Oregon Health Plan
Provider Web Portal

Plan of Care

Search for and review the plan of care

Providers whose services require POC

This guide is designed for the following providers.

- Department of Human Services (DHS) contracted:
    - In-Home Care providers and agencies
- Health Systems Division (HSD) licensed:
    - Adult Foster Homes (AFH);
    - Residential Treatment Facilities (RTF);
    - Residential Treatment Homes (RTH); and
    - Secure Residential Treatment Facilities (SRTF)

Providers Page

POC menu, click Search

Home   Contact Us   Directory Search   Clients   Account   Claims   Eligibility   Tr...   ...tion   **Providers**   POC   Help

home   demographic maintenance   drug search   enrollment   enrollment tracking search   links   benefits and   Search
client pmpm history   client pmpm attestation

Security Information   ? ⌃
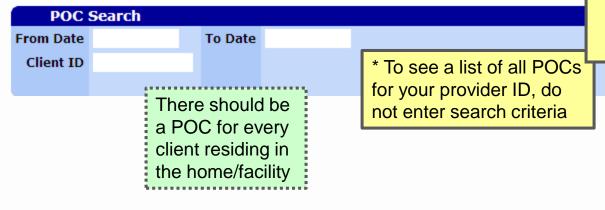
Warning: Use of this network is restricted to authorized users only and must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

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POC Search

POC Search

| From Date | | To Date | |
| Client ID | |

1. Enter search criteria*

2. Click search

search

clear

There should be a POC for every client residing in the home/facility

* To see a list of all POCs for your provider ID, do not enter search criteria

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Search Results

POC Search

From Date		**To Date**
Client ID		

search

clear

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
NANCEE TEST	Attendant care service /15m					01/01/2017	06/30/2017	1200	$0.00	Active
NANCEE TEST	Personal care ser per 15 min					01/01/2017	06/30/2017	1200	$0.00	Active

Search results display below search screen

Click on a row to view the POC*

* If there is only one POC, it will display automatically

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In-Home Care POC

POC details display below search results

POC Search

From Date	**To Date**	
Client ID		

search

clear

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
NANCEE TEST	Attendant care service /15m					01/01/2017	06/30/2017	1200	$0.00	Active
NANCEE TEST	Personal care ser per 15 min					01/01/2017	06/30/2017	1200	$0.00	Active

Detail

Service Auth Number	1712100002		**Service Code Type**	SPC	**Units**	200
Referring Provider ID			**Service Code**	S5125	**Unit Qualifier**	15-MINUTES
Referring Provider Name			**Service Description**	Attendant care service	**Frequency**	MONTHLY
Rendering Provider ID	500700933		**Modifier 1**		**Dollars**	$0.00
Rendering Provider Name	OHA SERVICE AGENCY		**Modifier 2**		**Payment Method**	Pay System Price
Client ID	AA700P6H		**Modifier 3**		**Status**	ACTIVE
Client Name	NANCEE TEST		**Modifier 4**		**Notice Date**	
Benefit Plan	State Plan K Services for APD		**Effective Date**	01/01/2017	**Appeal Indicator**	N
			End Date	06/30/2017	**Used Units**	0
			Close Reason		**Used Dollars**	$0.00
					Balance Units	1200
					Balance Dollars	$0.00

Procedure code

Before billing, verify the POC information matches the service authorization.

Information submitted on your claim must match information approved on the POC.

Dates approved on this POC

Client Liability

*** No rows found

Oregon Health Authority

Adult Foster Home POC

POC details display below search results

POC Search

From Date		**To Date**
Client ID		

search

clear

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
TOTEST TEST	Adult foster care per month	HK	HW			01/01/2017	06/30/2017	4	($2,200.00)	Active

Detail

Service Auth Number	1712200001	**Service Code Type**	SPC	**Units**	1
Referring Provider ID	500500005	**Service Code**	S5141	**Unit Qualifier**	SERVICE
Referring Provider Name	MARION COUNTY HEALTH DEF	**Service Description**	Adult foster care per m	**Frequency**	MONTHLY
Rendering Provider ID	500700923	**Modifier 1**	HK	**Dollars**	$2,200.00
Rendering Provider Name	TEST, JACKIE	**Modifier 2**	HW	**Payment Method**	Pay Unit Fee Price
Client ID	NI500B7L	**Modifier 3**		**Status**	ACTIVE
Client Name	TOTEST TEST	**Modifier 4**		**Notice Date**	
Benefit Plan	State Medicaid Mental Health Services	**Effective Date**	01/01/2017	**Appeal Indicator**	N
		End Date	06/30/2017	**Used Units**	2
		Close Reason		**Used Dollars**	$4,400.00
				Balance Units	4
				Balance Dollars	($2,200.00)

Procedure code and modifiers

Client Liability

*** No rows found

Information submitted on your claim must match information approved on the POC

Dates approved on this POC; if nearing the end date, work with the referring provider to submit a new plan of care request

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Do You Need Further Assistance?

Provider Services Unit

800-336-6016

dmap.providerservices@state.or.us

Medicaid Provider Training

Medicaid.Provider-Training@state.or.us