
Oregon Health Plan Provider Web Portal

Plan of Care

Instructions on how to view plan of care information



Division of Medical Assistance Programs

November 2013

Mental Health Services

This tutorial is designed for the following mental health providers:

- Adult Foster Home (AFH)
- Residential Treatment Facility (RTF)
- Residential Treatment Home (RTH)
- Secure Residential Treatment Facility (SRTF)

Provider Web Portal Home Page

The screenshot shows the top navigation bar of the Provider Web Portal. The 'Providers' menu item is highlighted in red. Below it, a dropdown menu is visible with the 'Search' option highlighted in blue. A yellow callout box with a black border contains the text 'POC menu, click Search' and has a line pointing to the 'Search' button in the dropdown menu.

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

home demographic maintenance drug search enrollment enrollment tracking search links benefits and Search

client pmpm history client pmpm attestation

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.

POC Search

The screenshot shows a web interface for a Point of Contact (POC) search. At the top is a dark blue header with the text "POC Search". Below the header are three input fields: "From Date", "To Date", and "Client ID". To the right of these fields are two buttons: "search" and "clear". There are also small icons of a question mark and an upward arrow in the top right corner of the form area.

1. Enter search criteria*
2. Click search

* To see a list of all POCs for your provider ID, do not enter search criteria

There should be a POC for every client residing in the home/facility

Search Results

Search results display below search screen

POC Search

From Date To Date

Client ID

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
JESSIE G SPRINGFIELD	ADULT FOSTER CARE PER MONTH	HK				12/17/2011	06/30/2012	7	\$2,800.00	Active

Click on a row to view the POC*

* If there is only one POC, it will display automatically

POC View

POC details display below search results

Search Results											
Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars		
JESSIE G SPRINGFIELD	ADULT FOSTER CARE PER MONTH	HK				12/17/2011	06/30/2012	7	\$2,800.00		
Detail											
Service Auth Number	1204600007					Service Code Type	SPC		Units	1	
Referring Provider ID	500500165					Service Code	S5141		Unit Qualifier	SERVICE	
Referring Provider Name	WASH CO DEPT MENTAL HLTH					Service Description	ADULT FOSTER CARE P		Frequency	MONTHLY	
Rendering Provider ID	506636821					Modifier 1	HK		Dollars	\$2,800.00	
Rendering Provider Name	SPARROW, JACK					Modifier 2			Payment Method	Pay Unit Fee Price	
Client ID	GI500R1L					Modifier 3			Status	ACTIVE	
Client Name	JESSIE G SPRINGFIELD					Modifier 4			Notice Date		
Benefit Plan	State Medicaid Mental Health Services					Effective Date	12/17/2011		Appeal Indicator	N	
	Information submitted on your claim must match information approved on the POC					End Date	06/30/2012		Used Units	0	
						Close Reason			Used Dollars	\$0.00	
									Balance Units	7	
								Balance Dollars	\$2,800.00		
Client Liability											
*** No rows found ***											

Procedure code and modifier

Information submitted on your claim must match information approved on the POC

Dates approved on this POC; if nearing the end date, work with the referring provider to submit a new plan of care request

Client Liability section shows the amount, if any, that a client pays in addition to room and board

Do You Need Further Assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

DMAP Provider Training

provider-trng.dmap@state.or.us