



To support prior authorization workflows, certain services are now managed through HealthHelp's WebConsult portal. HealthHelp manages specific authorization categories as part of enhanced clinical review processes.

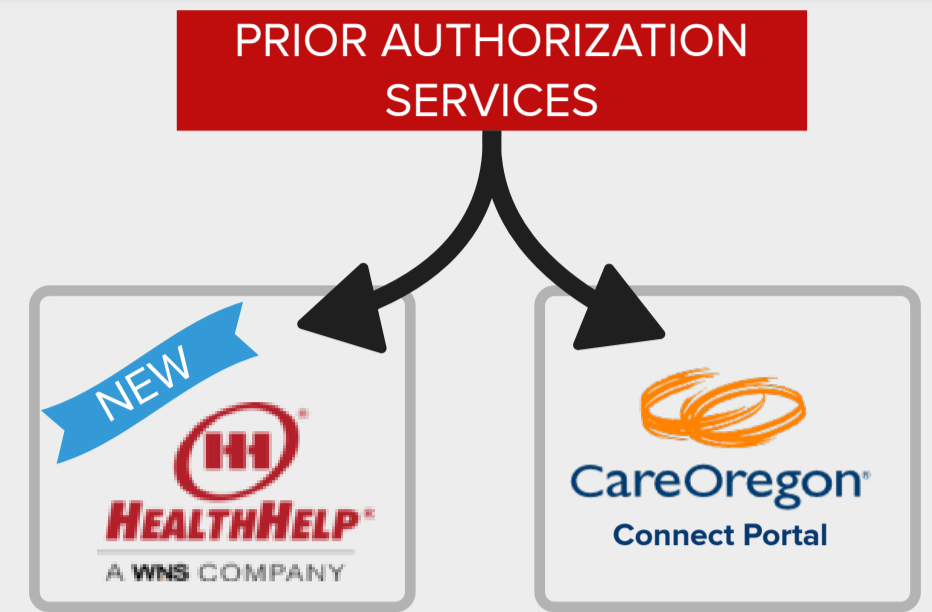


What is changing?

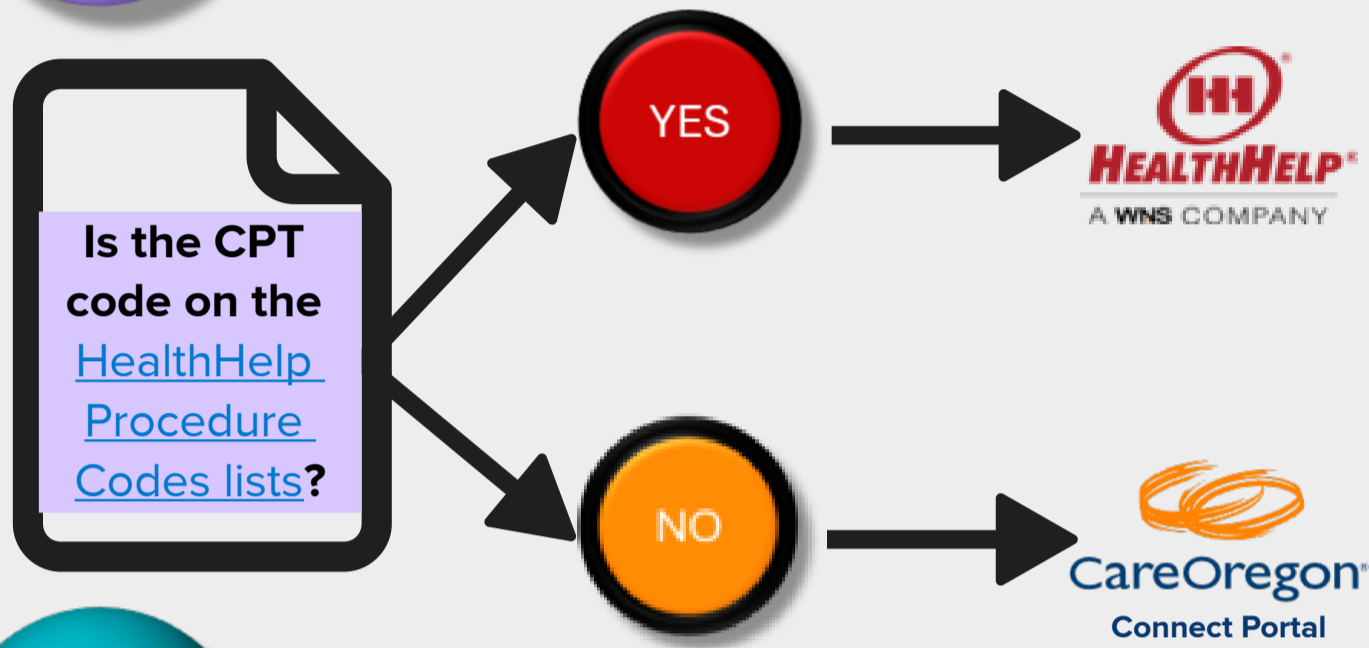
Effective May 1, 2026, CareOregon is adopting a new platform for prior authorizations for certain services.

CareOregon will be working with HealthHelp, a specialty benefit management company, to administer prior authorizations for:

- Cardiac Services (Imaging, Devices, Interventional)
- Diagnostic Imaging
- MSK / Interventional Pain / Physical Medicines
- Sleep Medicine
- Genetic Testing



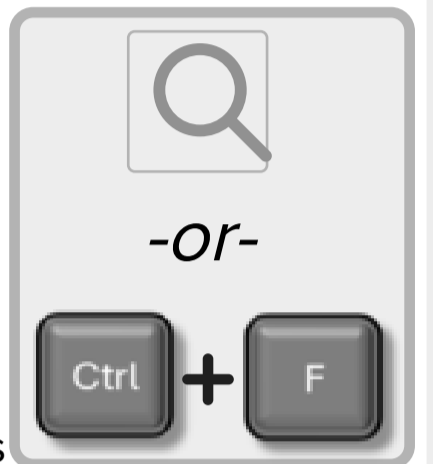
When should I submit authorizations in HealthHelp vs. Connect?



Check the [HealthHelp Procedure Codes lists](#) to find out if a code should be submitted in HealthHelp or Connect.

To search the document, type a CPT code into the search tool on the toolbar (or use the keys Ctrl+F).

- Submit through **HealthHelp Portal** if:
 - CPT code **is** on the HealthHelp managed code lists
 - All others submit through Connect.
- Submit through **Connect Portal** if:
 - CPT code **is not** on the HealthHelp Managed Code Lists
 - Standard prior authorization process applies



Please note: Separate authorizations will be required if all codes do not fall within the HealthHelp managed code lists.



How do I access HealthHelp and Connect?

OneHealthPort serves as the secure single sign-on (SSO) gateway for all tools that CareOregon offers providers.

Log in through [OneHealthPort SSO](#) to access **both** HealthHelp and Connect to submit prior authorization requests.

If you don't have an account with OneHealthPort, you'll need to create one prior to May 1, 2026. For more information, visit this website:

<https://www.onehealthport.com/sso/frequently-asked-questions>

OneHealthPort | SSO

Single sign-on access to **both** authorization tools



Resources & Support

Visit **OneHealthPort** for information on creating an account, FAQs, and technical support by visiting: <https://www.onehealthport.com/sso/frequently-asked-questions>

Visit **HealthHelp** to register or view a recorded Training Webinar, Program FAQ, and more at this website: www.healthhelp.com/CAREOR

If you cannot log into OneHealthPort:

- Contact OneHealthPort Support at 1.800.973.4797 or [submit a contact form](#).

If you encounter an error submitting a HealthHelp authorization, contact HealthHelp support by one of the following methods:

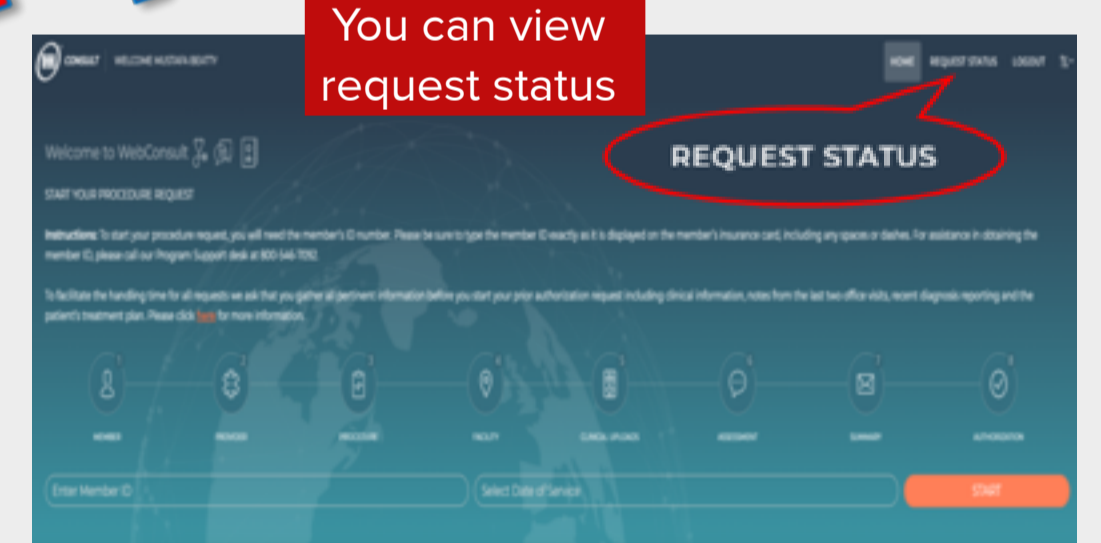
- By email at rcsupport@healthhelp.com
- By phone at 1-800-546-7092

If the HealthHelp WebConsult link inside Connect is temporarily unavailable:

- Access the HealthHelp portal through [OneHealthPort SSO](#)



Once you are logged in to HealthHelp WebConsult...



You can view request status

Make sure to opt-in for email on open cases

How should claims be submitted when different authorizations must be reported on separate claim lines?

For 837P electronic claims:

Report the first service authorization number where it says "REF – Prior Authorization" in the claim header in "Loop 2300 – CLAIM INFORMATION".

Format this as: REF*G1*HH##### (insert the auth number).

Report the second service authorization number where it says "REF – Prior Authorization" in the segment at the line level in "Loop 2400 – SERVICE LINE NUMBER".

Format this as: REF *G1*CC##### (insert the second auth number). The second authorization number should be reported only on the service lines that were approved under that authorization ID.

For paper claims:

Unlike electronic claims, Professional CMS 1500 paper claims **do not support reporting multiple authorization numbers on a single claim**.

Only one authorization ID can be reported in Box 23.

If a provider is unable to submit claims electronically, the provider should split the services into separate claims, listing the services approved by one of the authorization IDs on one claim and listing the remaining services approved by a different authorization on a second claim.