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BRS Prior Authorization in MMIS: Frequently Asked Questions

The Oregon Health Plan (OHP) Provider Services Unit (PSU) presented on the BRS Prior Authorization process in MMIS. Below are some questions and answers from the meeting.

Are prior authorizations required for every BRS service?

Yes, all BRS services require prior authorization.

Will BRS support expedited or urgent prior authorization requests?

No, BRS is not an emergency service. Oregon Health Authority will move to a 7-day standard timeframe for all BRS prior authorizations in January 2027. This change aligns with federal Medicaid policy for all services that require prior authorization.

Will the MMIS Provider Portal be the document to use for prior authorization, or will there be more information on what documentation is required?

Yes, you will need to use the MMIS Provider Portal to start the prior authorization process. But providers will also need to submit prior authorization forms and documents as attachments to the MMIS Provider Portal request.

Forms and information about required documents are on the BRS web page.

Our agency has not had to submit prior authorizations in the past. Will we now need to submit prior authorizations?

The entity required to submit the prior authorization request is not changing. This training applies only to the entity submitting the request.

Where can I learn more about the MMIS prior authorization process?

OHA offers provider training the second week of every month. You can also refer to the resources at the end of this document. To request training, email providertraining-medicaid@oha.oregon.gov.

If we currently submit prior authorizations, is everything we do now going to happen through MMIS?

Yes, this process will still happen and will move to MMIS.

Do I need to send information to Comagine Health for review?

No, Comagine Health will continue to be the Licensed Practitioner of Healing Arts (LPHA) and will access all relevant documentation through MMIS.

Is this change starting in January 2027?

This change will tentatively go into effect in the first quarter of 2027.

What is the limit for uploading documents?

Each document must be no more than 10 MB. Multiple documents can be uploaded.

Who can I contact if I have questions?

- For questions about MMIS processes, please call PSU at 800-336-6016, option 5.
- For questions about BRS, please email bhmc@oha.oregon.gov.

What other resources would be helpful?

To learn more about PA and Medicaid reimbursement for covered services, please review the resources below.

- The Tools for Oregon Health Plan Providers web page includes frequently asked questions, recent announcements and a searchable list of provider resources.
- OHP.Oregon.gov/Providers is OHA's home page for OHP providers. It provides quick links to common topics and resources.
- If you don't already use the MMIS Provider Portal, see the PIN Letter and Provider Portal Account Setup Guide. This guide explains how to set up your MMIS Provider Portal account.
- The Provider Portal Eligibility and Enrollment Guide explains how to verify OHP eligibility and coordinated care organization enrollment using the portal.
- The Billing Resources web page explains how to bill OHA for approved services.
- When sending claim or PA documentation by fax, you need to use the EDMS Coversheet. Tips for Using the Medicaid Electronic Document Management System (EDMS) Cover Sheet explains how to complete the coversheet.
- Keys to Success is a quick guide to what you need to do in order to successfully bill for services you provide to OHP members.

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