MMIS Provider Portal
Prior Authorization

Submit and check status on prior authorization requests for open card (fee-for-service) Oregon Health Plan members

Who can submit requests or check status?

- Anyone with the "Prior Auth Submit" role can submit requests.
- Anyone with the "Prior Auth Inquiry" role can search for and view submitted requests.
- An administrator or clerk with the Clerk Maintenance role may add these roles to other clerks.
- To learn more about updating or adding clerks, [view OHA's Account Maintenance guide](#).
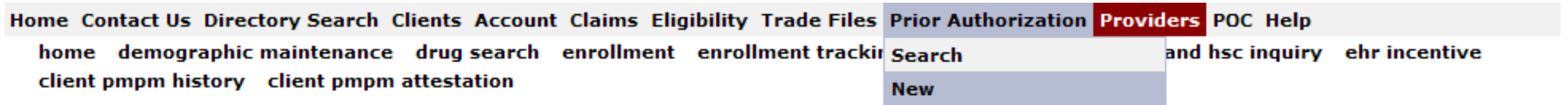
Submitting a
prior authorization request

Go to https://www.or-medicaid.gov

- Click **Account > Secure Site**
- After login, click **Prior Authorization > New**

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client pmpm history   client pmpm attestation | 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 section

1. Enter client ID
2. Choose PA assignment
3. Click **add** for each diagnosis
4. Enter diagnosis code (do not include decimal)
5. Click **next**

Line Item section

1. Choose code type*
2. Enter service code
3. Enter rendering provider ID
4. Enter start and end dates
5. Enter requested units (imaging services require two units)
6. Click **add** to enter additional line items
7. Click **next** to continue

*The Service Type Code field changes to reflect chosen service code (Procedure Code, Revenue Code or NDC).

Notes section (optional)

If entering Notes:
1. Click **add**
2. Type notes in Description field
3. Click **save** to submit

> **For Immediate (24-hour) or Urgent (72-hour) processing,** please add a note stating whether the request is immediate or urgent, and why. Always do this for requests that need faster processing. Attach documentation to support the request.

After you submit:

- A message screen will appear. Note the Prior Authorization number to check status later.

- Click **Attachments** to upload supporting documents.

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. Choose the Priority. The default priority setting is "Routine." For 24-hour processing, choose "Immediate." For 72-hour processing, choose "Urgent."

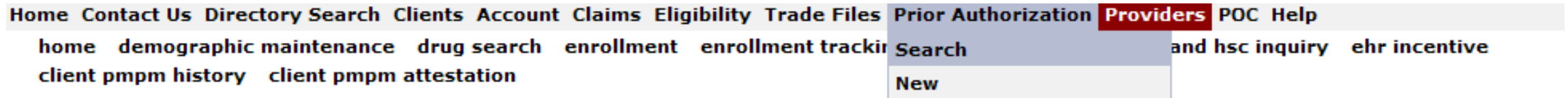3. Click the **upload** button when you have selected the file.
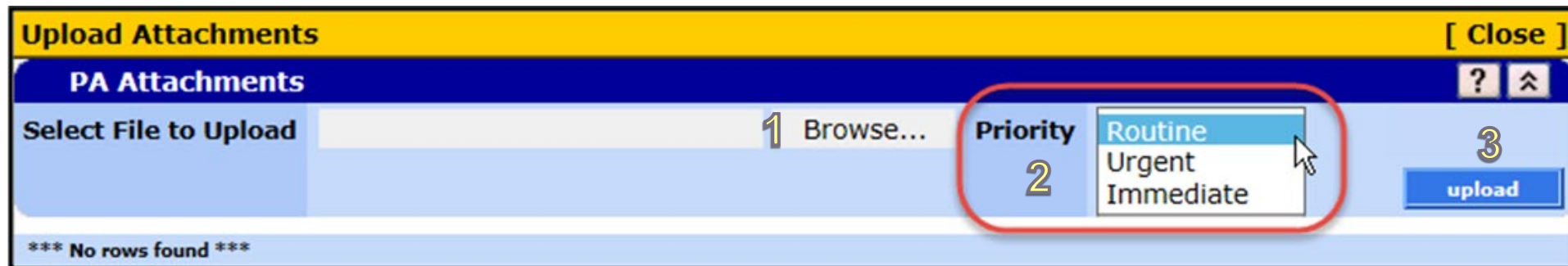
Check prior authorization status

Go to https://www.or-medicaid.gov

- Click **Account > Secure Site**

- After login, click **Prior Authorization > Search**

Home   Contact Us   Directory Search   Clients   Account   Claims   Eligibility   Trade Files   **Prior Authorization**   **Providers**   POC   Help

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To find a request, you can:

1. Choose a request from the Recent Prior Authorizations list. Click a row to view the request. **Or**

2. Use Prior Authorization Search to search using specific criteria. Enter the criteria, then click **search**.

Search Results section

- If you searched using specific criteria, this section displays below the Prior Authorization Search.

- Click a row to view the request.

Viewing a request

The full request displays.

1. The Clerk field shows who submitted the request.

2. The Status field shows the status of your request*.

3. If the request is approved, authorized dates, units and dollars will display here.

Status codes:
- **Evaluation**: has not been reviewed yet
- **Pending**: in the review process
- **Approved**
- **Denied**
- **Informational**: no PA required
- **Withdrawn**: duplicate PA

Need help?

Contact OHP Provider Services

800-336-6016, option 5

team.provider-access@odhsoha.oregon.gov

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at dmap.providerservices@odhsoha.oregon.gov or 800-336-6016 (voice). We accept all relay calls.

Oregon Health Plan

Provider Services

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800-336-6016

OHP.Oregon.gov/Providers

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