Oregon Medicaid Provider Portal
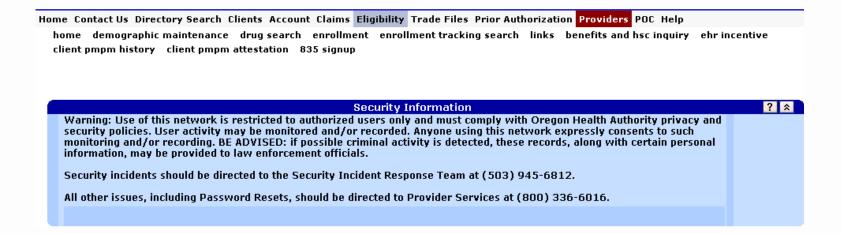
Eligibility

Benefit plan, coordinated care enrollment and fee-for-service (open card) information for Oregon Health Plan members

Oregon Health Authority

To get to the Eligibility screen:

- After logging into the secure site at https://www.or-medicaid.gov, click **Eligibility.**

To verify member eligibility:

1. Enter the member's information in one of the accepted combinations.
2. Enter dates of service.
3. If you want to know about service limitations for a procedure code, enter the code.
4. Click **search.**

Please enter one of these combinations:
* Client ID (or SSN) and Birth Date
* Client ID (or SSN), Last Name and First Name
* Client ID (or SSN), Last Name and Birth Date
* Client ID (or SSN), First Name and Birth Date
* Last Name, First Name and Birth Date
* Client ID (or SSN), Last Name, First Name and Birth Date

Eligibility Verification Request

Client ID	MJ301G5D	From DOS 11/19/2014
Last Name		To DOS 11/19/2014
First Name		Procedure [Search]
Birth Date	05/01/1980	
SSN		

search

clear

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Member's eligibility information

1 — Client Information

Client ID	AA#####A	Last Name	BMHFAM
Birth Date	12/09/1997	First Name	MICHAEL
Hospital Presumptive Eligibility	No	Last EPSDT	
Medicare A		Last Dental Visit	
Medicare B			
MedicareD		Branch ID	5503
		Phone Number	(800)699-9075

2 — Benefit Plan

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	11/19/2014	11/19/2014		$0.00	M1
CRN - Contract Nursing	11/19/2014	11/19/2014		$0.00	M1
SMHS - State Medicaid Mental Health Services	11/19/2014	11/19/2014		$0.00	M1

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

3 — Service Type Coverage and Copay

*** No rows found ***

For more information about benefit plans and OHP Plus copayments, go to http://www.oregon.gov/OHA/healthplan/Pages/tools_prov/electronverify.aspx

4 — TPL

*** No rows found ***

5 — Managed Care

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
WILLAMETTE VALLEY COMM. HEALTH	(866)362-4794	CCOA	11/19/2014	11/19/2014

Visit http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx to view Managed Care Plans by County Comparison Charts

6 — Lockin

*** No rows found ***

7 — Service Limitations

Enter a Procedure Code on the Elgibility Verification Request panel to search for Service Limitations

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Sections:

1. Client Information
2. Benefit Plan
3. Service Type Coverage and Copay
4. TPL (Third Party Liability)
5. Managed Care
6. Lockin
7. Service Limitations

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Client Information section

- If the member has Medicare A, B or D, the effective dates will be listed on this screen.

Client Information				? ⌃
Client ID	AA#####A	**Last Name**	BMHFAM	
Birth Date	12/09/1997	**First Name**	MICHAEL	
Hospital Presumptive Eligibility	No	**Last EPSDT**		
Medicare A		**Last Dental Visit**		
Medicare B				
MedicareD		**Branch ID**	5503	
		Phone Number	(800)699-9075	

Benefit Plan section

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	11/19/2014	11/19/2014		$0.00	M1
CRN - Contract Nursing	11/19/2014	11/19/2014		$0.00	M1
SMHS - State Medicaid Mental Health Services	11/19/2014	11/19/2014		$0.00	M1

Only these codes indicate OHP or CWM benefits:

- BMH: OHP Plus

- BMP: OHP Plus Supplemental (added vision and dental services for pregnant OHP Plus members)

- BMD: OHP with Limited Drug (same adult benefits as OHP Plus, except for drugs covered by Medicare Part D)

- BMM: Qualified Medicare Beneficiary (QMB) and OHP with Limited Drug

- MED: Qualified Medicare Beneficiary (QMB)

- CWM: Citizenship-Waived Medical (CWM)

- CWX: CWM Plus (OHP Plus benefits for pregnant CWM members)

- DEN, DNT: OHP Dental (dental-only benefits)

Service Type Coverage section

- Click a benefit plan row to see the types of service the plan covers.
- Click **Next>** to see additional pages of this information.

Benefit Plan					
Benefit Plan	**Effective Date**	**End Date**	**Remaining Out Of Pocket**	**Remaining Deductible**	**PERC Code**
BMH - OHP Plus	11/19/2014	11/19/2014		$0.00	M1
CRN - Contract Nursing	11/19/2014	11/19/2014		$0.00	M1
SMHS - State Medicaid Mental Health Services	11/19/2014	11/19/2014		$0.00	M1

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

Service Type Coverage and Copay					
Benefit Plan	**Effective Date**	**End Date**	**Service Type**	**Coverage**	**Copay**
BMH - OHP Plus	11/19/2014	11/19/2014	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	11/19/2014	11/19/2014	CHIROPRACTIC	ACTIVE	$3.00
BMH - OHP Plus	11/19/2014	11/19/2014	DENTAL CARE	LIMITATIONS	
BMH - OHP Plus	11/19/2014	11/19/2014	DIAGNOSTIC X-RAY	ACTIVE	$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	HOSPITAL	ACTIVE	$3.00
BMH - OHP Plus	11/19/2014	11/19/2014	HOSPITAL - INPATIENT	ACTIVE	$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	DIAGNOSTIC LAB	ACTIVE	$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	HOSPITAL - OUTPATIENT	ACTIVE	$3.00
BMH - OHP Plus	11/19/2014	11/19/2014	MATERNITY	ACTIVE	$0.00
BMH - OHP Plus	11/19/2014	11/19/2014	AUDIOLOGY EXAM	ACTIVE	$3.00

1 2 3 Next >

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TPL

- If member has other health coverage and OHA knows about it, this section will list the TPL.

- Always bill TPL first.

- If the member has other coverage not listed on this screen, report it at www.ReportTPL.org.

TPL
*** No rows found ***

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Managed Care/Primary Care Home section

- This section will list the member's coordinated care organization (CCO) and/or FQHC/RHC primary care home.
- The **Plan Type** column shows the type of care the CCO covers.
- If no CCO is listed, then OHA covers the member's care on a fee-for-service ("open card") basis.

Managed Care				
Provider Name	**Provider Phone**	**Plan Type**	**Effective Date**	**End Date**
WILLAMETTE VALLEY COMM. HEALTH	(866)362-4794	CCOA	11/19/2014	11/19/2014

Code	*Plan Type*
APM	Primary Care Home. Contact this provider to coordinate care.
CCOA	CCO: Covers physical, mental and dental health care
CCOB	CCO: Covers physical and mental health care
CCOE	CCO: Covers mental health care only
CCOF	CCO: Covers dental care only
CCOG	CCO: Covers mental and dental health care

Lockin section

- If the member must use a specific pharmacy to fill prescriptions, this section will list the member's pharmacy.

Lockin
*** No rows found ***

Service Limitations section

- If you entered a procedure code before clicking search, this section will list service limitations for that code.

Service Limitations

Enter a Procedure Code on the Elgibility Verification Request panel to search for Service Limitations

Reminders

Steps to verify a service is covered:

1. Verify member eligibility on the date of service. Benefit plans determine the level of coverage.

2. Search the Prioritized List for covered procedure and diagnosis code pairs.

3. Review the Fee-for-Service Fee Schedule. Some code pairs may be covered according to the Prioritized List, but may only be covered by the CCO, not fee-for-service by OHA.

Oregon Health Authority