

September 2024

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, <u>view OHA's</u> <u>Account Maintenance guide</u>.



Submitting a prior authorization request

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

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

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

home demographic maintenance drug search enrollment enrollment trackir Search and hsc inquiry ehr incentive 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 ne	xt
-------------	----

Base Informa	tion									?
1	Client ID*		[Search]	2	PA Assignment*	04-PHYSICIAN		-		
	Last Name			Special	Considerations*	No 💌				
Fi	rst Name, MI	MANLY		Refe	rring Provider ID		[Search]			
	Date of Birth				Attachments*	No 💌				
Vendor Patient Acc	ount Number				Clerk	TRAIN34		TRAIN	34	
-Diagnosis Code-			S	elect rov	w below to update	-or- type data be	elow to add.			
Diagnosis Numbe	r Diagnosis Code	Diagnosis Name								
A	SU22XXA	Fracture of na	isal bones, ir	lit enchtr	for closed fracture					
Diagnosis Number	1			4	Diagnosis Code*	S022XXA [Searc	h]			
Diagnosis Name	Fracture of r closed fractu	nasal bones, in ure	it encntr fo	or						3
					5			de	lete	add
					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

	Line Iter	n												?
	Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Serv	ice NDC	Revenu Code	e ICD Procedure	Status Serv	ice Provider ID		
	A 01	0	\$0.00	0	\$0.00	30435					Evaluation 506	575929 MCD		
							Type d	ata bel	ow for r	ew record.				
_	Line Item	01							4	Requested Eff/End Date*	10/01/2015	10/01/2015		
1	Service Type Code*	Procedure	e Code 💌		ICD	Procedure			5	Requested Units/Dollars	1	\$0.00		
2	Procedure	30435	[Search	1		Thru Service		[Search]	Authorized Eff/End Date				
	Modifier 1:	[Sea	rch]			2:	[Search]		Authorized Units/Dollars	0	\$0.00		
	Modifier 3:	[Sea	rch]			4:	[Search]						
	Tooth	[Sea	rch]			Quad	[Search]		Balance Units/Dollars	0	\$0.00		
	NDC Lock					NDC				Quantity Used Units/Dollars	0	\$0.00		
	Revenue Code													
	Status	Evaluation	I											
3	Service Provider ID	50667592	9	MCD [Sea	irch]					_				6
										7			delete	add
								previous		next				

*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 (72hour) 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.

Notes										?
Line Number	Date Entered	Description	Provider Entered	Date Mailed						
1	12/03/2013		Yes	12/03/2013						
					Type data below for new	record.				
2	Type note	s here				<u>^</u>				
Description*										
						-				
							Spell Check		1	
								delete	add	coversheet
					previous			3	save	cancel

After you submit:

- A message screen will appear. Note the Prior Authorization number to check status later.
- Click Attachments to upload supporting documents.

The followin	g messages were generated:									
Message D	escription			Panel	Field	Row				
Save was Successful.										
Request is in	Evaluation status only, and has not been approved			Notes						
When proces	ssed, your Prior Authorization number will be 1015244001			Notes						
CIICK COVERSI	neet batton below to generate Coversheet for Supporting Documentation			Notes						
For detail ins	structions on how to submit Coversheet for Supporting documentation, navigate to Providers - links			Notes						
Provider 50	06675929 MCD									
Notes						?				
*** No rows four	d ***					_				
	Select row above to update -or- click Add button below.									
Description										
Description										
	× ×									
		Paull Charle								
		open cneck								
				_						
			delete	add	cover	rsheet				
	previous	(Attachments	save	cand	el				

Upload attachments

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

- 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 24hour processing, choose "Immediate." For 72-hour processing, choose "Urgent."
- 3. Click the **upload** button when you have selected the file.

Upload Attachments	;	[Close]
PA Attachments		? * `
Select File to Upload	Browse Priority Routi Urgen Imme	ine nt 3 ediate upload
*** No rows found ***		



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 Provid	ers POC Help
home demographic maintenance drug search enrollment enrollment tracki	Search	and hsc inquiry ehr incentive
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 security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certa information, may be provided to law enforcement officials.	privacy and to such in personal
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.	

To find a request, you can:

1

- 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**.

		Recent P	ecent Prior Authorizations					
Prior								
Authorization	Client ID	Status	PA Assignment	Start Date	Procedure	NDC	Diagnosis	
		Evaluation	PHYSICIAN	09/01/2015	22840		M71011	
		Evaluation	PHYSICIAN	09/01/2015	30435		S022XXA	
		Evaluation	PHYSICIAN	09/01/2015	22840		M71011	



Search Results section

- If you searched using specific criteria, this section displays below the Prior Authorization Search.
- Click a row to view the request.

Prior Autho	orization	Search:	50667592	9 MCD								? *
Prior Authoriza	tion				Client ID	MJ301G5E		[Search]			
Start [Date				Client Name	TOMMIE B	MHFAM					
	NDC		[Search]		Status				-			
Proced	lure		[Search]	PA	Assignment					-		
Diagn	osis	[S	earch]	Service	Provider ID			[Sea	arch]			search
				Re	venue Code	[Sea	arch]					clear
												add
						Search R	esults					
Prior		Last	First		PA					Service		
Authorization	Client ID	Name	Name	Status	Assignment	Start Date	Procedure	NDC	Revenue Code	Provider		
				Evaluation	PHYSICIAN	09/01/2015	22840			1376854091	NPI	
				Evaluation	PHYSICIAN	09/01/2015	22840			1376854091	NPI	

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.



Need help?

Contact OHP Provider Services

800-336-6016, option 5

team.provider-access@odhsoha.oregon.gov



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

Oregon Health Plan Provider Services 500 Summer St NE, E44 Salem, OR 97301 800-336-6016 OHP.Oregon.gov/Providers

