document Search:

Search term: Category: Date Range: to

Owner: Status: Member:

Search Clear

Sorted By: Newest Per Page: 25

Claim Status Report_20230714-092623.pdf [x] Uploaded: 07/14/2023

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

View/Edit Download Archive Permanently Delete

Click either to download your report.

Remittance Advice Report

Report List Batch Report Status Legacy Reports

Available 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.

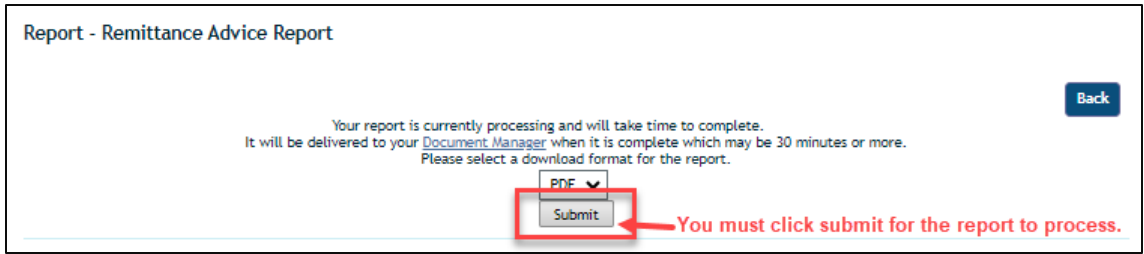
Your report is currently processing and will take time to complete. It will be delivered to your Document Manager when it is complete which may be 30 minutes or more. Please select a download format for the report.

PDF PDF

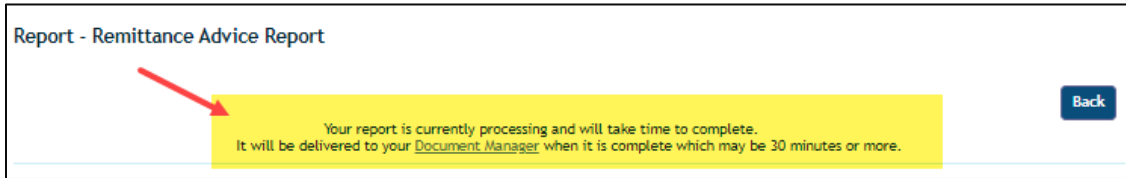
Your only option is PDF.

Back

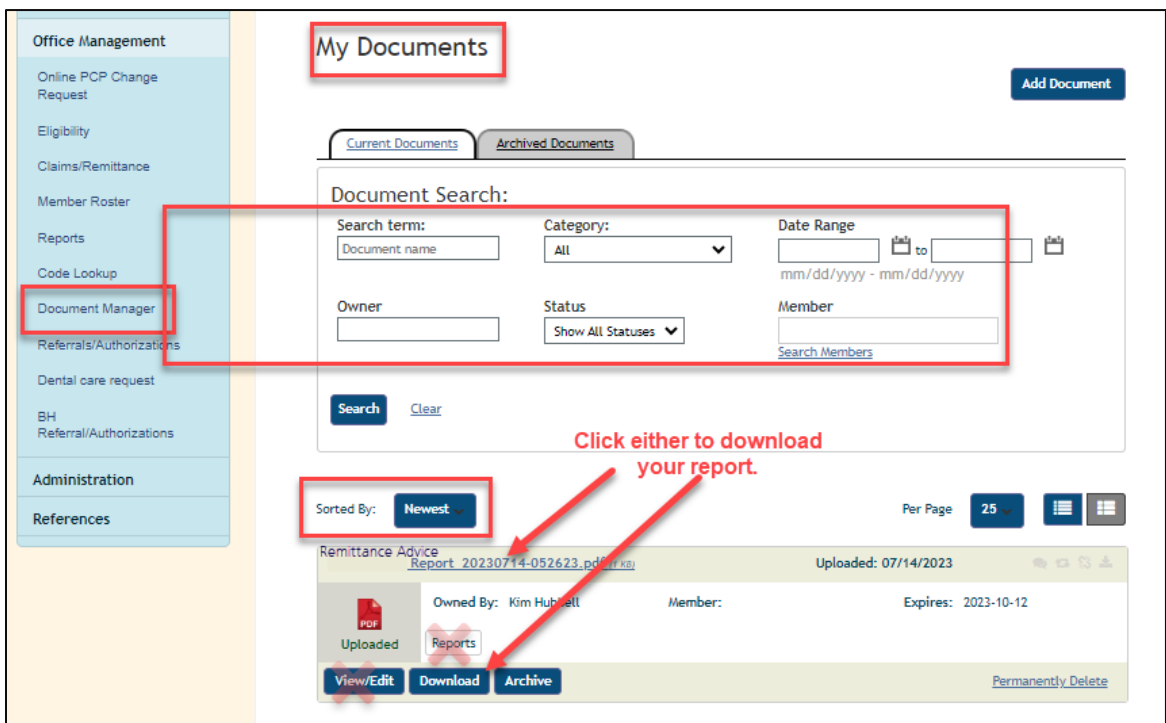
3. “PDF” will default as your selection (as it is your only option).
4. Click “SUBMIT” for your report to process.



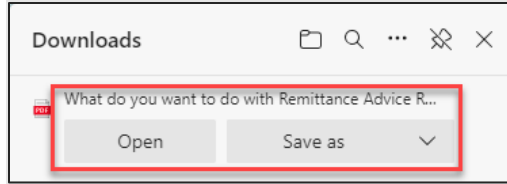
- Your report will process. This may take up to 30 minutes or more depending upon the size of the report.



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

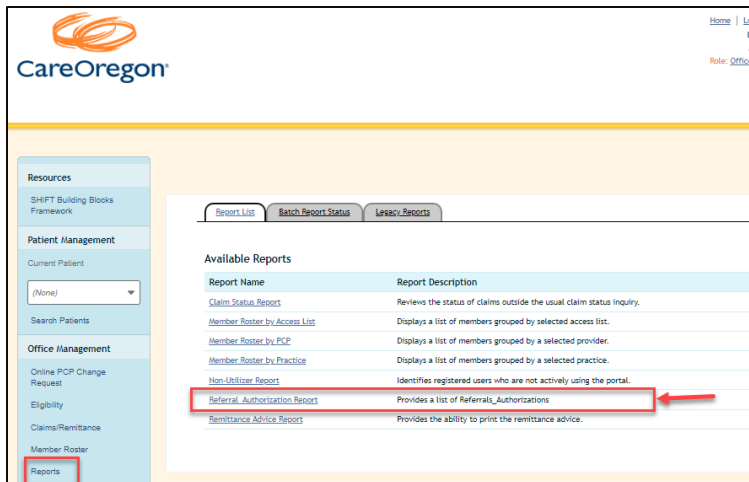
Check Number:		Check Date:	27 Jun 2023	Vendor Name:	
Total Claims	4	Total Paid:	\$ 5,276.00	Vendor	
Report Sorted	PATIENT/MEMBER NAME	Payor:	.	Tax ID:	
		Total Billed:	5276.0	Vendor NPI:	

Claim Number	Provider	Patient	Patient Acct Num	Member ID														
DOB	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.)



- You can run a report using multiple search parameters:
 - Date
 - Scheduled Report Date Section
 - Provider (Requesting, Servicing, Specialty)
 - Member
 - Service – Service Type
 - Status
- 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) [v]
 Enter number of days to go back from run date.

Provider
 Requesting Provider: Select Provider
 Servicing Provider: Select Provider
 Servicing Provider Specialty: ABA, Acupuncture, Acute Care, Addiction 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: Specialist, Outpatient, Admission, Transportation, Home Care
 If a Service Type is not selected it will default to All Service Types.

Status
 Pended, Approved, Denied, Modified, No Action Required, Contact Plan, Rejected
 If a Status is not selected it will default to All Statuses.

Continue

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

Report - Referral_Authorization Report

Referral_Authorization Report

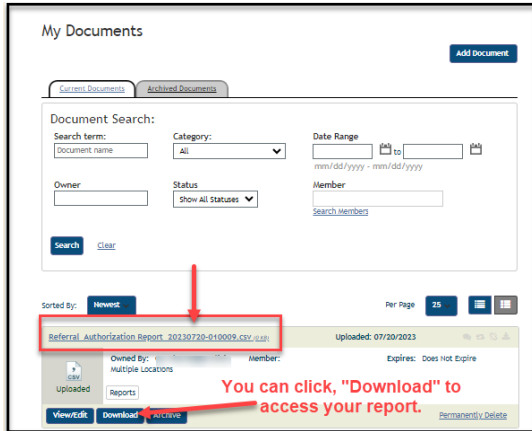
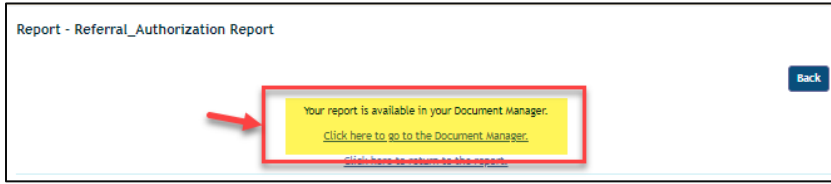
Reporting Period: May 21, 2023 - Jul 20, 2023
 Number of Ref/Auth Reported: 0

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	

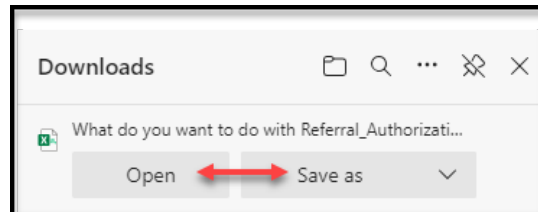
Generated: 07/20/2023 12:55 PM | Page 1 of 1

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

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

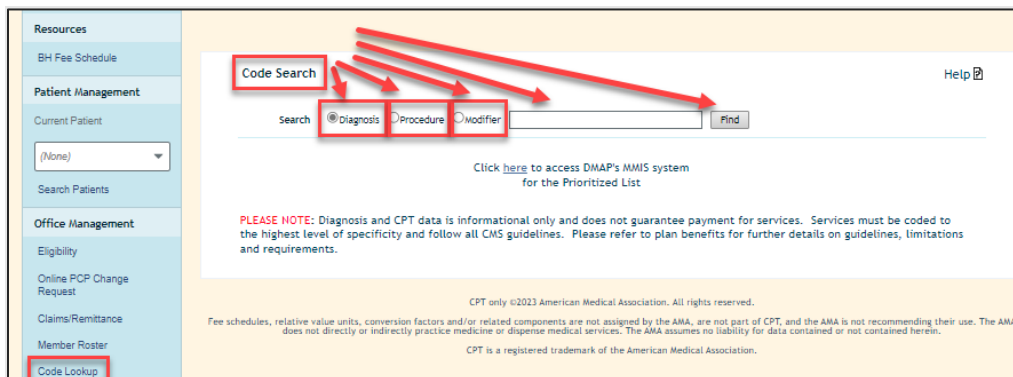


6. The Document Manager will allow you to open or save your report to your computer.



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

- a. Using the **“Procedure”** code look up, you can search by the description of the procedure or by the specific CPT/HCPCS code.
- b. 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

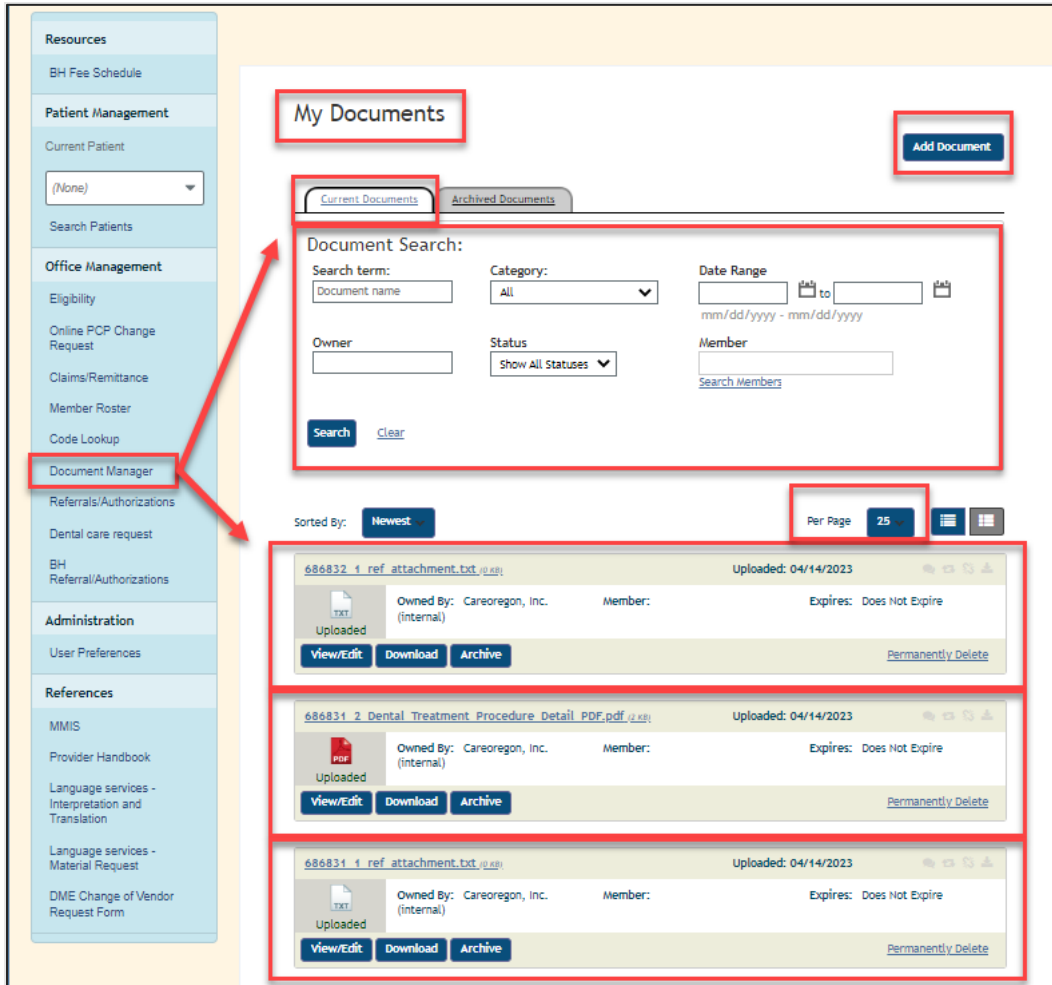
SEARCH RESULTS HELP

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	

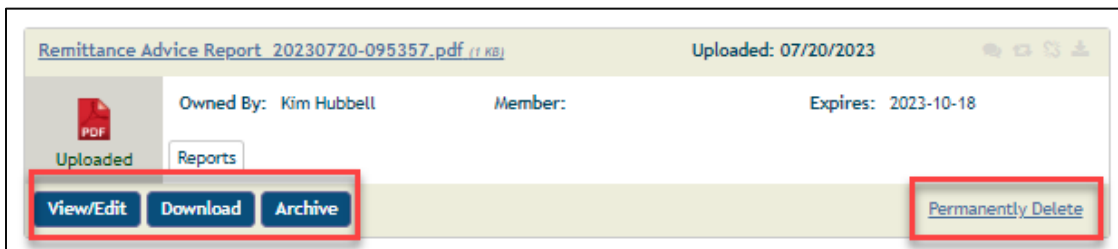
CareOregon Connect – Document Manager

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

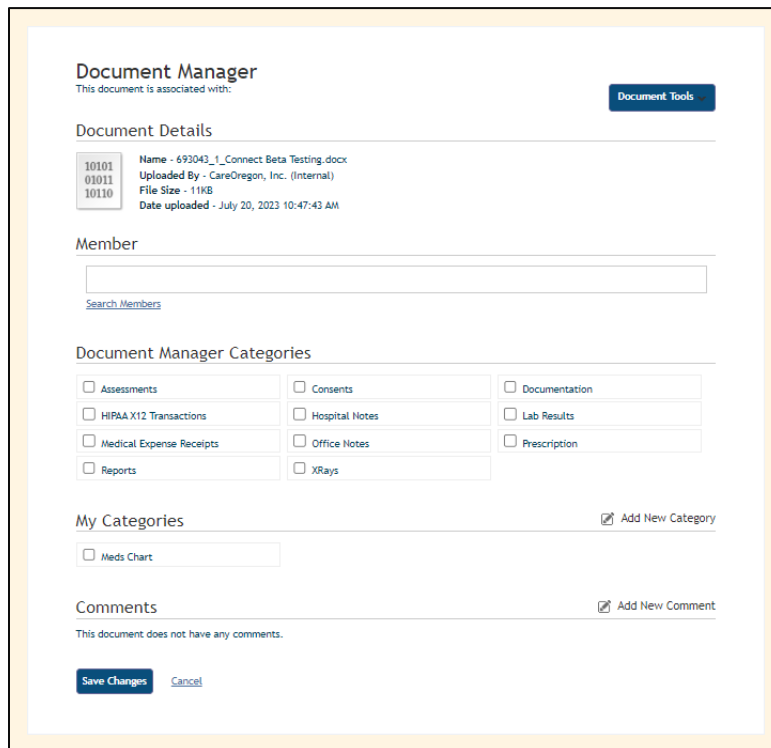
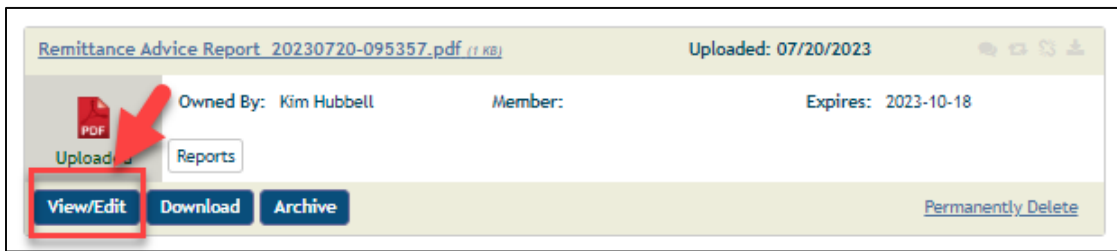
1. Use the “**Document Search**” feature to search reports.



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.**”



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

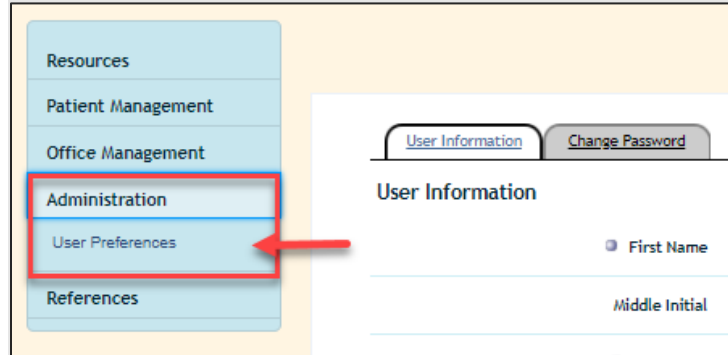


4. Once you edit the document properties, click **“Save Changes.”**

CareOregon Connect – Administration

User Preferences

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



A screenshot of the 'User Information' form. The 'Change Password' tab is highlighted with a red box and a red arrow. The form contains the following fields:

- First Name:
- Middle Initial:
- Last Name:
- Time Zone:
- E-mail Address:
- Confirm E-mail Address:
- Title:
e.g., Office Manager
- Office Phone:
- Phone Ext:
- Office Fax:
- Local Administrator:

At the bottom left, there is a **Submit** button and 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.

