

Welcome to CareOregon's Billing and Admin Meeting!

January 30th, 2025

careoregon.org
twitter.com/careoregon
facebook.com/careoregon



Thank you for joining us!

Please help us have a successful meeting:

Questions can be submitted in the Q&A throughout the meeting



Include your name & organization in your comments and questions



Please stay on mute, unless speaking up



During Q&A Wrap up, please raise your hand if you'd like to speak



This meeting is recorded -Feel free to keep your camera off



Welcome



CareOregon®

Agenda

- Behavioral Health Updates
 - Contracting and networking change
 - Qualified Directed Payments
- Billing Updates and Guidance
 - Telehealth Services
- Authorizations & Notifications of Treatment
- Connect Portal Functionality
- Administrative Reminders
- Upcoming Trainings & Resources



Behavioral health contracting and networking change

Changes with **non-contracted** board registered associate providers without Certificate of Approval

Website

FAQ &
Additional
Information

[Click Here](#)

Info
sessions

Feb 13th &
Feb 18th

[Sign up for
updates here](#)

INFO
SESSION

REGISTRATION FORM



 [Read more: Contracting and networking update for behavioral health providers.](#)

Provider updates

[Home](#) / [Providers](#) / [Provider support](#) / [Provider updates](#)

Behavioral health contracting and networking change

Dec 12, 2024, 22:41 PM

For more FAQs about this change, visit our [Behavioral health contracting and networking change FAQ](#) page.

If you want to learn more about how this change could impact you, CareOregon will be hosting information sessions to help minimize disruptions and ensure continuity of care. [Sign up for more details.](#)

What is changing?

- Currently, board registered associate providers who are unlicensed and non-contracted may be reimbursed for providing certain types of clinical services to CareOregon members.
- As of July 31, 2025, CareOregon will be closing our network to unlicensed board registered associate providers who do not have a contract with CareOregon or are not employed by a group with a Certificate of Approval from the state.
- CareOregon will no longer accept claims for member care with a date of service later than July 31, 2025 from non-contracted and unlicensed providers without a Certificate of Approval (unless they are part of a group with a Certificate of Approval from the state).

Why is this change being made?

- **Providers who are fully supported in upholding standards in safety, clinical care, credentialing, and oversight are best able to serve our members and fulfill our duty of care.**
- Our goal is to ensure members can access high quality, clinically effective care.
 - This change supports member choice and access to care from a range of providers, including those who provide culturally responsive care.
 - Over the next eight months, we'll work with providers to minimize disruptions and ensure continuity of care for our members.
- Our network needs to be able to offer comprehensive services, including crisis care and after-hours services for member with high acuity or complex cases. This is part of our commitment to health equity.

[Provider Portal](#) ▾

[Provider support](#) ▾

[Physical health providers](#) ▾

[Metro area behavioral health providers](#) ▾

[Pharmacy resources](#) ▾

[MEDS Ed - Primary care education](#) ▾

[Best practice guidelines](#)

[Traditional health workers](#)

[COVID-19 provider information](#)

[About redetermination](#)

[Social needs assistance](#)

Web

Behavioral Health Updates

Liz Wintczak
Vice President, Behavioral Health

Maig Tinnin
BH Provider Relations Supervisor



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Qualified Directed Payments (2024)

1

2024 rate increases will apply to Out of Network Fee Schedule and MH & SUD Contracted Fee Schedules

2

Updated fee schedules have been released with tabs indicating 1/1/24 – 6/30/24 rates **and** 7/1/2024+ rates

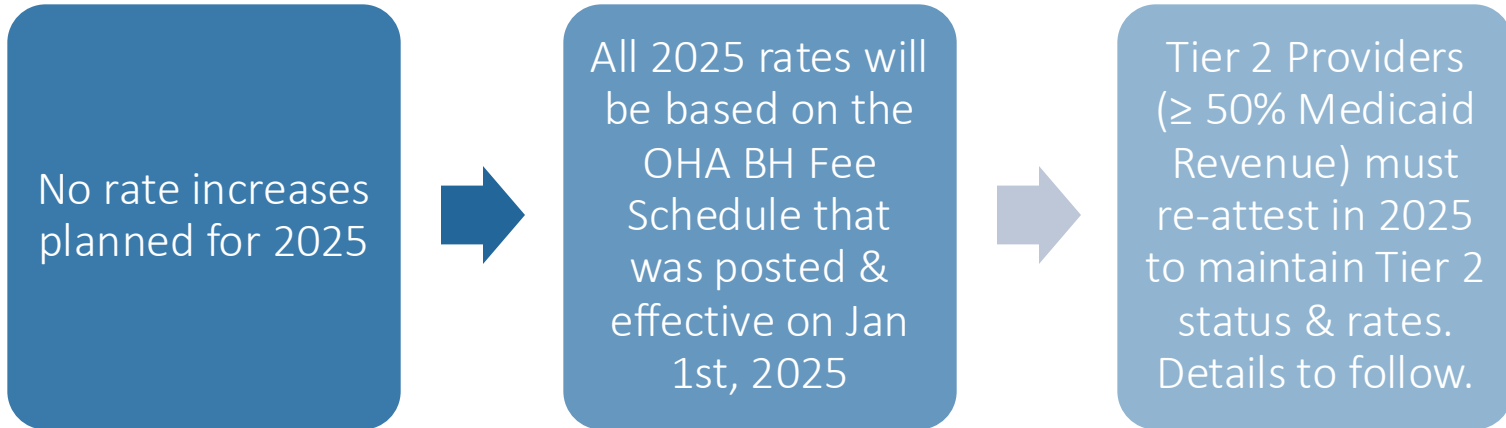
3

Check Connect / OneHealthPort for the most updated fee schedules

4

Reprocessing of claims from **1/1/24** dates has begun **and** will continue over the coming months

Qualified Directed Payments (2025)



Billing Updates and Guidance

Liz Wintzcak
Vice President, Behavioral Health

Billing Updates & Guidance

Topic	Provider Guidance
<p>Claims processing of secondary claims when rendering provider is unlicensed</p>	<ul style="list-style-type: none">- If the rendering provider is licensed and eligible for reimbursement from commercial payer, the secondary claim must include EOB- If the rendering provider is not licensed and ineligible for reimbursement from commercial payer, CareOregon will process the claim as primary without EOB. <i>(Note: if other requirements for reimbursement are met)</i>- Work is happening to align CareOregon claims processing with this policy. If you experience denials, please contact MetroBHPRS@careoregon.org with a claims list for reprocessing.
<p>COB Recoveries – when member has commercial insurance for their primary coverage</p>	<ul style="list-style-type: none">- Check member eligibility at the start and regularly throughout services- Once identified, bill the primary commercial insurance and submit secondary claim to CareOregon as corrected claim. <i>(Note: Timely filing for corrected claims is 365 days)</i>- If the provider-type is ineligible to bill commercial insurance but claims were still recouped (Registered Associate, QMHA, Peer Support Specialist, etc.) please email your Provider Relations Specialist at MetroBHPRS@careoregon.org for support with claims reprocessing.

Telehealth Billing Guidance

Modifier Required on ALL Telehealth Claims

- Use of One of the following Modifiers is required:
 - 95, G0 (G+zero), GQ, GT – Audio and Video Communications
 - 93, FQ – Audio Only Communications
- OAR [410-120-1990](#) requires a modifier even when POS 10 or 02 is used to bill Telehealth Services
- Which BH services are allowed via telehealth
 - Services on the Oregon Behavioral Health Fee Schedule with allowable modifier GT
 - Services listed by the Health Evidence Review Commission (HERC) [guideline Note A5](#)
 - Services listed by CMS as payable via telehealth [List of Telehealth Services | CMS](#)
 - For telephone allowed: Services listed on CareOregon fee schedules with Telephone mode
- Previously the place of service (10 or 02) was sufficient to indicate a telehealth service

Memorandum

To: All CareOregon Medical Providers who bill for Telehealth Services
From: CareOregon Payment Integrity Department
Date: December 18, 2024
Subject: Telehealth modifiers required on all telehealth services

The purpose of this memo is to notify providers of the requirements to append a telehealth modifier when billing all telehealth services to Oregon Medicaid health plans.

Per OAR [410-141-3566](#), the Oregon Health Authority Health Systems Division: Medical Assistance Program, Chapter 410, Division 141, 3566 Telemedicine and Telehealth Delivered Health Service and Reimbursement Requirements:

“(10) (d) All physical and behavioral telemedicine and telehealth and oral teledentistry telehealth services except School Based Health Services (SBHS) shall include Place of Service code 02 when the client or member is located in a location other than their home. When the client or member is located in their home, the claim shall include Place of Service code 10.”

“(10) (e) All claim types except Dental services, shall include modifier 95 when the telemedicine or telehealth delivered service utilizes a real-time interactive audio and video telecommunication system. When provision of delivered using real-time interactive audio only telecommunication system, the encounter submissions shall include modifier 93.”

CareOregon will implement an update to the claims processing system that requires a telehealth modifier on any non-dental procedure code that is billed with place of service 02 or 10.

Please be aware that submission of telehealth services without an appropriate telehealth modifier will result in a denial of the service.

Sincerely,
The Payment Integrity Department

Point of clarification:

- 95 is the preferred Telehealth modifier to indicate that service is preferred during video conference. As indicated by OAR and sited in recent Memo from CareOregon.
- However, CareOregon will not deny telehealth claims if modifiers G0 (G+zero), GQ, GT is paired with Place of Service 02 or 10

Future Telehealth Updates

Possible changes to telehealth regulations & guidance

- Decisions by congress, CMS, and OHA inform CareOregon's process and telehealth requirements.
- Previously proposed changes to telehealth rules (including use of new e/m codes and reduction of CMS telehealth allowed services) have not yet been finalized or implemented.
- CareOregon is monitoring these proposed changes and will update our policies and guidance once there is clarity from CMS and OHA.
- Please monitor CMS and OHA guidance and check for updates on CareOregon's website. [CareOregon's Telehealth/Telemedicine Guide](#) can be found on our Provider Support page.

Finding our Provider Coding Quick Guides on the Provider Support Webpage



Submitting claims and receiving payment

You can find instructions and options for various methods of submitting claims, receiving payments and remittance advices.

How to submit claims, claim reconsiderations, and claim appeals	▼
Electronic transactions (EFT)	▼
Information on filing claims and pricing	▼
Claim inquiries	▼
Provider coding quick guides	▲

Attention: All Medical Providers who bill for Telehealth Services

Per OAR 410-141-3566, "Telemedicine and Telehealth Delivered Health Service and Reimbursement Requirements", telehealth services must be billed with a place of service of either 02 or 10 and all telehealth services must be billed with a telehealth modifier.

Effective January 1, 2025, all non-dental telehealth services that are billed to CareOregon Medicaid plans without an appropriate telehealth modifier will be denied.

[Read more about this change here.](#)

- Acupuncture guide
- Continuous Glucose Monitors and Supplies guide
- Ketamine Spravato for Mental Health guide
- Modifier 25 guide
- Telehealth guide
- CLIA QW guide
- Prolonged services coding guide
- 90899 billing and coding guide
- Billing for Bilateral Services Guide
- Comanagement of Surgical Care use of Modifiers 54, 55 and 56
- Limited Coverage for Major Surgeries in a non-facility setting
- Global Period for Minor and Major Surgeries
- Clinical Trials Studies Registry Claims
- Emergency Department Outpatient Facility Evaluation and Management Coding Policies



Authorization & Notifications of Treatment

Maig Tinnin
BH Provider Relations Supervisor



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Updates

Effective Jan 1st, 2025 all Authorization and NoT requests must be completed in Connect. Faxed authorizations and notifications will no longer be accepted.

Accurate service type submissions

Auto approvals with no wait times

Connect

One stop shop to view all authorizations and notifications

Reporting capabilities

Requesting additional days for existing Prior Authorization

- How?
 - Make the request via Connect Portal
- What has changed:
 - A new Prior Authorization number will be given for the extended dates of service.
 - Change effective November 18th, 2024.
- Remember:
 - Claims submission should include the appropriate Auth number for the DOS being billed

EXAMPLE:

- Existing authorization effective 8/1/24 - 8/10/24: use initial authorization number on claims for these DOS
- Extension request for the same member and service, days 8/11/24 - 8/14/24 will receive a new authorization number.
 - Add this to member profile in EHR and ensure submission of new # on claims for these DOS.

Note: This is the process only for Prior Authorizations. Process for Notifications of Treatment continues as-is.

Provider Connect Portal

Yumi Wong

BH Lead Provider Relations Specialist



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Claims Submission

Direct Data Entry

~ *New on Connect*

effective 12/17/24

~ *Tutorial on CareOregon*

Provider website



A screenshot of a web application interface. On the left is a vertical sidebar menu with several sections: 'Resources' (containing links for BH Columbia Pacific CCO Fee Schedule, BH Jackson Care Connect Fee Schedule, BH Health Share Fee Schedule, and BH Health Share Resources), 'Patient Management' (containing 'Current Patient' with a dropdown menu showing '(None)', and 'Search Patients'), and 'Office Management' (containing 'Eligibility', 'Claims/Remittance', 'Submit Claim Attachments', 'Hospital Based Provider Form', 'DMAP - Group Enrollment', and 'Provider Information Form'). A red arrow points to the 'Claims/Remittance' item. The main content area has a top navigation bar with three buttons: 'Claim Status', 'Remittance Advice', and 'Add Claim'. A red arrow points down to the 'Add Claim' button. Below this is a section titled 'Create Professional Services Claim' with a 'Patient Search' label, radio buttons for 'Last Name' (selected) and 'Member ID', a search input field, and 'Search' and 'Clear' buttons.

Fee Schedule



CareOregon®

[Home](#) | [Log Out](#)

Logged In: Yu

[Message](#)

Role: [Office Staff](#) - [View A](#)

Fee schedule is located under Resources Menu

Resources

[BH Columbia Pacific CCO Fee Schedule](#)

[BH Jackson Care Connect Fee Schedule](#)

[BH Health Share Fee Schedule](#)

[BH Health Share Resources](#)

[SHIFT Building Blocks Framework](#)

Patient Management

Current Patient

(None) ▼

[Search Patients](#)

Office Management

ATTENTION

We have scheduled maintenance beginning at 6:00 PM (MST) on Saturday, January 25th to complete a firewall migration supporting our HealthTrio Portals application. We expect up to an hour of outage during the start of the maintenance window, but there may be additional smaller outages, depending on any tuning we may need to perform after the initial larger maintenance effort.

The maintenance is expected to conclude before 3:00 AM (MST), with the goal of successfully finalizing the firewall migration.

Memorandum

To: All CareOregon Medical Providers who bill for Telehealth Services

Secure Messages

The screenshot shows the CareOregon logo on the left. In the top right corner, there is a navigation bar with links for [Home](#), [Log Out](#), **Logged In:** [redacted], [Message Center](#), and **Role:** Office Staff - [View All Intern](#). A red arrow points to the [Message Center](#) link. Below the navigation bar, there is a yellow banner with the word **ATTENTION** in the center. The main content area contains a message: "We have scheduled maintenance beginning at 6:00 PM (MST) on Saturday, January 25th to complete a firewall migration supporting our HealthTrio Portals application. We expect up to an hour of outage during the start of the maintenance window, but there may be additional smaller outages, depending on any tuning we may need to perform after the initial larger maintenance effort."

Link to Message Center is on the top right corner under Username

Once in the Message Center, you can select the type of inquiry you have



Message Center

Provider Customer Service Inquiries
[Eligibility Inquiries](#)
[Authorization Inquiries](#)
[Claims Inquiries](#)
[Benefit Inquiries](#)
[Other Inquiries](#)

Pharmacy Inquiries
[Pharmacy Auth Inquiries](#)
[Pharmacy Benefit Inquiries](#)
[Pharmacy Claim Inquiries](#)

Active Mailboxes (2)

1 - 2 of 2



Mailbox Name	Total Messages	Unread Messages	Relationship
Wone Yumi (112489840)	0	0	Access
CareOregon_Inc. (43610868)	0	0	Access Owner

1 - 2 of 2



Attachments



- Search Patients
- Office Management
- Eligibility
- Claims/Remittance
- Submit Claim Attachments
- Hospital Based Provider Form
- DMAP - Group Enrollment
- Provider Information Form
- DMAP - Individual Provider Enrollment
- Member Roster
- Reports
- DMAP - Facility Enrollment
- Code Lookup
- Document Manager
- Referrals/Authorizations
- Dental Care Request
- Online PCP Change

Memorandum

To: All CareOregon Medical Providers who bill for Telehealth Services

From: CareOregon Payment Integrity Department

Date: December 18, 2024

Subject: Telehealth modifiers required on all telehealth services

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“(10) (e) All claim types except Dental services, shall include modifier 95 when the telemedicine or telehealth delivered service utilizes a real-time interactive audio and video telecommunication system. When provision of delivered using real-time interactive audio only telecommunication system, the encounter submissions shall include modifier 93.”

CareOregon will implement an update to the claims processing system that requires a telehealth modifier on any non-dental procedure code that is billed with place of service 02 or 10

Link to submit attachments is under Office Management menu

Fill out all relevant information,
Attach documents and click on ‘Submit’ button.

BH Columbia Pacific CCO Fee Schedule

BH Jackson Care Connect Fee Schedule

BH Health Share Fee Schedule

BH Health Share Resources

SHIFT Building Blocks Framework

Patient Management

Current Patient

(None) ▼

Search Patients

Office Management

Eligibility

Claims/Remittance

Submit Claim Attachments

Hospital Based Provider Form

DMAP - Group Enrollment

Provider Information Form

DMAP - Individual Provider Enrollment

Member Roster

Reports

DMAP - Facility Enrollment

Code Lookup

Document Manager

Submit Claim Attachments

Please provide required information to better assist in identifying your claim information in our QIXT claims processing system.

Provider Information

*Sender's first and last name:

*Sender's email address:

*Provider name:

*Provider NPI:

*Provider contact phone number:

Member Information

*Member's first and last name:

*Member's DOB (mm/dd/yyyy):

*Member's ID#:

*CareOregon Claim Number:

Attachment Type:

*Additional information:

* Secure Attachments
Max 20 files, 126MB file size

[Attach Claim Documents](#)

Notification of Treatment and Authorization Requests

Office Management
Eligibility
Claims/Remittance
Submit Claim Attachments
Hospital Based Provider Form
DMAP - Group Enrollment
Provider Information Form
DMAP - Individual Provider Enrollment
Member Roster
Reports
DMAP - Facility Enrollment
Code Lookup
Document Manager
Referrals/Authorizations
Dental Care Request
Online PCP Change Request
BH Referral/Authorizations/NoT

The maintenance successfully finished.

Memorandum

To: All CareOre

From: CareOreg

Date: December

Subject: Telehealth

The purpose of this memorandum is to inform all providers of the changes to the telehealth reimbursement rates effective 12/1/2023.

Per OAR 410-1-0100, Chapter 410-1-0100, Reimbursement

“(10) (d) All telehealth services except for those provided in the home of the client or member shall be reimbursed at the same rate as in-person services.”

“(10) (e) All telehealth services shall be reimbursed at the same rate as in-person services.”



SHIFT Building Blocks Framework
Patient Management
Current Patient
Search Patients
Office Management
Eligibility
Claims/Remittance
Submit Claim Attachments
Hospital Based Provider Form
DMAP - Group Enrollment
Provider Information Form
DMAP - Individual Provider Enrollment
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Reports
DMAP - Facility Enrollment
Code Lookup
Document Manager
Referrals/Authorizations
Dental Care Request
Online PCP Change Request
BH Referral/Authorizations/NoT
Administration

Behavioral Health Request Submission

"Service Category" is a required field please select an option in the drop-down.

Confirmation # = Auth/Notification/NoT# 155555. Once it is loaded into our claims system it will send a response to CareOregon Connect under Request# CC155555. The response takes up to 4 hours to complete.

Patient

*Search Current Patients

Select a patient

Diagnosis

Search and select a diagnosis

Requesting Provider

*Requesting Provider

*Contact Name

*Contact Info

Phone ▾

*Contact Info

Fax ▾

Servicing Providers

*Servicing Providers

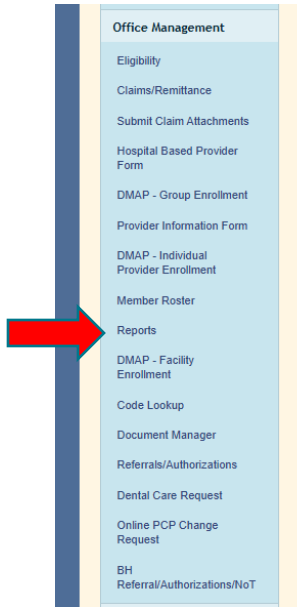
*Contact Name

*Contact Info

For more information on Authorizations, please refer to the [UM Handbook on the Provider website](#).
[CareOregon - Metro area behavioral health providers](#)

Reports

Link for Reports is under Office Management menu



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successfully fir

Memorandum

To: All CareOre

From: CareOreg

Date: December

Subject: Telehea

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Per OAR 410-1
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Resources

- BH Columbia Pacific CCO Fee Schedule
- BH Jackson Care Connect Fee Schedule
- BH Health Share Fee Schedule
- BH Health Share Resources
- SHIFT Building Blocks Framework

Patient Management

Current Patient

(None)

Search Patients

Office Management

- Eligibility
- Claims/Remittance
- Submit Claim Attachments
- Hospital Based Provider Form
- DMAP - Group Enrollment
- Provider Information Form

Report List Batch Report Status Legacy Reports

Available Reports

Report Name	Report Description
Claim Status Report CSV	Data Extract of the Claim Status Report.
Claim Status Report PDF	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.
Non-Utilizer Report	Identifies registered users who are not actively using the portal.
Referral Authorization Report	Provides a list of Authorizations
Remittance Advice Report	Provides the ability to print the remittance advice.
Secure Message Access Tracking Report	Identifies if users are utilizing/accessing their secure messages sent by the payor.

Resources



celebrating 30 years

Select language ▾



[Am I Eligible](#)

[Members](#)

[Providers](#)

[Community](#)

[About us](#)

[Read more: Contracting and networking update for behavioral health providers.](#)

Provider support

[Home](#) / [Providers](#) / [Provider support](#)

As a CareOregon provider, you may have specific questions for us. Below, you'll find contact and procedural information for providers. If you are looking for specific forms and policies, visit our [provider](#) page and select your area. Please click on a topic below to get started.

Contact Us

Find the most convenient way to contact us, update your clinic information and sign up for updates from CareOregon.

Provider portal

You can review member eligibility, authorization status, claim status, and more in our [provider portal](#).

Visit our [provider portal tutorials page](#) to:

- Learn more about provider portal functions, login and account set-up
- Access tutorials on how to use and navigate the portal
- Learn more about recent enhancements such as secure messaging and direct data entry for claims

Customer Service

[Provider Portal](#)

[Provider support](#)

[Physical health providers](#)

[Metro area behavioral health providers](#)

[Pharmacy resources](#)

[MEDS Ed - Primary care education](#)

[Best practice guidelines](#)

[Traditional health workers](#)

[COVID-19 provider information](#)

[About redetermination](#)

[Social needs assistance](#)

Link: [CareOregon - Provider support](#)

Administrative Reminders

Maig Tinnin
BH Provider Relations Supervisor



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REMINDERS

Informing CareOregon of NPI Changes

Summary

NPI Changes

- NPI changes can be completed with support of CareOregon's Provider Data team and typically do not require a change to provider contracts
- Please ensure necessary updates have been implemented in CareOregon's claims processing system prior to submitting claims with the updated NPI.
- Provider Data or Provider Relations can confirm these updates.

Resource

Please initiate requests by contacting the Provider Data team
BHProviderDataUpdates@careoregon.org

Provider Relations can also support questions or verifying updates:
MetroBHPRS@careoregon.org

Informing CareOregon of TIN Change

For contracted providers:

- TIN changes require a new contract and therefore cannot be retroactively completed.
- Updates to the contract and CareOregon claims processing system must be completed prior to claims submission under a new TIN.
- Please anticipate contract and claims processing updates may take 30-60 days to complete.

Please contact your Provider Relations Specialist regarding TIN change requests:
MetroBHPRS@careoregon.org

REMINDERS

Organizational Provider Roster Monthly Update

Summary

Organizational Provider Roster:

- ***A critical tool used by CareOregon's Provider Data team for terming, updating and adding providers.***
- *Information provided in the roster is ultimately used to ensure accurate rate assignment for this subset of Providers.*

COA Organizations with MH Interns should identify interns as "MH Interns" provider-type when submitting their rosters.

Resource

- Provider Roster Template:
 - Updated in October 2023
 - Located online: [Delegated Provider Roster](#)
 - Please replace old versions!
- Rosters should be **emailed by the 10th calendar day of each month**. If updates need to be expedited, please send bi-weekly
- Send to:
 - BHProviderDataUpdates@careoregon.org

Sign-Up CareOregon Alerts

CareOregon Alerts is an email distribution list that provides critical updates to CareOregon's provider network for example:

- *CHC Cybersecurity information and*
- *Zellis related ACH delays*
- *Billing and coding updates like Telehealth modifier use*
- *Others*

Please ensure staff at your organization have signed up

To sign up for these alerts,
email: careoregonalerts@careoregon.org
and include your name and job title.

Trainings and Resources

Upcoming Meds Ed Training

Trauma-informed conversations around deprescribing

“Xanax is the only thing that works,” and other tales of woe: Trauma-informed conversations around the difficulties of deprescribing

Tuesday, February 11 · 7:30 - 10am PST

Enroll here (you can share with anyone you think might benefit from attending): <https://shorturl.at/cVSY4>

CME and CEU Credits are approved, available at no cost!

Any Providers, Prescribers, and Clinical Teams

In the wake of the opioid overdose epidemic, providers often find themselves at the crossroads of declining to prescribe controlled substances as a matter of course, and starting or continuing medications as clinically indicated. Many times, providers find themselves in situations where their clinical judgment is at odds with what the patient wants - and sometimes demands.

Join psychiatric nurse practitioner Lydia Bartholow, DNP, PMHNP, CARN-AP, as we explore how to have these conversations with patients using patient-centered and trauma-informed communication tools. The use of these forms of communication, including a conversational map, can improve the patient experience and lessen the emotional burden on providers to improve health outcomes for vulnerable Oregonians.



Upcoming Events

February Info
Sessions on
Network and
Contracting
Changes



February 13th
& February
18th

Next Billing &
Admin
Meeting



April 17th

Who to contact when you need help

Provider Customer Service

*Real-time issue support:
Benefits, Eligibility, Auth and
Claims questions that can't be
answered in Connect Portal*

*Provider Customer Service:
800.224.4840 (option 3)*

Connect Portal

**NEW* Secure Messaging
and Forms, Eligibility, Claim
Status, Claim payment info,
Remits, Auth status, Auth
submission*



Provider Relations

*Issues impacting a large
number of claims and/or large
dollar amounts*

*Misc. operations questions you
otherwise cannot find
resources to / need direction*

*Provider Relations:
MetroBHPRS@careoregon.org*

CareOregon Website

*Provider resources and
forms, BHSI FAQ,
QDP details and instructions*

Questions?

What else do you want to know?

We value your input!

Providers can submit questions or insights to our team of experts here 24/7:

[Online Question Intake Form](#)

Thank you!



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