

---

# Oregon Health Plan Provider Web Portal

## Eligibility

Client benefit plan, managed and coordinated care  
enrollment and fee-for-service (open card) information



January 2016

---

# Providers Page

Home Contact Us Directory Search Clients Account Claims **Eligibility** Trade Files Prior Authorization **Providers** PDC Help  
home demographic maintenance drug search enrollment enrollment tracking search links benefits and hsc inquiry ehr incentive  
client pmpm history client pmpm attestation 835 signup

Click Eligibility

## 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.

# Eligibility

**Eligibility Verification Request**

Client ID	MJ301G5D	From DOS	01/01/2016
Last Name	<input type="text"/>	To DOS	01/12/2016
First Name	<input type="text"/>	Procedure	<input type="text"/> [ Search ]
Birth Date	05/01/1980		
SSN	<input type="text"/>		

search clear

1. Enter client information
2. Enter dates of service
3. 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 File

1

Client Information	
<b>Client ID</b>	MJ301G5D
<b>Birth Date</b>	05/01/1980
<b>Medicare A</b>	
<b>Medicare B</b>	
<b>MedicareD</b>	
<b>Last Name</b>	BMHFAM
<b>First Name</b>	MICHAEL
<b>Last EPSDT</b>	
<b>Last Dental Visit</b>	
<b>Branch ID</b>	5503
<b>Phone Number</b>	(800)699-9075

2

Benefit Plan					
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	01/01/2016	01/12/2016		\$0.00	M1
CRN - Contract Nursing	01/01/2016	01/12/2016		\$0.00	M1
SMHS - State Medicaid Mental Health Services	01/01/2016	01/12/2016		\$0.00	M1

3

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

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/verify.aspx>

4

TPL	
*** No rows found ***	

5

Managed Care / Primary Care Home				
Provider Name	Provider Phone	Plan Type	Effective Date	End Date
TRILLIUM COMMUNITY HEALTH PLAN	(877)600-5472	CCOA	01/01/2016	01/12/2016
MULTNOMAH CO FQHC CLINICS	(503)988-3663	APM	01/01/2016	01/12/2016

Visit <http://www.oregon.gov/OHA/healthplan/pages/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 Eligibility Verification Request panel to search for Service Limitations	

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

# Client Information

Client Information			
<b>Client ID</b>	MJ301G5D	<b>Last Name</b>	BMHFAM
<b>Birth Date</b>	05/01/1980	<b>First Name</b>	MICHAEL
<b>Medicare A</b>		<b>Last EPSDT</b>	
<b>Medicare B</b>		<b>Last Dental Visit</b>	
<b>MedicareD</b>		<b>Branch ID</b>	5503
		<b>Phone Number</b>	(800)699-9075

You will see service dates here if client has Medicare A, B or D

# Benefit Plan

CRN and SMHS are usually listed. These and other system codes are for OHA use.

Benefit Plan					
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	01/01/2016	01/12/2016		\$0.00	M1
CRN - Contract Nursing	01/01/2016	01/12/2016		\$0.00	M1
SMHS - State Medicaid Mental Health Services	01/01/2016	01/12/2016		\$0.00	M1

There are seven basic benefit plans:

<b>System code</b>	<b>Benefit plan</b>
BMH	OHP Plus
BMP	OHP Plus Supplemental (this code indicates pregnancy and may be seen along with another basic plan)
BMD	OHP with Limited Drug
BMM	Qualified Medicare Beneficiary (QMB) and OHP with Limited Drug
MED	Qualified Medicare Beneficiary (QMB)
CWM	Citizen/Alien-Waived Emergency Medical (CAWEM)
CWX	Prenatal Expansion for CAWEM clients

# Service Type Coverage

Click a benefit plan row to see co-pay information listed by type of service

Benefit Plan					
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	01/01/2016	01/12/2016		\$0.00	M1
CRN - Contract Nursing	01/01/2016	01/12/2016		\$0.00	M1
SMHS - State Medicaid Mental Health Services	01/01/2016	01/12/2016		\$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	01/01/2016	01/12/2016	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	01/01/2016	01/12/2016	CHIROPRACTIC	ACTIVE	\$3.00
BMH - OHP Plus	01/01/2016	01/12/2016	DENTAL CARE	LIMITATIONS	
BMH - OHP Plus	01/01/2016	01/12/2016	DIAGNOSTIC X-RAY	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/12/2016	HOSPITAL	ACTIVE	\$3.00
BMH - OHP Plus	01/01/2016	01/12/2016	HOSPITAL - INPATIENT	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/12/2016	DIAGNOSTIC LAB	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/12/2016	HOSPITAL - OUTPATIENT	ACTIVE	\$3.00
BMH - OHP Plus	01/01/2016	01/12/2016	MATERNITY	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/12/2016	AUDIOLOGY EXAM	ACTIVE	\$3.00

1 2 3 Next >

Click here to see additional pages

# TPL

TPL

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

Populates if client has private insurance;  
Always bill TPL first

# Managed Care/ Primary Care Home

## Managed Care / Primary Care Home

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
TRILLIUM COMMUNITY HEALTH PLAN	(877)600-5472	CCOA	01/01/2016	01/12/2016
MULTNOMAH CO FQHC CLINICS	(503)988-3663	APM	01/01/2016	01/12/2016

Populates if the member is enrolled in managed/ coordinated care or a primary care home; Check the Plan Type \*

Plan code	Plan Type
CCO	Coordinated Care Organization
FCHP	Fully Capitated Health Plan
PCO	Physician Care Organization
DCO	Dental Care Organization
MHO	Mental Health Organization
APM	Alternate Payment Methodology
PCM	Primary Care Manager

CCO code	Plan Type
CCOA	Physical, mental and dental health
CCOB	Physical and mental health
CCOE	Mental health only
CCOG	Mental and dental health

The Primary Care Home indicators are informational for providers and may assist in coordination of care

These codes indicate enrollment in a primary care home:

- APM indicates a primary care home (this is not the assigned primary care provider for CCO members; contact the CCO)
- PCM indicates a primary care manager.

\* Providers must contract with the plan to authorize and bill services for OHP members, with the exception of APM and PCM (primary care home indicators)

# Lockin

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

Lockin

Populates if client is locked in to using a specific pharmacy

# Service Limitations

## Service Limitations

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

Enter a procedure code before clicking search to display service limitations



# Reminders

## Steps to verify a service is covered:

1. Verify client eligibility on the date of service (benefit plans determine the level of coverage)
2. Search the Prioritized List for procedure and diagnosis code pairing and funding
3. Review the Fee-for-Service Fee Schedule (some codes may be covered according to the Prioritized List, but they may only be covered by a plan, not fee-for-service)

<http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx>

# Do You Need Further Assistance?

## Provider Services Unit

800-336-6016

[dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)

## Medicaid Provider Training

[Medicaid.Provider-Training@state.or.us](mailto:Medicaid.Provider-Training@state.or.us)