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# Oregon Medicaid Retainer Payments

Prior authorization process for adult mental health  
residential treatment homes and facilities

Effective July 1, 2019

Health Systems Division



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# Presenters

- From OHA's Health Systems Division:
  - Carmen Armendariz, HSD Contracts
  - Kelly Knight, HSD Contract Invoicing
  - Judy Brazier, Provider Services lead
  - Sydney Wright, for prior authorization system questions

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# What we will cover

- How to submit prior authorization (PA) requests for Retainer Payments on and after July 1, 2019:
  - Changes effective July 1, 2019 for all adult RTH/RTFs
  - Getting started with the Provider Web Portal
  - Submitting and checking PA requests online
  - Where to get help

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# **JULY 1, 2019 CHANGES**

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# What are the changes?

- Starting July 1, 2019, you must do the following for Retainer Payment prior authorization (PA) requests:
  - Submit requests to OHA (not KEPRO)
  - Use the Retainer Payment packet posted at <https://www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx>
  - Submit requests online at <https://www.or-medicaid.gov>
- If approved, OHA will issue authorization notices once the provider has confirmed the individual has returned to the residential setting.
- Retainer payments will be at the facility's Tier 1 rate.

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# Retainer Payment PA requirements

- OAR 410-172-0705(22) allows RTH and RTF providers to submit retainer payment PA requests:
  - For Medicaid-eligible individuals in an RTH or RTF setting
  - For a temporary absence of 30 days or less
  - For medical or psychiatric reasons (e.g., hospitalization)
- The PA request must include:
  - Requested dates (units) of temporary absence,
  - Service code T2033 with modifier HK (plus modifier HW if the individual is 1915(i)-eligible), and
  - Clinical information supporting the medical or psychiatric reason for absence.

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# Retainer Payment PA requirements, cont'd

- When to submit requests:
  - Submit initial requests within 2 business days of the qualified absence.
  - Submit extension requests at least 2 business days before the initial authorization ends.
- OHA will not approve the PA until the provider confirms the individual has returned to the residential setting.
- The provider confirms the individual's return by:
  - Uploading an updated Retainer Payment form with the return date, through the Provider Web Portal, to the originally submitted PA.
  - **Do not enter a new PA request.** Edit the existing request only.

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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

1

2

setup account

Callout 1: Login ID is your 6 or 9-digit Medicaid provider ID

Callout 2: PIN is issued by OHA and is case-sensitive

**Account Setup** ? ⬆

Login ID 506662624  
Personal Identification Number CXMPFcAMf

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

User Name*	JAMJON	Password*	●●●●●●●●
Contact Last Name*	Jones	Confirm Password*	●●●●●●●●
Contact First Name*	James	EEmail*	james@jones.com
Phone Number*	(503)555-1212	Confirm Email*	james@jones.com
1st Secret Question*	color of sky		
1st Answer*	blue		
2nd Secret Question			
2nd Answer			

**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**

Password requirements:

1. At least eight characters
2. One upper-case letter
3. One lower-case letter
4. One number or special character

## 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 EMail\*    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

remove clerk    add clerk    2

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**

**Email**

**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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# **SUBMITTING PA REQUESTS**

# Start a new PA request

- Anyone with the **Prior Auth Submit** role can submit a PA request.
- Submit the request within 2 business days of the qualified absence.
- 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\*** CLIENTID [ Search ]      2 **PA Assignment\*** 64-HSD-MH RETAINER PAYMENT

**Last Name** LASTNAME      **Special Considerations\*** No

**First Name, MI** FIRSTNAME      **Referring Provider ID** [ Search ]

**Date of Birth** 1/1/1970      **Attachments\*** No

**Vendor Patient Account Number** [ ]      **Clerk** CLERK1      **CLERK**      **NAME**

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

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

**Diagnosis Number** [ ]      **Diagnosis Code** [ Search ]

**Diagnosis Name**

3

delete      add

next

## Complete base information fields

1. Enter resident's client ID
2. Choose PA assignment **HSD-MH Retainer Payment**
3. 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	T2033					Evaluation		
Type data below for new record												
Line Item	01											
Service Type Code*	Procedure Code				ICD Procedure					Requested Eff/End Date*	03/01/2019	03/30/2019
Procedure	T2033 [ Search ]				Thru Service					Requested Units/Dollars	30	\$0.00
Modifier 1:	HK [ Search ]				2:					Authorized Eff/End Date		
Modifier 3:	[ Search ]				4:					Authorized Units/Dollars	0	\$0.00
Tooth	[ Search ]				Quad					Balance Units/Dollars	0	\$0.00
NDC Lock					NDC					Quantity Used Units/Dollars	0	\$0.00
Revenue Code												
Status	Evaluation											
Service Provider ID	123456789 [ Search ]											
										delete		add
					previous	next						

## Enter Line Item information

1. Service Type Code: Procedure Code
2. Procedure Code for retainer payment is **T2033**
3. Modifier(s) – Enter from left to right (**HK required; HW if 1915i**)
4. Enter Service Provider ID: The facility's Medicaid ID
5. Requested start and end dates, units (days)
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 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 text area labeled "Description\*" with the placeholder text "Type notes here". A yellow callout "2" points to this text area. To the right of the text area is a "Spell Check" button. At the bottom right, there are four buttons: "delete", "add", "coversheet", and "save". A yellow callout "1" points to the "add" button. At the bottom center, there is a "previous" button. A yellow callout "3" points to the "save" button. A question mark icon is in the top right corner of the form header.

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 PAXXXXXXXXXX **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** ?

\*\*\* 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 410-172-0705 (22) for documentation requirements

# 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.

The screenshot shows a web application window titled "Upload Attachments" with a yellow header and a blue sub-header "PA Attachments". The main area contains a "Select File to Upload" field with a "Browse..." button (1). To the right is a "Priority" dropdown menu (2) with options "Routine", "Urgent", and "Immediate". Further right is an "upload" button (3). The status bar at the bottom left displays "\*\*\* No rows found \*\*\*".

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# What happens next?

- OHA will review requests within one business day.
  - If it does not meet OAR requirements for Medicaid retainer payment, OHA will deny the request.
  - If it does meet OAR requirements, OHA will change the status from “Evaluation” to “Ready to Review.”
- The request will remain in “Ready to Review” status until the individual’s return date is confirmed.
- To confirm the individual’s return date:
  - Find the existing PA request, and
  - Upload the updated Retainer Payment form to the PA.

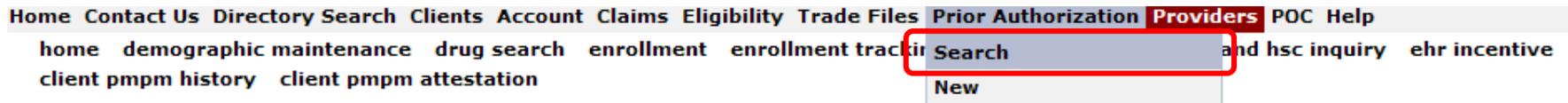
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# **FINDING AND UPDATING PA REQUESTS**

# Finding existing PA requests

- Anyone with the **Prior Auth Inquiry** role can do this.
- 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.

## Recent Prior Authorizations

1 Prior Authorization	Client ID	Status	PA Assignment	Start Date	Procedure	NDC	Diagnosis
PAXXXXXX1	CLIENTID	Evaluation	HSD-MH RETAINER PAYMENT	06/20/2019	T2033		
PAXXXXXX1	CLIENTID	Ready for Review	HSD-MH RETAINER PAYMENT	06/20/2019	T2033		

## 2 Prior Authorization Search:

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

# Find and select the existing PA request

- Results display below the search criteria you enter.
- If the status is **Ready for Review**, you need to update the PA by uploading the updated Retainer Payment form.
- To open the PA, click the row that contains the request.

**Prior Authorization Search: MCD** ? ⬆

Prior Authorization  Client ID  [ Search ]

Start Date  Client Name FIRSTNAME LASTNAME

NDC  [ Search ] Status

Procedure  [ Search ] PA Assignment

Diagnosis  [ Search ] Service Provider ID  [ Search ]

Revenue Code  [ Search ]

**Search Results**

Prior Authorization	Client ID	Last Name	First Name	Status	PA Assignment	Start Date	Procedure	NDC	Revenue Code	Service Provider
PAXXXXXX1	CLIENTID	LAST	FIRST	Evaluation	HSD-MH RETAINER PAYMENT	06/20/2019	T2033			123456789 NPI
PAXXXXXX1	CLIENTID	LAST	FIRST	Ready for Review	HSD-MH RETAINER PAYMENT	06/20/2019	T2033			123456789 NPI

# Update the existing PA request

At the bottom of the PA request, click **Attachments**.

**Base Information**

<b>Prior Authorization</b> PAXXXXXXX1	<b>PA Assignment</b> HSD-MH RETAINER PAYMENT	
<b>Client ID</b> CLIENT ID	<b>Special Considerations</b> NO	
<b>Last Name</b> LASTNAME	<b>Referring Provider ID</b>	
<b>First Name, MI</b> FIRSTNAME	<b>Attachments</b> NO	
<b>Date of Birth</b> 1/1/1970	<b>Clerk</b> CLERK1	CLERK NAME
<b>Vendor Patient Account Number</b>	<b>Provider</b> 123456789	NPI

**Diagnosis**

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

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	30	\$0.00	0	\$0.00	T2033					Ready for Review	123456789 NPI
02	15	\$0.00	0	\$0.00	T2033					Evaluation	123456789 NPI

Type changes below.

Line Item 01	Requested Eff/End Date* 03/01/2019	Requested Eff/End Date* 03/30/2019	
Service Type Code* Procedure Code	Requested Units/Dollars 30	Requested Units/Dollars \$0.00	
Procedure T2033 [ Search ]	Thru Service [ Search ]	Authorized Eff/End Date	Authorized Units/Dollars 0 \$0.00
Modifier 1: HK [ Search ]	2: [ Search ]	Authorized Eff/End Date	Authorized Units/Dollars 0 \$0.00
Modifier 3: [ Search ]	4: [ Search ]	Balance Units/Dollars	Balance Units/Dollars 0 \$0.00
Tooth [ Search ]	Quad [ Search ]	Quantity Used	Quantity Used 0 \$0.00
NDC Lock	NDC	Units/Dollars	Units/Dollars 0 \$0.00
Revenue Code			
Status Ready for Review			
Service Provider ID 123456789 NPI [ Search ]			

**Notes**

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

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

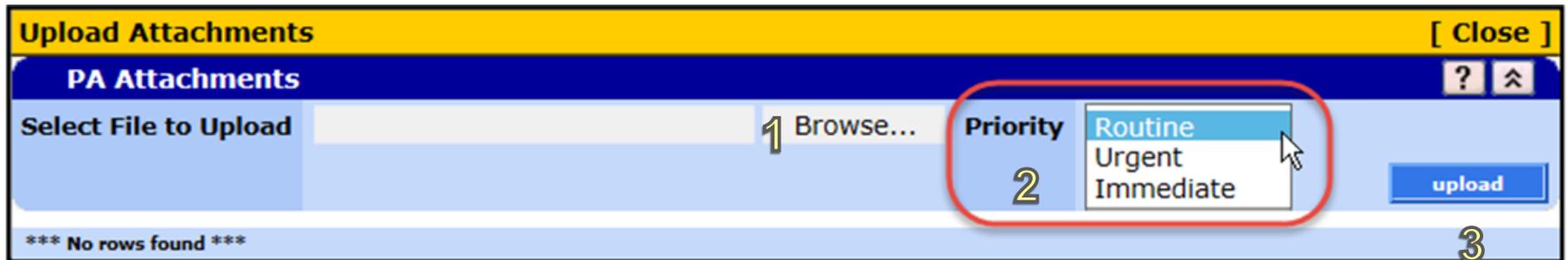
Description

copy PA **Attachments**

# Upload attachments

Upload the updated Retainer Request Form.

1. Click on the “Browse” button at the end of the “Select File to Upload” field. Select the PDF of the form from your network folders.
2. Use the default priority setting (“Routine”). Please do not change this setting.
3. Click the upload button when you have selected the file.



The screenshot shows a web form titled "Upload Attachments" with a yellow header bar. Below the header is a blue bar labeled "PA Attachments" with a question mark and an up arrow icon. The main form area has a light blue background. On the left, there is a label "Select File to Upload" next to a text input field. To the right of the input field is a "Browse..." button with a large number "1" next to it. Further right is a "Priority" dropdown menu with a large number "2" next to it. The dropdown menu is open, showing three options: "Routine" (highlighted in blue), "Urgent", and "Immediate". A mouse cursor is pointing at the "Routine" option. To the right of the dropdown menu is an "upload" button. At the bottom left of the form, there is a message: "\*\*\* No rows found \*\*\*". At the bottom right, there is a large number "3". In the top right corner of the form, there is a "[ Close ]" button.

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# What happens next?

- The status of the PA will change from “Ready for Review” to “Information Received.”
- OHA will review requests in “Information Received” status within one business day.
- If the request is approved, OHA will:
  - Change the PA status to “Approved”
  - Mail an approval notice to your MMIS “Mail-To” address.
  - Include the Tier 1 rate and approved dates of temporary absence.
- If you don’t get the PA notice:
  - Contact Provider Enrollment to update your mailing address.
  - 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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## **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).

Name	Document Type	Effective Date	File Description
172-changes-04042017.pdf	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](#)

# Provider Web Portal

The Provider Web Portal gives you free, real-time information about Oregon Health Plan (OHP) eligibility, claim status, prior authorization status, and more. You can also submit individual claims, prior authorization and plan of care requests.

[Log into the Provider Web Portal: Available 24 hours a day, 7 days a week  
https://www.or-medicaid.gov »](https://www.or-medicaid.gov)

## If your office is new to the Provider Web Portal:

Follow the steps in our [Quick Setup Guide](#), then [set up clerk accounts](#) to give staff access to the features they need.

- To setup your office's account, 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 11 or Mozilla FireFox).
- **If you need a PIN:** Email your provider name and Oregon Medicaid provider number to [Provider Services](#) (800-336-6016).

## If your office already uses the Provider Web Portal:

The Provider Web Portal administrator in your office can give you access to the features you need (such as Claims, Eligibility, Remittance Advice, Plan of Care, Prior Authorization, Benefits and Prioritized List Inquiry).

- **If you 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](#).

## Provider Web Portal resources

Documents	Topic	Document Type
<a href="#">How to use Benefits and Prioritized List inquiry</a>	Eligibility verification, Prior Authorization, 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 21 total items)

## Quick links

### Account setup

- [Quick Set Up Guide](#)
- [Set up clerk accounts](#)

### Training videos

- [View our YouTube playlist](#)

### Need help?

- [Frequently asked questions](#)
- [Troubleshooting tips](#)
- [Check Internet Explorer compatibility](#)

### Questions? Call 800-336-6016

- **For web portal help:** Choose option 5, then option 1

# 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 contacts

- Provider Services
  - 800-336-6016 (Option 5) or [dmap.providerservices@dhsoha.state.or.us](mailto:dmap.providerservices@dhsoha.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@dhsoha.state.or.us](mailto:provider.enrollment@dhsoha.state.or.us)
  - Update your MMIS Mail-To address (for PA notices)
- HSD Contracts
  - [ABH.ResidentialCapacityReporting@dhsoha.state.or.us](mailto:ABH.ResidentialCapacityReporting@dhsoha.state.or.us)
  - Questions about retainer payment PA decisions

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## **NEXT STEPS**

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# What we learned

- Starting July 1, to receive retainer payments for Medicaid-eligible individuals, you must submit PA requests to OHA (not KEPRO).
- The web portal is the best way to submit 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