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# **Oregon Medicaid prior authorization process for behavioral health rehabilitative services**

Effective February 1, 2018

Oregon Health Authority  
Health Systems Division



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# Welcome!

- From OHA's Health Systems Division:
  - Chad Scott, for behavioral health clinical reviews
  - Sydney Wright, for prior authorization system questions
- Today's topic:
  - How to submit prior authorization (PA) requests on and after February 1, 2018
- What we will cover:
  - Changes effective February 1, 2018
  - Getting started with the Provider Web Portal
  - Submitting and checking PA requests online
  - Where to get help

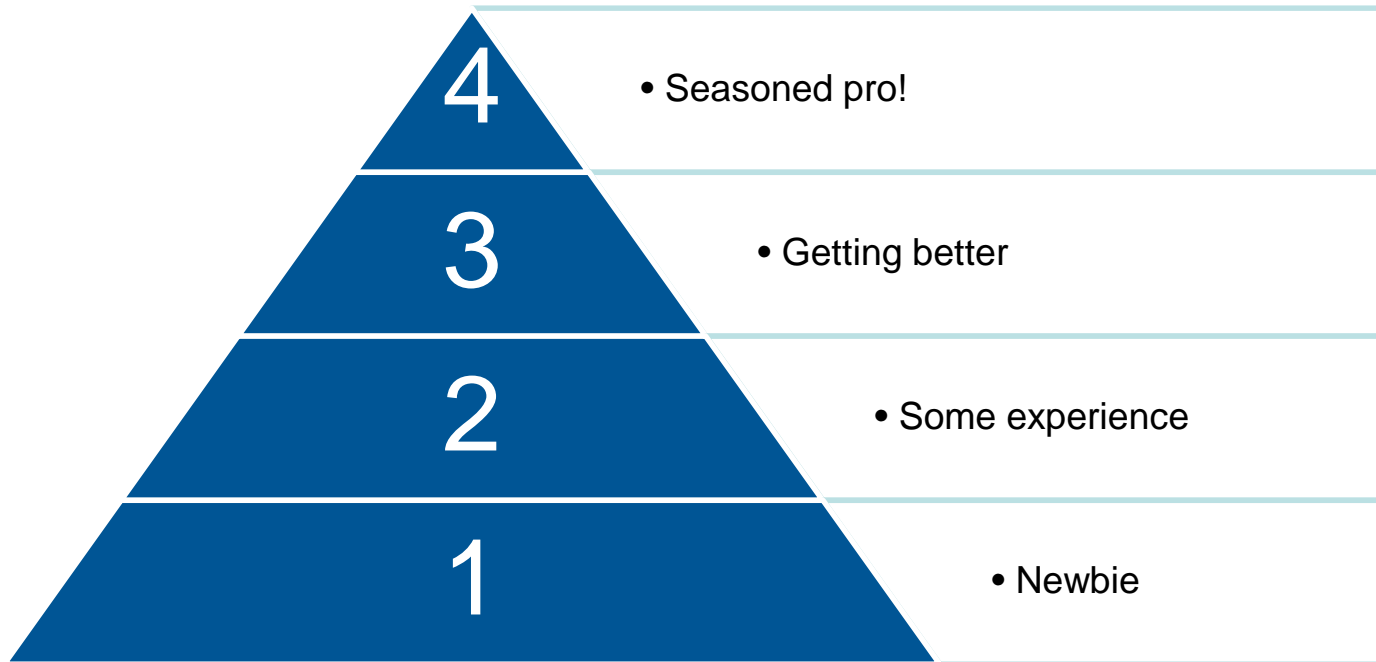
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# Housekeeping

- Please keep phones on mute.
- Ask questions using the Questions function.
- Today's webinar is presented in four sections.
- At the end of each section, we will:
  - Have a short quiz
  - Answer questions, as time allows

# Roll call

- Use the chat to tell us:
  - Your name
  - Your experience level with the web portal (on a scale of 1-4)



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Medicaid prior authorizations for  
behavioral health rehabilitative services

**CHANGES EFFECTIVE  
FEBRUARY 1, 2018**

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# What are the changes?

- Starting February 1, 2018, you must do the following for all prior authorization (PA) requests for behavioral health rehabilitative services:
  - Submit requests to the Medicaid Management Information System (MMIS), **not** KEPRO.
  - Stop using KEPRO forms (unless you are using them as part of your clinical documentation for the PA request).
- There are two ways to submit requests to MMIS:
  - Online at <https://www.or-medicaid.gov>
  - By fax, if online is not possible at your location\*

*\*This training does **not** cover how to fax requests to MMIS. To learn more about the fax PA process, see the appendix of OHA's Prior Authorization Handbook.*

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# What kinds of PA requests are affected?

- Requests for rehabilitative mental health (HK) adult residential services, including those for:
  - Adult residential rehabilitation services
  - Transition-age youth
  - Enhanced care outreach services
  - Respite care
- These changes currently **do not** affect:
  - Adult foster home providers,
  - Personal care or habilitation services authorized through a Plan of Care or billed under procedure codes T1020, S5141, or S5140.

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# Why change?

- Submitting online is secure, paperless and real-time.
  - KEPRO gets all PA requests (medical, dental and behavioral health) in one place.
  - All PA requests and related documents are automatically linked to the correct provider number and client ID.
- After you submit online, you can:
  - Check the status online.
  - Upload additional documents for the PA request.
- No more lost or misplaced PA documents!

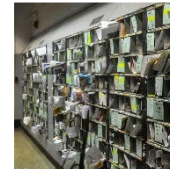


# Online vs. paper

## Online: One secure path



## Paper: Many paths

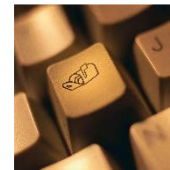


### Mail:

- Is it in the mail?
- Stuck in a mailroom?

### Fax:

- Fax incomplete?
- Missing pages?



### Email:

- Did it print all the way?
- Is it secure?

### At KEPRO:

- Did they get it all?
- Is it all typed in?



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# To review, what can you do starting Feb. 1?

*Can you send PA requests to KEPRO?*

No.

*Can you use KEPRO forms to send PA requests?*

No.

*Can you send requests by mail?*

No.

*Can you send requests online?*

Yes! This is preferred.

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# Questions and answers

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Medicaid prior authorizations for  
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# **GETTING STARTED WITH THE PROVIDER WEB PORTAL**

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# What we will cover

- What you need to get started
- How to set up a Provider Web Portal account\*
  - New account
  - Existing account with or without PA roles
- How to sign in
- This is so that you can give staff online access to:
  - Submit PA requests
  - Check PA status
  - Verify OHP eligibility
  - Submit claims
  - Check claim status
  - And more

*\*Refer to the Provider Web Portal Quick Set Up Guide (OHP 3160) for step-by-step set up information*

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# What you need

- A computer with internet access and Microsoft Internet Explorer or Mozilla Firefox
- The website: <https://www.or-medicaid.gov>
- A Provider Web Portal account
  - **If your office does not use the web portal:** You need a PIN to create an account. If your PIN does not work, ask Provider Services for a new PIN letter.
  - **If your office uses the web portal, but you do not:** Your office's administrator will need to give you access through a clerk account.
  - **If you use the web portal, but do not have the Prior Auth roles:** Ask your office's web portal administrator to give you these roles.

# Setting up a new account

1. At **Account>account setup**, enter your 6- or 9-digit Oregon Medicaid provider ID and the PIN from your PIN letter
2. Click the **setup account** button

Home Contact Us Directory Search Clients **Account** Providers  
home **account setup** logoff reset password secure site

### Account Setup

Login ID*	506675928
Personal Identification Number*	BHgck78j8

Please note Login ID and Personal Identification Number

**2** setup account

1

Login ID is your 6 or 9-digit Medicaid provider ID

PIN is issued by OHA and is case-sensitive

**Account Setup** ? ↗

Login ID

Personal Identification Number

Please note Login ID and Personal Identification Number are case sensitive.  
Required fields are indicated with an asterisk (\*). **1**

User Name*	<input type="text" value="JAMJON"/>	Password*	<input type="password" value="●●●●●●●●"/>
Contact Last Name*	<input type="text" value="Jones"/>	Confirm Password*	<input type="password" value="●●●●●●●●"/>
Contact First Name*	<input type="text" value="James"/>	EEmail*	<input type="text" value="james@jones.com"/>
Phone Number*	<input type="text" value="(503)555-1212"/> <input type="text"/>	Confirm Email*	<input type="text" value="james@jones.com"/>
1st Secret Question*	<input type="text" value="color of sky"/>	<div style="border: 1px dashed black; padding: 5px;">           Password requirements:            1. At least eight characters            2. One upper-case letter            3. One lower-case letter            4. One number or special character         </div>	
1st Answer*	<input type="text" value="blue"/>		
2nd Secret Question	<input type="text"/>		
2nd Answer	<input type="text"/>		

**Security Agreement**

Trading Partner and Oregon DHS shall take reasonable care to ensure that data and data transmissions are timely, complete, truthful, accurate and secure, and shall take reasonable precautions to prevent unauthorized access to the information system, the data transmission itself or the contents of information which transmitted either to or from Oregon DHS in compliance with HIPAA 45 CFR

I Agree **2**

**3**

## Complete the account setup screen

1. Complete all fields on the screen; answers are case-sensitive
2. Check the **I Agree** box
3. Click **submit**



**Clerk Maintenance** [ ? ] [ ^ ]

User Name    Contact First Name    Contact Last Name

A

Type data below for new record.

User Name\*    JOHNNIE5    [ Search ]

1 Contact First Name\*    JOHNNIE    3

Contact Last Name\*    FIVE

Phone Number\*    (800)555-5555    [   ]

E-Mail\*    JOHNNIE@5.COM

Confirm E-Mail\*    JOHNNIE@5.COM

Password\*    ●●●●●●

Confirm Password\*    ●●●●●●

The password assigned by the administrator is temporary

Assigned Roles

Benefits HSC Inquiry

Claim Inquiry

Claim Submission

Eligibility Inquiry

Prior Auth Inquiry

Prior Auth Submit

4

Available Roles

Drug Search

Plan of Care Inquiry

Claim Void

Clerk Maintenance

EHR Incentive

PCPCH

2

remove clerk    add clerk

5    submit    cancel

## Set up a new clerk account

1. Go to **Account>Clerk Maintenance**
2. Click **add clerk**
3. Enter clerk information
4. Use arrows to assign **Eligibility Inquiry, Prior Auth Inquiry** and **Prior Auth Submit** roles
5. Click **submit**

**1 Clerk Maintenance** ? ↕

User Name	Contact First Name	Contact Last Name
WALLE08	EVA	STANTON
JOHNNIES	JOHNNIE	FIVE

**2** Type changes below.

**User Name**  [ Search ]

**Contact First Name**

**Contact Last Name**

**Phone Number**

**E-Mail**

**Clerk Roles**

Assigned Roles		Available Roles
Claim Inquiry	<	Demographic Maint
Eligibility Inquiry	<<	Trade Files
Prior Auth Inquiry	>	Prior Auth Submit
Benefits HSC Inquiry	>>	Claim Submission
Plan of Care Inquiry		Drug Search
		Claim Void

**3** **4**

## Update an existing clerk account

1. Go to **Account>Clerk Maintenance**
2. Click row to select a clerk
3. Use arrows to assign **Eligibility Inquiry, Prior Auth Inquiry** and **Prior Auth Submit** roles
4. Click **submit**

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# Logging in

- Always go to <https://www.or-medicaid.gov>
- Go to **Account>secure site**
- Enter your user name and password
- If you forget your password:
  - After **two** incorrect tries, click the **reset password** button.
  - Three incorrect tries will lock your account.

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# To review:

*If your office already uses the web portal, do you need a PIN letter?*

**No.** Ask your office administrator to give people the PA roles.

*If your PIN doesn't work, do you need a new PIN letter?*

**Yes!** Call or email Provider Services with your NPI or Oregon Medicaid ID number.

*Do you need both the PA Inquiry and PA Auth roles to request PA?*

**No.** You only need the PA Auth role to request PA. Anyone with the PA Inquiry role can check the status of the PA.

*If you forget your password, should you hit **reset password** after your second failed password attempt?*

**Yes!**

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# Questions and answers

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Medicaid prior authorizations for  
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# **SUBMITTING AND CHECKING STATUS OF PA REQUESTS**

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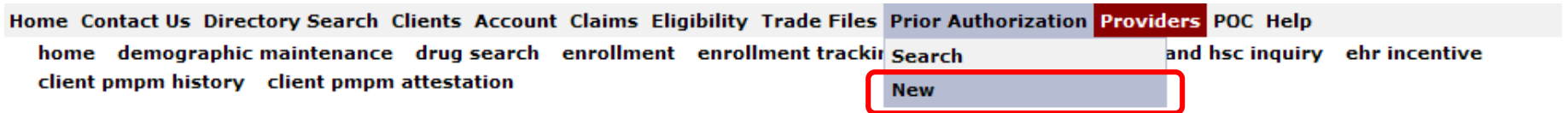
# What we will cover\*

- How to:
  - Complete an online PA request
  - Upload supporting documents
  - Submit the request
  - Check its status
- So that:
  - Your request directly enters the MMIS for processing
  - No time is spent processing paper to get your requests into the system
  - You can check online for the status; no more phone calls

*\*See OHA's Prior Authorization Handbook for step-by-step instructions and further details about submitting and checking the status of PA requests using the Provider Web Portal.*

# Start a new PA request

- Anyone with the **Prior Auth Submit** role can submit a PA request.
- Please submit requests at least one month ahead of the requested service dates.
- After logging into <https://www.or-medicaid.gov>, click **Prior Authorization>New**.



**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.



**Base Information** ?

1 Client ID\* LJ301G6V [ Search ]      2 PA Assignment\* 04-PHYSICIAN

Last Name BEEMH      Special Considerations\* No

First Name, MI MANLY      Referring Provider ID [ Search ]

Date of Birth 09/01/1990      Attachments\* No

Vendor Patient Account Number [ ]      Clerk TRAIN34      TRAIN      34

**-Diagnosis Code-**      Select row below to update -or- type data below to add.

Diagnosis Number	Diagnosis Code	Diagnosis Name
A	1 S022XXA	Fracture of nasal bones, init encntr for closed fracture

Diagnosis Number 1      Diagnosis Code\* S022XXA [ Search ]

Diagnosis Name Fracture of nasal bones, init encntr for closed fracture

delete      add 3

4      next

Diagnosis code is **optional** on behavioral health requests.

## Complete base information fields

1. Enter resident's client ID
2. Choose PA assignment **Mental Health/Addictions**

If you choose to enter a diagnosis code, you must use the same code when billing for authorized services. To enter a diagnosis code:

3. Click **add**, then enter diagnosis code
4. Click **next**

Line Item											
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	ICD Procedure	Status	Service Provider ID
A 01	0	\$0.00	0	\$0.00	30435					Evaluation	506675929 MCD
Type data below for new record.											
Line Item	01										
Service Type Code*	Procedure Code		1		ICD Procedure					Requested Eff/End Date*	10/01/2015
Procedure	30435 [ Search ]		2		Thru Service					Requested Units/Dollars	10/01/2015
Modifier 1:	[ Search ]				2:	[ Search ]				1	\$0.00
Modifier 3:	[ Search ]		3		4:	[ Search ]				Authorized Eff/End Date	
Tooth	[ Search ]				Quad	[ Search ]				Authorized Units/Dollars	0 \$0.00
NDC Lock					NDC					Balance Units/Dollars	0 \$0.00
Revenue Code										Quantity Used Units/Dollars	0 \$0.00
Status	Evaluation										
Service Provider ID	506675929 MCD [ Search ]		4								
										6 delete add	
					7 previous next						

## Enter Line Item information

1. Service Type Code: Procedure Code
2. Procedure Code
3. Modifier(s) – Enter from left to right
4. Enter Service Provider ID: The facility's Medicaid ID
5. Requested start and end dates, units
6. Click **add** to enter additional line items
7. Click **next** to continue

# Notes (optional)

If you want to add a note:

1. Click **add**
2. Description: Write the note
3. Click **save** to submit

If you don't want to add a note, just skip to step 3 (click **save**).

The screenshot shows a web application interface for adding notes. At the top, there is a table with the following data:

Line Number	Date Entered	Description	Provider Entered	Date Mailed
1	12/03/2013		Yes	12/03/2013

Below the table is a large text area for entering a note. The text area contains the text "Type notes here" and is labeled "Description\*" on the left. A yellow callout "2" points to the text area. Above the text area, the text "Type data below for new record." is displayed. To the right of the text area, there is a "Spell Check" button. Below the text area, there are several buttons: "delete", "add", "coversheet", "previous", "save", and "cancel". A yellow callout "1" points to the "add" button, and a yellow callout "3" points to the "save" button.

**The following messages were generated:**

**Message Description**

Save was Successful.  
Request is in Evaluation status only, and has not been approved  
When processed, your Prior Authorization number will be 1015244001 **1**  
Click coversheet button below to generate Coversheet for Supporting Documentation  
For detail instructions on how to submit Coversheet for Supporting documentation, navigate to Providers - links

Panel	Field	Row
Notes		
Notes		
Notes		
Notes		
Notes		

Provider 506675929 MCD

**Notes** ?

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Description

Spell Check

delete add coversheet

previous **2 Attachments** save cancel

## Confirmation message

1. Refer to the **Prior Authorization number** to check PA status
2. Click **Attachments** to upload supporting documents
  - Refer to Behavioral Health guidelines for documentation requirements
  - OAR 410-172-0600

# Upload attachments

Take these three steps for each attachment you want to upload.

1. **Click on the “Browse” button at the end of the “Select File to Upload” field.** Select the file from your network folders. Files must be PDF, TIF/TIFF, or TXT and not exceed 10 MB per file.
2. **Use the default priority setting (“Routine”).** Please do not change this setting.
3. **Click the upload button** when you have selected the file.

Upload Attachments [ Close ]

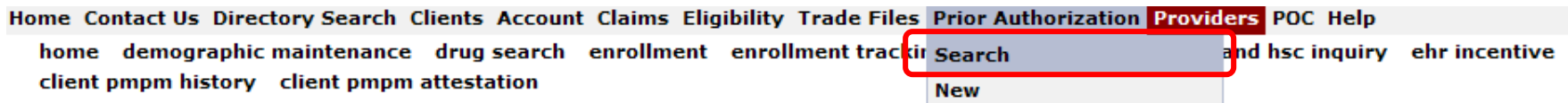
PA Attachments ? ^

Select File to Upload 1 Browse... Priority 2 Routine Urgent Immediate upload 3

\*\*\* No rows found \*\*\*

# Check PA status

- Anyone with the **Prior Auth Inquiry** role can check the status of PA requests.
- After logging into <https://www.or-medicaid.gov>, click **Prior Authorization>Search**.



## Security Information

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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.

**1**

Recent Prior Authorizations							
Prior Authorization	Client ID	Status	PA Assignment	Start Date	Procedure	NDC	Diagnosis
1015244002	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011
1015244001	LJ301G6V	Evaluation	PHYSICIAN	09/01/2015	30435		S022XXA
1015244003	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011

**2**

**Prior Authorization Search: 506675929 MCD** ? ⬆

<b>Prior Authorization</b>	<input type="text"/>	<b>Client ID</b>	<input type="text"/> [ Search ]
<b>Start Date</b>	<input type="text"/>	<b>Client Name</b>	
<b>NDC</b>	<input type="text"/> [ Search ]	<b>Status</b>	<input type="text"/>
<b>Procedure</b>	<input type="text"/> [ Search ]	<b>PA Assignment</b>	<input type="text"/>
<b>Diagnosis</b>	<input type="text"/> [ Search ]	<b>Service Provider ID</b>	<input type="text"/> [ Search ]
		<b>Revenue Code</b>	<input type="text"/> [ Search ]

## Two ways to search for a PA request

1. Click a row in the **Recent Prior Authorizations** list, or
2. Use the **Prior Authorization Search**.
  - Enter criteria and click **search**.
  - Search by **Prior Authorization number** for best results

# Prior Authorization Search results

- Results display below the search criteria you enter.
- To view the status of a PA request in the list, click the row that contains the request.

**Prior Authorization Search: 506675929 MCD** ? ^

<b>Prior Authorization</b>	<input type="text"/>	<b>Client ID</b>	MJ301G5E [ Search ]
<b>Start Date</b>	<input type="text"/>	<b>Client Name</b>	TOMMIE BMHFAM
<b>NDC</b>	<input type="text"/> [ Search ]	<b>Status</b>	<input type="text"/>
<b>Procedure</b>	<input type="text"/> [ Search ]	<b>PA Assignment</b>	<input type="text"/>
<b>Diagnosis</b>	<input type="text"/> [ Search ]	<b>Service Provider ID</b>	<input type="text"/> [ Search ]
		<b>Revenue Code</b>	<input type="text"/> [ Search ]

**Search Results**

Prior Authorization	Client ID	Last Name	First Name	Status	PA Assignment	Start Date	Procedure	NDC	Revenue Code	Service Provider
1015244003	MJ301G5E	BMHFAM	TOMMIE	Evaluation	PHYSICIAN	09/01/2015	22840			1376854091 NPI
1015244002	MJ301G5E	BMHFAM	TOMMIE	Evaluation	PHYSICIAN	09/01/2015	22840			1376854091 NPI



Base Information											
Prior Authorization	1015244003			PA Assignment	PHYSICIAN						
Client ID	MJ301G5E			Special Considerations	NO						
Last Name	BMHFAM			Referring Provider ID							
First Name, MI	TOMMIE			Attachments	NO						
Date of Birth	07/01/2011			Clerk	TRAIN34	TRAIN	34				
Vendor Patient Account Number				Provider	1376854091	NPI					
Diagnosis											
Diagnosis Number	Diagnosis Code	Diagnosis Name									
1	M71011	Abscess of bursa, right shoulder									
Diagnosis Number		Diagnosis Code [ Search ]									
Diagnosis Name											
Line Item											
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	ICD Procedure	Status	Service Provider ID
01	1	\$0.00	0	\$0.00	22840					Evaluation	1376854091 NPI
Type changes below.											
Line Item	01	Requested Eff/End Date*		10/01/2015		10/01/2015					
Service Type Code*	Procedure Code	ICD Procedure		Requested Units/Dollars		1		\$0.00			
Procedure	22840 [ Search ]	Thru Service		Authorized Eff/End Date		Authorized Units/Dollars		2		0 \$0.00	
Modifier 1:	[ Search ]	2:		[ Search ]		Balance		0		\$0.00	
Modifier 3:	[ Search ]	4:		[ Search ]		Units/Dollars		0		\$0.00	
Tooth	[ Search ]	Quad		[ Search ]		Quantity Used		0		\$0.00	
NDC Lock		NDC				Units/Dollars		0		\$0.00	
Revenue Code											
Status	Evaluation										
Service Provider ID	1376854091 NPI [ Search ]										
										delete	add

- Status codes:
- **Evaluation:** Has not been reviewed yet
  - **Pending:** Is under review
  - **Approved**
  - **Denied**
  - **Informational:** No PA required
  - **Withdrawn:** Duplicate PA

## Reviewing PA status

1. Status: See Status Codes list
2. Approved amounts: If approved, this field will show dates, amounts and dollars approved

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# What happens next?

- For complete requests, KEPRO will complete review within ten (10) business days.
- Once KEPRO completes review, OHA will mail a PA notice to the MMIS “Mail-To” address for your location.
  - Approvals will include the rate (if applicable) and dates of service.
  - Denials will include the reason why the request denied.
- If you don’t get the PA notice:
  - Contact Provider Enrollment to update your mailing address.
  - Remember you can also look up the PA at <https://www.or-medicaid.gov> to see whether it was approved or denied.

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# To review: True or False?

*Required fields are marked with an asterisk.*

**Mostly True!** Behavioral health requests do not require a diagnosis code.

*You should submit requests at least one month ahead.*

**True!** It takes at least 10 workdays to process routine PA requests.

*You can only upload one document per request.*

**False.** You can upload as many as you need, up to 10 MB per file.

*Only the person who submitted the PA can check the status of the PA.*

**False.** Anyone with the PA Inquiry role can check the status of PA requests submitted from your location.

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# Questions and answers

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Medicaid prior authorizations for  
behavioral health rehabilitative services



## **WHERE TO GO FOR HELP**





Resources related to provider reimbursement for behavioral health services to Oregon Health Plan (OHP) members.

Also see the [Addictions and Mental Health rules and statutes](#) for other requirements referenced in the OHP behavioral health rules.

## Recent rule filings

You can view [Behavioral Health Rules and Guidelines](#) as filed with the Secretary of State (please note that rules filed by the first of the month will not be posted on the Secretary of State website until the middle of the filing month).

Search    Sort ▼

Name 	Document Type 	Effective Date 	File Description 
<a href="#">172-changes-04042017.pdf</a>	Permanent Rule Filing	4/4/2017	410-172-0650, 410-172-0760, 410-172-0770 Aligning ABA Rules with Licensing, HERC, and Mental Health Parity Regulations

## Policy Quick Links

[Rule and guidelines by program](#)



[Temporary rules](#)

[Notices of Proposed Rulemaking](#)


## Who to call for help

For information about **authorizing services for CCO or MHO** members, contact the [CCO](#) or [MHO](#).

## Provider Services

 800-336-6016 or  email us

 Address and telephone contacts

 **Receive program updates by text or email** - Please specify which program(s) you are interested in; otherwise, you will receive updates for all programs.

# OHP Behavioral Health Policy page

[www.oregon.gov/OHA/HSD/OHP/Pages/Policy-BHS.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Policy-BHS.aspx)

- Current rules
- Handbooks for claims and PA
- Procedure codes and fees
- Recent announcements from OHA

## To get started:

You need the Personal Identification Number (PIN) letter, your Oregon Medicaid Provider ID, and Internet access with a compatible browser (Microsoft Internet Explorer 6 through 10 or Mozilla FireFox 2.0).

If you have a PWP administrator in your office, that person can give you access to the PWP and the specific features you need (Claims, Eligibility, Plan of Care, Prior Authorization, Benefits and HSC List Inquiry).

- If you need a PIN: E-mail your provider name and Oregon Medicaid provider number to [Provider Services](#) (800-336-6016).
- If you are a current user and need access to certain features, or need your password reset: Contact your office administrator or [Provider Services](#).
- If you need to change your office administrator: Login as the administrator and update using Account Maintenance. If you cannot login as the administrator, contact [Provider Services](#).
- Questions? View our [frequently asked questions](#) and [troubleshooting tips](#) or contact [Provider Services](#).

## Real-time information

Free, real-time information available 24 hours a day, 7 days a week

- <https://www.or-medicaid.gov>

Documents	Topic	Document Type
<a href="#">How to use Benefits and Prioritized List inquiry</a>	Eligibility verification, Provider Web Portal	Self-paced
<a href="#">Prior Authorization Handbook</a>	Prior Authorization, Provider Web Portal	Handbook
<a href="#">Submit and check status of prior authorization requests</a>	Prior Authorization, Provider Web Portal	Self-paced

Showing 3 out of 3 items (filtered from 3 total items)

# OHP Provider Web Portal page

[www.oregon.gov/OHA/HSD/OHP/Pages/webportal.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/webportal.aspx)

- Quick references and training videos
- Searchable list of guides, handbooks

Learn how to find an OHP member's eligibility for health care benefits.

## How to verify eligibility

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OHA offers three ways for enrolled Oregon Medicaid providers to access eligibility information for OHP members:

**Provider Web Portal - <https://www.or-medicaid.gov>**

After login, click "Eligibility" to get started. To learn more, see the [Eligibility and Copayment Quick Reference](#).

**Automated Voice Response - 866-692-3864**

After login, press 1 for Recipient Eligibility. To learn more, see the [AVR Quick Reference](#).

**270/271 Transaction**

Register for Electronic Data Interchange (EDI) with OHA or an OHA-registered clearinghouse and do batch submissions of eligibility inquiries for OHA to verify within 24 hours. To learn more, visit the [EDI Web page](#).

## Tools and resources

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To learn more about verifying eligibility and enrollment for Health Share of Oregon members, visit the [Health Share of Oregon website](#).

The [General Rules provider guidelines](#) include the Oregon Administrative Rule (OAR) that requires providers to verify eligibility before providing service.

Coverage of a specific service also depends on its ranking on the [Prioritized List of Health Services](#) for the condition being treated.

Documents	Description
<a href="#">271 Supplement - Carrier Code List</a>	Provides the name and contact information for each carrier code that AVR may read for an OHP member.

# OHP Eligibility Verification page

[www.oregon.gov/OHA/HSD/OHP/Pages/Eligibility-Verification.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Eligibility-Verification.aspx)

- How to verify a resident's OHP benefits
- Tools, samples and resources



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# Useful phone numbers

- Provider Services
  - 800-336-6016 (Option 5) or [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)
  - Provider Web Portal PIN and password resets
  - Help using the Provider Web Portal
- Provider Enrollment
  - 800-336-6016 (Option 6) or [provider.enrollment@state.or.us](mailto:provider.enrollment@state.or.us)
  - Update your MMIS Mail-To address (for PA notices)
- KEPRO
  - 844-658-1729 or [OR1915i@kepro.com](mailto:OR1915i@kepro.com)
  - Clinical questions
  - Questions about PA decisions

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# To review: Where do you go for help?

*Submitting a web PA request*

Provider Services

*Submitting a fax PA request*

See OHA's PA Handbook on the Behavioral Health policy page

*Required documents*

See current rules on the Behavioral Health policy page

*Not receiving PA notices from OHA*

Provider Enrollment

*Questions about a PA decision*

KEPRO

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# Questions and answers

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Medicaid prior authorizations for  
behavioral health rehabilitative services

## **NEXT STEPS**

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# What we learned

- Starting February 1, you must submit PA requests through MMIS, but you can start doing it now if you want to.
- Do not submit any PA requests to KEPRO after January 31.
- The web portal is the best way to submit PA requests.
- Check with your office administrator first about what you need to do to get the PA roles.
- Review the Behavioral Health policies and guidelines to make sure you submit requests with all required documentation the first time.

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# Next steps

- Get your account set up at <https://www.or-medicaid.gov>.
- Try submitting PA requests online, with required documents.
- If you have any issues or questions:
  - Contact Provider Services for web portal questions
  - Contact KEPRO for clinical questions
  - Email [bhpocp.auths@state.or.us](mailto:bhpocp.auths@state.or.us) with other questions about this process change

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Medicaid prior authorizations for  
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# QUESTIONS AND ANSWERS