



Verify member's eligibility with CareOregon using one of the following options:

- Use our provider portal, CareOregonConnect:
<http://www.careoregon.org/Providers/ProviderPortalLogin.aspx>
- Access member eligibility through the Department of Human Services (DHS) Medicaid Management Information System (MMIS) at:
<https://www.or-medicaid.gov/ProdPortal/Account/SecureSite/tabid/63/default.aspx>
- Call our Customer Service at **503-416-4100** or toll-free **1-800-224-4840**

To register for online access to CareOregonConnect have your office administrator register using the below link;

<https://healthtrioconnect.com/register/nonmember/userinfo/UserInformation?payor=1036&portal=Provider>

Please note - member's eligibility and/or coverage may change AFTER an authorization has been issued. The authorization will NOT be valid if at the time of service the member NO longer has coverage for the service that was previously authorized.

Verify service is covered (funded) for treatment by the member's primary insurer

For OHP members:

Verify that the diagnosis is covered for treatment by OHP by using the Prioritized List. Effective **January 1, 2012**, OHP funding is through line **498**. This line may change depending on the actions of the Oregon legislature. When using the Prioritized List to verify if a diagnosis is funded, please be aware that certain ICD-9 codes can fall on several lines. To ensure that a diagnosis is funded, look at all the line numbers. The Prioritized List application can be accessed through the DHS MMIS provider web portal at:

<https://www.or-medicaid.gov/ProdPortal/Account/SecureSite/tabid/63/default.aspx>

For Medicare members:

Verify type of coverage member has (Medicare A and/or B) and whether treatment is funded by the member's coverage.

Verify provider has a contract with CareOregon

If you have a question or if you need help finding a panel provider, click on the Provider Search section in our web site OR call our Customer Service Department. For ambulatory surgery center (**ASC**) procedures, verify that the ASC procedure is 1) on the CMS ASC approved procedure list **and**, 2) that the ASC facility is approved by CMS. For a list of ASC approved procedures and facilities, visit the CMS (Medicare) web site at www.cms.hhs.gov/ascpayment.

Verify service requires an authorization

CareOregon authorization requirements is found in the Provider, Medical Policies and Forms section of the CareOregon website at <http://www.careoregon.org/provider/policies.html>

1. Authorization Guidelines for OHP Plus, OHP Standard and CareOregon Advantage Plus and Star
2. CPT Code Grid
3. DME Auth and Code lists
4. Frequently Asked Questions documents for DME and Supplies, Prior Authorization Requirements and Comorbid Conditions.

Customer Service: **503-416-4100**
1-800-224-4840 (toll free)
www.careoregon.org/provider/policies.html

Authorization Fax: Fax to the number on the appropriate authorization form