



# Provider Connect Tutorial

Your provider portal for Samaritan Health Plans

**Online eligibility, claims, PCP assignment,  
provider remittance, interpreter services and  
authorization application for providers**

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# User login instructions

## Sign-on and credentials

### Single sign-on

Samaritan Health Plans uses a single sign-on system to simplify the login process for providers and reduce the effort of password management. Single sign-on allows the use of one username and password instead of multiple credentials for several systems. Single sign-on also makes it possible to visit several sites over an extended period without the need to enter credential information repeatedly.

If you have already registered with our single sign-on provider, OneHealthPort, visit us at [ProviderConnect.samhealth.org](http://ProviderConnect.samhealth.org). Otherwise, please review the section of this document “Registering with OneHealthPort” to begin the process.

### Credentials

OneHealthPort will supply your user name and password. These login credentials can be used at any site that participates in the single sign-on process through OneHealthPort, which includes Samaritan’s provider portal, Provider Connect.

## Visiting Provider Connect

If visiting Provider Connect after first going to OneHealthPort and signing on to the single sign-on system, a user may visit Provider Connect afterward and not be required to re-submit credentials.

Visiting the Provider Connect page without first signing on at OneHealthPort will simply result in being redirected to OneHealthPort where you will have the opportunity to log in with your OneHealthPort credentials. After this, you will be re-directed back to Provider Connect.

Subsequent visits to other sites and to Provider Connect will not require signing in again at OneHealthPort.

The easiest way to access Provider Connect is from the OneHealthPort single sign-on page at [OneHealthPort.com](http://OneHealthPort.com) and clicking on the Samaritan Health Plans link.

### Screen 1. OneHealthPort login prompt



# Information browsing and profile selection

## Profile selection

Once signed into Provider Connect, you will be presented with user profiles, associated with your user name, on the Provider Connect Provider Selection landing page. These profiles represent organizations with which you are affiliated through OneHealthPort.

Selection of one of these profiles will present you with a menu for searching for information that is associated with that profile. Information within Provider Connect is compartmentalized according to each profile. Information can be found according to searches such as claims, benefits, eligibility, etc. Please see the section “Using Provider Connect” for further details on the information gathering process.

**Screen 2.** Provider Connect provider selection landing page

Tax ID	NPI	Name	Specialty	Address
<a href="#">Select</a> 930110095	1154372340	ALBANY GENERAL HOSPITAL		1046 6TH AVE SW Albany, OR
<a href="#">Select</a> 930932697	1548313356	ELM STREET PHARMACY		1010 7TH AVE SW Albany, OR

Since patient and member information is compartmentalized by provider organizations with which a plan member has been given treatment or referrals, profile selection will determine what information and which members are visible. Selecting the correct provider is required to successfully locate certain information.

When finished searching for information under a chosen profile, you may return from the search screen by either backing out or by choosing the “Select New Provider” link to be returned once again to the list of user profiles associated with your username.

Once you have returned to the landing page presenting user profiles, you may select a different profile to find member information. Different profiles will reach different available member information.

## Browsing other sites

You are able to visit other websites, change and close browser tabs or visit other health plan websites participating in single sign-on via OneHealthPort while preserving your login credentials for Provider Connect. Clicking the “Return to OneHealthPort” link will end your Provider Connect session and return you to the OneHealthPort single sign-on link. This will allow you to visit other participating plans without logging back in.

Returning to Provider Connect at any time after initial sign-on results in passing directly through to the Provider Connect landing page. If you close your browser entirely or your connection remains inactive for an extended time, your credentials will expire and repeating the sign-on process will be necessary.

## Security

Individual provider offices are required to keep protected health information secure. Your particular interface to PHI, including computers and mobile devices, must be kept secure from access by other individuals after sign-on to OneHealthPort. Access to a great variety and extent of PHI is available after sign-on and the responsibility for information security rests primarily with the end user. Please observe the following requirements:

- Always lock your device or computer when it is not attended by you.
- Keep your device or computer physically secure.
- Use a strong password to secure your device.
- Employ an additional method of automatically locking your device when it is not attended for a period, not to exceed 10 minutes, even if it is only accessible to trusted users and office staff.
- Ensure that resuming activity on your device requires a password to unlock the device.
- Do not share username and login information with other users.
- Each individual should have and use a unique login name and sign-on credentials for OneHealthPort access.
- Please review OneHealthPort's full list of security practices at [OneHealthPort.com](https://www.onehealthport.com).

**Note:** Help on secure password conventions to secure a workstation can be found at the Microsoft password guidelines site. This will state a different convention for passwords than that required online for your OneHealthPort password.

## Signing out: Inactivity and manually logging out

There are two ways to sign out of Provider Connect:

- Exiting the browser, by closing the browser window, will end your OneHealthPort single sign-on session. Logging back in via OneHealthPort will be required to return to Provider Connect.
- Exiting the browser, by clicking the "Return to OneHealthPort" link will end your Provider Connect session and allow you to visit other participating plans without logging back in.

Additional sign-out events include:

- Inactivity for a specified period will result in automatic logout from the system.
- More than one instance of your login name signing on to the system will generate a logout for earlier sessions while keeping the most recent session active.
- Closing all browsers will generate a logout as long as all browser windows are closed.

# Troubleshooting sign-on issues

## Resolving sign-in and password issues

If you are having difficulty signing in to Provider Connect, try the following resolutions.

### OneHealthPort password is not working

If your OneHealthPort password is not working, OneHealthPort provides a password reset form with challenge questions at [OneHealthPort.com](https://onehealthport.com). Further help with a password can be obtained through your organization's OneHealthPort administrator. To get complete information, such as finding or establishing your organization's OneHealthPort administrator, contact OneHealthPort's provider support via [OneHealthPort.com/content/account-manager](https://onehealthport.com/content/account-manager).

(Forgotten passwords can be recovered via OneHealthPort's automated password recovery tool at the OneHealthPort login prompt under "forgot password.").

Causes of username or password rejection from OneHealthPort include:

- Username disuse over a period of time. An administrator considers the account abandoned. This requires having your organization's OneHealthPort administrator re-activate the account.
- Too many failed attempts when entering a password will result in suspension of the account until it is reset by your organization's OneHealthPort administrator.

### OneHealthPort username forgotten

Usernames can be recovered via challenge questions established early in the registration process on the OneHealthPort website. If additional help is needed, such as with remembering your username, please see your organization or office admin who administers OneHealthPort passwords. The administrator can also establish a new username if needed.

### Expired accounts

OneHealthPort accounts do not expire automatically due to disuse or abandonment. However, some organization administrators will remove associations or disable accounts if the account has not been used for a long period or if unusual activity occurs on the account. This requires that a OneHealthPort administrator re-activate the account.

### Accounts that disappear inexplicably

If you have recently left an organization and your OneHealthPort account is now gone, it is likely your account was accidentally deleted rather than disassociated from the previous organization, in which case it will be necessary to contact an administrator to re-establish your account.

Once successfully signed into OneHealthPort and Provider Connect, a provider list should be presented on the Provider Connect landing page.

## Provider Connect tutorial

A link displaying the message “This tax ID is not registered...” indicates that you have not yet done business with Samaritan Health Plans under this tax ID or for other reasons, the tax ID is not recognized or associated with a provider. Instructions linked to that particular message will explain in further detail the process to have this tax ID recognized, which includes associating the correct tax ID or having submitted invoices to Samaritan Health Plans for payment under that tax ID. Contact information for filing claims and submitting invoices can be found on the Samaritan Health Plans contact information website at [samhealthplans.org/SubmitClaims](https://samhealthplans.org/SubmitClaims).

After successfully signing into OneHealthPort and Provider Connect, an incorrect set of user profiles in the provider list may be presented to you on the “Provider Connect Provider Selection” landing page. Lists that seem foreign or give unexpected results for the organizations with which you are affiliated are most likely caused by one of the following:

1. Not being associated with the correct tax IDs for your organization can cause this problem. This can be remedied by contacting the OneHealthPort administrator that created your account. A OneHealthPort organization administrator can verify that your OneHealthPort login ID is correctly associated with the correct tax ID. If the original organization OneHealthPort administrator that created or set up your account is not available, an alternate OneHealthPort administrator can be found by contacting OneHealthPort (contact information given below).
2. A login from a previous user is interfering with your login credentials. The OneHealthPort system may recognize you as a different user who had previously been using the computer you used for signing into OneHealthPort. To remedy this, ensure all browser windows are closed. Re-open your browser and log into OneHealthPort again. If the problem persists, it may be necessary to restart the operating system.

**Note:** Moving between organizations may lead to a situation where you need to contact OneHealthPort for updates to your account tax ID numbers. Some administrators represent more than one organization and have access to create account affiliations with different organizations. An organization must permit a OneHealthPort administrator to affiliate users with that organization’s tax ID. Not all administrators have access to all tax ID associations.

### OneHealthPort login works for other sites, but not Provider Connect

There are cases where an error may be preventing you from entering our site. Please ensure that cookies are enabled in your browser and ensure your browser is compatible with Provider Connect. A current browser list for OneHealthPort is available on OneHealthPort’s main web page. Provider Connect compatible browsers include any Internet Explorer 7 and above and Mozilla Firefox. If you are unable to resolve connecting to Provider Connect, contact us at **888-435-2396** or via our Provider Connect email contact form.

### OneHealthPort login works, but not seeing Provider Connect

In this case, Provider Connect may be down. Please contact us to let us know at **888-435-2396** or via our Provider Connect email contact form.

### **Login session expired**

If you receive this error when returning to Provider Connect, please return to the OneHealthPort single sign-on page and repeat the sign-on process.

### **Registering with OneHealthPort to use Provider Connect**

Overall, the registration process for you to get setup in using OneHealthPort has two paths, one for if your organization has a OneHealthPort administrator already assigned and one if it does not. You must first get an administrator to create an account. You will then accept the account created for you, confirm your identity and lastly, configure the account including creating a personal password.

### **Details of registration with OneHealthPort**

Get a user ID established in OneHealthPort via administrator nomination.

The intent of single sign-on is to use a single username for access to many locations. It is required, for security purposes, to have a single username with OneHealthPort assigned to you.

If your OneHealthPort administrator has left or if you do not know who your OneHealthPort administrator is, visit [OneHealthPort.com](https://www.onehealthport.com) OneHealthPort will assist with creating an administrator and getting through the setup process. In some cases, if you do business with multiple organizations, any one of them may be able to establish your user account. It is acceptable to have your single username established with several organizations and to be affiliated with them within OneHealthPort's system.

If your organization does have a OneHealthPort administrator, contact your OneHealthPort administrator to create an account for you. This person can begin to establish your account with OneHealthPort and vouch for your identity as an employee or affiliate. After they begin the process, you will receive registration information on how to complete the process.

Establishing a new username if an old username is forgotten or needs to be changed will require disabling the previous username.

### **Accept nomination**

Your organization's OneHealthPort administrator will make provisions with OneHealthPort for you to have an account and will send you an invitation with registration information. This nomination for OneHealthPort access is valid for a 30-day period, in which you may proceed to enroll with OneHealthPort.

### **Verify identity**

Once you have accepted the nomination, the OneHealthPort system will require that you verify your identity. This may vary in complexity depending upon how your administrator established your identity, ranging from simply verifying the accuracy of information, to providing online or, optionally, tangible confirmation of your identity.

Typically, the administrator for your organization should be able to vouch for your identity and you will only need to verify the information.



### Set password and configure account

Once you have accepted the nomination, temporary registration information provided by the administrator is automatically deleted from the system. You will be able to create your own permanent password to sign-on at OneHealthPort. The system will also give you an opportunity to update personal information and contact options and will prompt you to create challenge questions for the self-service password reset feature.

## Using Provider Connect

Once a user has logged on and selected a provider profile to view information, they will be directed to their provider home page. From this page, users have five inquiry options:

- Authorizations – to search authorization status and get authorization forms.
- Claims Inquiry – to search claim information.
- Interpreter Service – to search interpreter service form.
- Member Inquiry – to search member eligibility and benefit information.
- Provider Remittance – to search provider remittance information.

Screen 3. Provider home page screen

The screenshot shows the ProviderConnect home page. At the top left is the 'ProviderConnect' logo. On the right, it says 'Logged in as: albert@000 (Albany Internal Medicine Resident Clinic) | Change | Log Out'. Below the logo is a 'Home' section with a navigation menu on the left containing: Home, Member Inquiry, Claims Inquiry, Provider Remittance, Authorizations, Interpreter Service, Select New Provider, and Return to OneHealthPort. The main content area has a 'Welcome to ProviderConnect' message, followed by 'Medical Coverage Policies', 'Provider Manual', and 'Resources And Tools'. A 'Formularies' section lists various insurance plans with links to their respective formularies. On the right side, there is a profile box for 'Albany Internal Medicine Resident Clinic' with the following details: ID, NPI, Specialty: Internal Medicine, Phone: 541-812-3349, Fax: 541-812-2942, Address: 1088 7th Ave SE STE 102, Albany OR 973211987.

# Member Inquiry

## Searching member insurance eligibility

Users may search a member’s insurance eligibility and benefit information by entering either the member ID number or the member’s name (first and last) and birthdate.

**Screen 9.** Member search screen

The screenshot shows a search form titled "Search Options". It contains the following fields and options:

- Last Name:** A text input field with a note below it: "Minimum first 2 letters".
- First Name:** A text input field.
- Birthdate:** A date input field with a mask of **\*\*/\*\*/\*\*\*\*** and a label **MM/DD/YYYY**.
- OR**: A separator text.
- Member ID:** A text input field followed by a dropdown menu currently set to **01**.
- Buttons:** "Search" and "Cancel" buttons at the bottom.

## Explanation of member view information

**Formulary** – A formulary is a list of covered drugs selected by our plan, in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

**Group** – Lists plan(s) under member’s policy.

**Member Eligibility** – Lists product(s) member is eligible for as of current date. Eligibility may include medical, vision, dental and/or pharmacy products. If member is not eligible for any products, it will simply state, “This patient is not eligible.”

**Other Insurance** – If applicable, displays link(s) to other insurance plan(s) for which the member has indicated they are eligible.

**Primary Care Providers** – Member’s current designated primary care provider/dental provider and their contact information, if any.

**Note:** A member’s current eligibility is not a guarantee of benefits. For specific benefit coverage, please contact our Customer Service Department at **541-768-5207** or **888-435-2396**.

## Provider Connect tutorial

### Screen 10. Member information screen

#### Member Information

Name:  
Member ID: Address: ALBANY, OR 973224553  
Relationship: Subscriber/Insured County: LINN  
Birth Date: Phone:  
Gender: Male Email:

#### Subscriber and Group Details

Subscriber (ID):  
Gender:  
Group ID: IHN  
Group: InterCommunity Health Network

#### Member Details

##### Member Eligibility

Current Plan(s)	Effective From	Effective To	Category
<a href="#">InterCommunity Health Network (IHN) CCO Dental</a>	06/01/2020	Present	Dental Product
<a href="#">InterCommunity Health Network (IHN) CCO Plus Medical W/Mental Health</a>	06/01/2020	Present	Medical Product

##### Other Insurance

No Other Insurance assigned.

##### Primary Care Providers (PCPs)

Type	Name	ID	NPI
Dental Primary	<a href="#">Capitol Dental Care</a>	002697	
Medical Primary	<a href="#">Morrow, William E.</a>	075220	1659729986

#### Other Resources

- View recent [Claims](#)
- View recent [Authorizations](#)
- View current [Searchable Formulary](#)
- View current [Printable Formulary](#)

## Claim Inquiry

### Search options within Claim Inquiry.

Users may search for claims using the following search options:

- Search by date of service range – displays all claims within the specified date range associated with your organization by tax ID.
- Search date of service range and by provider – displays all claims within the specified date range associated with one practitioner within your organization.
- Search by member – displays all claims for one member. The user must have either the member's name **and** date of birth or their member ID number.
- Search by claim number – displays information for a specific claim only.

## Provider Connect tutorial

All date of service searches are limited to a maximum of 31 days. Our largest providers should limit their searches further as system timeouts prevent the return of large amounts of data.

### Screen 4. Claims search screen

ProviderConnect

Logged in as: abester003 (ALBANY GENERAL HOSPITAL) | [Change](#)

### Claim Inquiry

- Home
- Member Inquiry
- Claim Inquiry
- Authorizations
- Select New Provider
- Return to OneHealthPort

Search claims by service date or ID.  
Please limit your search to any 1 month period

**Search by Service Date**  
Start Date: 11/04/2014  
End Date: 12/04/2014  
Provider: [Select Provider...](#)  
Member: [Select Member...](#)

**Search by Claim ID**  
ID:

### Screen 5. Provider claim screen

1 claims found

ID	Service Date	Patient	Submitted By	Last Update	Status	Charges
<a href="#">+</a> 14120700000	01/02/2014	Jason Moore	<a href="#">Caremark Illinois Specialty Pharmacy</a>	12/08/2014	Completed	\$2,195.00

Once a claim is opened, both claims summary and detail information is provided, including claim number, claim status, amount plan paid and member cost share.

## Provider Connect tutorial

### Screen 6. Claim detail screen

1 claims found

ID	Service Date	Patient	Submitted By	Last Update	Status	Charges
1412070000	01/02/2014	Jason Moore	<a href="#">Caremark Illinois Specialty Pharmacy</a>	12/08/2014	Completed	\$2,195.00

**Summary**

Member(ID): Jason Moore (100062712-1) Covered Under: [Samaritan Health & Wellbeing 2500/35](#)  
 Subscriber: Jason Moore Group ID: SG250035  
 Group: SAMARITAN SMALL COMMERCIAL PLAN 1

Service Dates: 01/02/2014 to 01/02/2014 Received on: 12/07/2014  
 Status: Completed as of 12/08/2014

Payments: [View Payments](#)  
 Diagnosis: 1540 - Malignant Neoplasm of Rectosigmoid Junction [See More...](#)  
 External Referral/Pre-Authorization ID:

**Claim Items**

This claim has 1 item.

Item	Revenue Code	Procedure Code	Additional Modifier	Total Charge	Allowed	Plan Paid	Capitation Indicator	Not Allowed
1		J8521		\$2,195.00	\$0.00	\$0.00	No	\$2,195.00
Description:				Procedure: Capecitabine, Oral, 500 Mg				
Reason: 073 - Deny All Claim Lines								
<b>Totals:</b>				<b>\$2,195.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$2,195.00</b>

### Screen 7. View payment

#### Payments

Payment Date	Check Number	Check Amount	Check Status	Payment Reference ID
06/05/2014	36226	\$7,568.74	Check Cashed	2014060510100813

[Close](#)

### Screen 8. Claim – benefit coverage information

#### Samaritan Health & Wellbeing 2500/35

- Member: Jason Moore
- Coverage Information and Prior Authorization Form

#### Benefit Plan

Service	Co-Pay	Deductible	Co-Insurance	Limit
Ambulance Ground	\$100.00	\$200.00	30.00 %	\$0.00
Ambulance Out Of State	\$0.00	\$200.00	30.00 %	\$6,000.00
ASC In Network	\$150.00	\$200.00	0.00 %	\$0.00
Chemical Dependency OP In Network	\$35.00	\$200.00	0.00 %	\$0.00
Care Management Services - PCP/Non-Specialist Office Visit	\$0.00	\$200.00	0.00 %	\$0.00
Care Management Services - Specialist Office Visit	\$0.00	\$200.00	0.00 %	\$0.00
CT Scan	\$200.00	\$0.00	0.00 %	\$0.00
Diabetes Education In Network	\$0.00	\$200.00	0.00 %	\$0.00
Diabetic Supplies In Network	\$0.00	\$200.00	30.00 %	\$0.00
Dialysis In Network	\$0.00	\$200.00	0.00 %	\$0.00
DME In Network	\$0.00	\$200.00	30.00 %	\$0.00
Education & Coachings Services - PCP/Non-Specialist Visit	\$0.00	\$0.00	0.00 %	\$0.00
Education & Coachings Services - Specialist Visit	\$0.00	\$0.00	0.00 %	\$0.00

# Provider Remittance

Users may search for provider remittances using the following search options:

- Entering a date range no larger than a one-month period and selecting the line of business.
- Reference ID number.

The screenshot shows the 'ProviderConnect' logo at the top. Below it is a navigation menu with options: Home, Member Inquiry, Claim Inquiry, **Provider Remittance** (highlighted), Authorizations, Interpreter Service, Select New Provider, and Return to OneHealthPort. The main content area is titled 'Remittance Inquiry' and contains a search box with the instruction: 'Search claims by remittance date or ID. Please limit your search to any 1 month period'. There are two search options: 'Search by Remittance Date' and 'Search by Reference ID'. The 'Search by Remittance Date' section includes fields for 'Start Date' (12/29/2023), 'End Date' (01/29/2024), and a 'Line of Business' dropdown menu set to 'Select'. A 'Search' button is located below these fields.

Once date range is entered remittance will populate.

6 remittances found

Payment Reference ID	Date	Total Payment	Check #	Check Status		
	03/02/2023	\$6,736.35		EFT Transmission Confirmed		<a href="#">Download Excel</a>
	03/09/2023	\$8,955.38		EFT Transmission Confirmed		<a href="#">Download Excel</a>
	03/16/2023	\$8,180.93		EFT Transmission Confirmed		<a href="#">Download Excel</a>
	03/23/2023	\$0.00				<a href="#">Download Excel</a>
	03/23/2023	\$9,019.37		EFT Transmission Confirmed		<a href="#">Download Excel</a>
	03/30/2023	\$5,791.93		EFT Transmission Confirmed		<a href="#">Download Excel</a>

[New Search](#)

If a reference ID number was used, that remittance specific will populate.

1 remittances found

Payment Reference ID	Date	Total Payment	Check #	Check Status		
	03/02/2023	\$6,736.35		EFT Transmission Confirmed		<a href="#">Download Excel</a>

[New Search](#)

## Provider Connect tutorial

Users can open the remittance by clicking on the blue +. The opened downloadable remit will show claim payments and any recovered funds. The user is also able to view claims on remit as described in the claims portion of this tutorial.

1 remittances found

Payment Reference ID	Date	Total Payment	Check #	Check Status	Print	Download Excel
	03/02/2023	\$6,736.35		EFT Transmission Confirmed		

CLAIM LEVEL SUMMARY										
Claim ID	Pat Acct #	Submitted Charges	Not Covered	Allowed	Patient Responsibility	Provider Responsibility	COB +/- Adjustment	Withhold	Interest	Net Paid
		\$470.00	\$294.82	\$175.18	\$0.00	\$294.82	\$0.00	\$0.00	\$0.00	\$175.18
		\$224.00	\$128.90	\$95.10	\$0.00	\$128.90	\$0.00	\$0.00	\$0.00	\$95.10
		\$318.00	\$183.94	\$134.06	\$0.00	\$183.94	\$0.00	\$0.00	\$0.00	\$134.06
		\$444.00	\$254.88	\$189.12	\$0.00	\$254.88	\$0.00	\$0.00	\$0.00	\$189.12
		\$318.00	\$183.94	\$134.06	\$0.00	\$183.94	\$0.00	\$0.00	\$0.00	\$134.06
		\$318.00	\$183.94	\$134.06	\$0.00	\$183.94	\$0.00	\$0.00	\$0.00	\$134.06
		\$224.00	\$128.90	\$95.10	\$0.00	\$128.90	\$0.00	\$0.00	\$0.00	\$0.00
		\$330.00	\$189.94	\$140.06	\$0.00	\$189.94	\$0.00	\$0.00	\$0.00	\$140.06
		\$318.00	\$183.94	\$134.06	\$0.00	\$183.94	(\$107.53)	\$0.00	\$0.00	\$26.53
		\$318.00	\$318.00	\$0.00	\$0.00	\$318.00	\$0.00	\$0.00	\$0.00	\$0.00

CLAIM REFERENCE FOR RECOVERED FUNDS						
Claim ID	Pat Acct #	Member Name	DOS	Total Refund Due on Claim	Recovered on Current Payment	Refund Outstanding
			01/27/2023	\$1.43	\$1.43	\$0.00
			01/27/2023	\$1.43	\$1.43	\$0.00
			01/27/2023	\$1.43	\$1.43	\$0.00
			01/27/2023	\$0.72	\$0.72	\$0.00
			01/27/2023	\$0.71	\$0.71	\$0.00

[New Search](#)

# Authorizations

## New authorization/online prior authorization instructions

- Review the [Utilization Management and Service Authorization Handbook](#).

## Authorization Wizard help line 541-768-4409

Help line messages are monitored throughout the day and an authorization specialist will return your call as quickly as possible.

## Authorization Inquiry

There are two options within medical management to start your search:

- A user can access a professional search. This type of search is for prior authorizations that have been submitted for a specific provider.
- A user can access a facility search. This type of search is for prior authorizations that have been submitted for a specific facility.

There are four search options within Medical Management Inquiry:

- The first option, “Authorization ID” search, enables users who have the exact authorization reference number to view status on a specific authorization. (User must include zeros at beginning of the reference number.)
- The second option, “Search,” is to search for a specific member. The user must have either the member’s name and date of birth **or** their member ID number. (This search is not limited to a date range.) The search is accessed after clicking on the blue link titled, “Find a Member.”
- The third option is to search all authorizations submitted for a specific provider. This is done by clicking the search tab only. Provider ID can be entered or the last name of the provider. If user decides to search by last name, they will need to click “Search for Provider” after entering the last name.
- A final option is to do a search by date range only. This search option will display authorizations within the specified date range for all providers a user has access to view.



## Provider Connect tutorial

### Screen 11. Find professional authorizations

Search authorizations by service date or ID.  
*Please limit your search to any 1 month period*

---

**Search by Service Date**

Authorization Type:  Professional  Facility  Both

Start Date:

End Date:

Provider: [Select Provider...](#)

Member: [Select Member...](#)

**Search by Authorization ID**

ID:

### Screen 12. Find facility authorizations

Search authorizations by service date or ID.  
*Please limit your search to any 1 month period*

---

**Search by Service Date**

Authorization Type:  Professional  Facility  Both

Start Date:

End Date:

Provider: [Select Provider...](#)

Member: [Select Member...](#)

**Search by Authorization ID**

ID:

### Screen 13. Search by member

Search Options

---

Last Name:

Minimum first 2 letters

First Name:

Birthdate:  MM/DD/YYYY

OR

Member ID:  -

## Provider Connect tutorial

### Screen 14. Facilities authorization

1 Professional Authorizations found

ID	Patient	Units	Description	Requested By	Authorized To	From	Status
000232942-0	Jason Moore	1	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	Mcgregor, Kimberly A.	Good Samaritan Regional Medical Center	12/10/2014	Approved

New Search

### Screen 15. Facilities authorization

Authorization Details

**Authorization**

ID: 000232942 - 0  
Date: 12/10/2014  
Covered Under: Samaritan Health And Wellbeing 2500/35  
Status: Approved  
From: 12/10/2014 To: 03/10/2015

**Member Details**

Group: Porter Remodeling Inc.  
Name: Jason Moore Address: PO BOX 124  
ID: 100062712-01-1 Corvallis, OR 97339  
Date of Birth: 06/06/1966 Phone:  
Age: 48 Fax:

**Eligibility**

Plan	As of	To	Eligible	Category
<a href="#">Samaritan Health &amp; Wellbeing 2500/35</a>	01/01/2014	Present	Eligible	Medical Product

**Physicians**

Requested By:	Authorization To:
Mcgregor, Kimberly A.	Good Samaritan Regional Medical Center
ID: 026780	ID: 000681
NPE: 1588713754	NPE: 1962453134

Notice: This information is not a guarantee of coverage or payment.  
Any approved authorizations are subject to eligibility on the date of service and benefit limitations.

Close

## Forms

Users may access useful forms and resources by clicking on the links in the portal. These include, but are not limited to:

- Prior Authorization Form.
- DME Prior Authorization Form.
- Imaging Authorization Form.
- Prescription Exception/Prior Authorization Form.

# Interpreter Service

Users are to report interpreter services data utilizing the form below.

**ProviderConnect**

**Interpreter Service**

Home  
Member Inquiry  
Claim Inquiry  
Provider Remittance  
Authorizations  
**Interpreter Service**  
Select New Provider  
Return to OneHealthPort

**Interpreter Service Form**  
*Hover over tool tips for additional info*

Member ID: [Select Member...](#)

Member Name: \_\_\_\_\_

Type of Care:

Visit Type/Care Setting:  ?

Visit Date:  ?

In-Person Interpreter Service:  Yes  No

Telephonic Interpreter Service:  Yes  No

Video Remote Interpreter Service:  Yes  No

Was the Interpreter OHA Certified or Qualified?:

If clinician provided interpretation has the clinician passed a proficiency test?  Yes  No

Was the Interpreter a Bilingual Staff?  Yes  No

Did the member refuse Interpreter Service?  Yes  No

Select a member using name **and** date of birth **or** member ID.

## Provider Connect tutorial

Search Options

Last Name:   
Minimum first 2 letters

First Name:


Birthdate:  MM/DD/YYYY

OR

Member ID:  -

Complete form and submit.

Form Submission Confirmation

 The Interpreter Service form for \_\_\_\_\_ has been submitted successfully. Reference number: 45

For additional assistance with the Interpreter Services form please visit [samhealthplans.org/LanguageServices](https://samhealthplans.org/LanguageServices)

## PCP Assignment

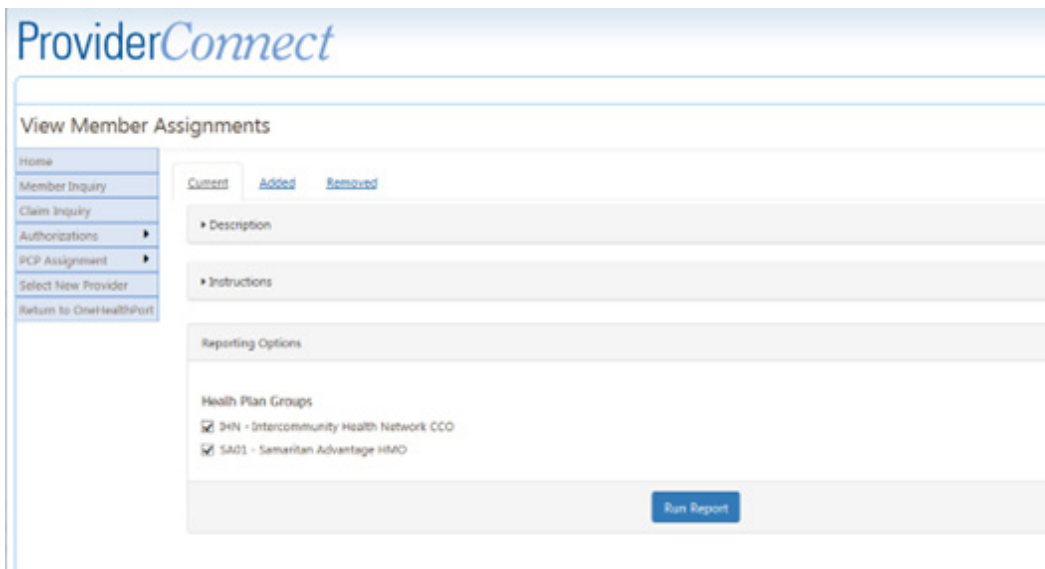
Within the PCP (primary care provider) Assignment option in Provider Connect, you are able to manage providers' InterCommunity Health Network Community Care Organization and Samaritan Advantage rosters, notify Samaritan Health Plans of a change to a member's PCP and track outreach to and engagement with patients on a provider's roster. You only have access to the "PCP Assignment" menu when logged in as a provider that is currently designated as a PCP under the IHN-CCO or Samaritan Advantage plans. If you are logged in under a clinic or other group, the PCP Assignment option will not show on the menu.

There are four menu options within the PCP Assignment menu:

- **View Member Assignments** – View and download a current member roster as well as lists of members recently added or recently removed from the roster.
- **Request Assignment Change** – Transfer a member to this PCP's roster or from this PCP's roster to another PCP at the member's request.
- **View Change Request History** – Inquire on previous and pending PCP changes for a member.
- **Maintain Patient Outreach** – Note an attempt to contact a member (outreach) or successful contact with a member (engagement).

### View Member Assignments

After selecting the "View Member Assignments" menu item, select from three tabs – Current, Added and Removed (see Figure 1).



**Figure 1** – View Member Assignments options – Current, Added and Removed

## Current Assignments

This report displays eligible members currently assigned to the provider for a specified health plan. You can use this list to compare a provider’s PCP assignment records to Samaritan Health Plan member PCP assignments. The report includes health plan eligibility date and PCP assignment date so you will know when the member became actively assigned to the provider. You will also know that a member has a pending PCP assignment change request if there is a ‘Pending’ indicator in the Request PCP Change column. Additionally, this report displays the last “Patient Outreach” record and provides an opportunity to log a Patient Outreach event.

To run the Current Assignment report, simply select which health plan group to report on (both can be selected at the same time if desired) then click the Run Report button. A list of IHN-CCO and/or Samaritan Advantage members assigned to the provider will display as shown in Figure 2. (Note that you may need to scroll down the screen to display the report results.)

Request PCP Change	Member Last Name	Member First Name	Subscriber ID	Health Plan Group ID	Plan Eligibility Effective Date	PCP Assignment Effective Date	Last Patient Outreach Date	Enter Patient Outreach
<a href="#">Change</a>				IHN	1/14/2015	4/28/2017	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	6/1/2013	2/21/2011	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	7/29/2015	12/1/2015	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	8/8/2016	4/30/2017	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	1/1/2015	6/4/2014	None	<a href="#">Outreach</a>
<a href="#">Change</a>				SA01	1/1/2006	1/1/2016	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	1/4/2016	1/1/2016	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	8/1/2012	1/1/2012	None	<a href="#">Outreach</a>
<a href="#">Change</a>				IHN	10/16/2016	11/1/2016	None	<a href="#">Outreach</a>

Figure 2 – View Member Assignments – Current

Results are displayed in alphabetical order by last name of the member. You can change the sort order by selecting any of the underlined column headings. For example, you can sort by PCP Assignment Effective Date to see who was assigned the most or the least recently.

Additional details about each member are available by clicking on the ► symbol in the left-hand column of the record. Figure 3 illustrates an example of an expanded record.

## Provider Connect tutorial

Request PCP Change	Member Last Name	Member First Name	Subscriber ID	Health Plan Group ID	Plan Eligibility Effective Date	PCP Assignment Effective Date	Last Patient Outreach Date	Enter Patient Outreach
Change				IHN	1/18/2016	4/28/2017	None	<a href="#">Outreach</a>
<b>Member Demographic:</b>			<b>Member Plan Details:</b>			<b>Member Address:</b>		
First Name:			Member Subscriber ID:			Address Line 1:		
Last Name:			Health Plan Group:			Address Line 2:		
Middle Initial A:			Class Plan Id:			City:		
Suffix 1:			Eligibility Effective Date:			County:		
Birthdate:			Eligibility Termination Date:			State:		
Gender: M			PCP Effective Date:			Zip:		
Language: English			PCP Termination Date:			Phone:		
			Last Patient Outreach Date:					
			Last Patient Outreach:					

**Figure 3** – Expanded record

After running the report, you can find a specific member by entering a last name, birth date or subscriber ID and selecting the Apply Filter button. The list can also be filtered based on last patient outreach to assist a provider in successfully engaging with members.

The full report or filtered report can be downloaded to an Excel file for use in reconciling rosters, performing outreach or other efforts to engage and provide service to SHP members. The downloaded report will include all details shown in the expanded view (see Figure 3).

From the results of a full or filtered report, you can [request a PCP change](#) on behalf of the member or [record patient outreach](#) activities.

## Added Assignments

This report displays members assigned to the provider within the dates specified, typically within a recent time period, for a specified health plan. Providers can use this report to identify SHP members added to their roster since the last report was reviewed. The report includes Assignment Reason, Plan Eligibility Effective Date and PCP Assignment Effective Date. Additionally, this report displays the last Patient Outreach record and provides an opportunity to log a Patient Outreach event.

A member will display on the Added report if any of the following events occurred during the date range entered:

Event	Removed Reason
The member died.	Deceased
A member was assigned from this PCP to another PCP.	PCP Change
A member currently assigned to this PCP lost eligibility.	Lost Eligibility
An ineligible member was reassigned from another PCP to this PCP.	Ineligible

To access Added Assignments, navigate to the Added tab on the View Member Assignments screen as shown in Figure 4.

## Provider Connect tutorial

The Reporting Options default includes both IHN-CCO and Samaritan Advantage and the Assignment Effective Date defaults to the last seven days. You may de-select one of the Health Plan Groups and change the Assignment Effective Date range to customize the report. Click on the Run Report button to display results as shown in Figure 5.

You can change the order that the members are displayed by clicking on one of the underlined column headings. Additional details about each member are available by clicking on the ☉ symbol in the left-hand column of the record. Figure 3 illustrates an example of an expanded record.

After running the report, find a specific member by entering a last name, birth date or subscriber ID and selecting the Apply Filter button. The list can also be filtered based on last patient outreach to assist a provider in successfully engaging with members.

The full report or filtered report can be downloaded to an Excel file for the provider to use in reconciling rosters, performing outreach or other efforts to engage and provide service to SHP members. The downloaded report will include all details shown in the expanded view (see Figure 3).

ProviderConnect

Logged in as: atester

### View Member Assignments

Home  
Member Inquiry  
Claim Inquiry  
Authorizations  
PCP Assignment  
Select New Provider  
Return to OneHealthPort

Current Added Removed

Description

Instructions

Reporting Options

Health Plan Groups

IHN - Intercommunity Health Network CCO

SA01 - Samaritan Advantage HMO

Assignment Effective Date

Between

And

Run Report

**Figure 4** – View Member Assignments – Added



## Provider Connect tutorial

12 records

Member Last Name:  Member Birth Date:  Subscriber ID:

Last Patient Outreach:  None  Outreach Attempted  Engaged

Apply Filter Clear Filter [Download Excel](#)

Request PCP Change	Assignment Reason	Member Last Name	Member First Name	Subscriber ID	Health Plan Group ID	Plan Eligibility Effective Date	PCP Assignment Effective Date	Last Patient Outreach	Enter Patient Outreach
<a href="#">Change</a>	PCP Change				HIN	1/18/2016	4/28/2017	None	<a href="#">Outreach</a>
<a href="#">Change</a>	PCP Change				HIN	8/8/2016	4/30/2017	None	<a href="#">Outreach</a>
<a href="#">Change</a>	PCP Change				HIN	6/1/2015	4/3/2017	None	<a href="#">Outreach</a>
<a href="#">Change</a>	PCP Change				HIN	3/27/2017	4/1/2017	None	<a href="#">Outreach</a>
<a href="#">Change</a>	Re-eligible				HIN	4/3/2017	7/16/2016	None	<a href="#">Outreach</a>
<a href="#">Change</a>	Re-eligible				HIN	4/10/2017	12/1/2015	None	<a href="#">Outreach</a>
<a href="#">Change</a>	Re-eligible				HIN	4/10/2017	3/1/2011	None	<a href="#">Outreach</a>
<a href="#">Change</a>	Re-eligible				HIN	4/3/2017	3/1/2012	None	<a href="#">Outreach</a>

**Figure 5** – View Member Assignments – Added

From the results of a full or filtered report, you can [request a PCP change](#) on behalf of the member or [record patient outreach](#) activities.

## Removed Assignments

This report displays members removed from the provider’s PCP roster within the dates specified, typically within a recent time period, for a specified health plan. Providers may use this report to identify SHP members removed from their roster since the last report was reviewed. The report includes Removed Reason and PCP Termination Date.

A member will display on the Removed report if any of the following events occurred during the date range entered:

Event	Removed Reason
The member died.	Deceased
A member was assigned from this PCP to another PCP.	PCP Change
A member currently assigned to this PCP lost eligibility.	Lost Eligibility

To access Removed Assignments, navigate to the Removed tab on the View Member Assignments screen as shown in Figure 6.

## Provider Connect tutorial

### View Member Assignments

[Home](#)  
[Member Inquiry](#)  
[Claim Inquiry](#)  
[Authorizations](#) ▶  
[PCP Assignment](#) ▶  
[Select New Provider](#)  
[Return to OneHealthPort](#)

Current
Added
Removed

▶ Description

▶ Instructions

Reporting Options

Health Plan Groups

 IHN - Intercommunity Health Network CCO  
 SA01 - Samaritan Advantage HMO

Assignment Effective Date

Between

And

**Figure 6** – View Member Assignments – Removed

The Reporting Options defaults to include both IHN-CCO and Samaritan Advantage and the Assignment Effective Date defaults to the last seven days. You may de-select one of the Health Plan Groups and change the Assignment Effective Date range to customize the report. Click on the Run Report button to display results as shown in Figure 7.

records

Member Last Name:

Member Birth Date:

Subscriber ID:

Last Patient Outreach:  None  Outreach Attempted  Engaged

Apply Filter
Clear Filter
Download Excel

Removed Reason	Member Last Name	Member First Name	Subscriber ID	Health Plan Group ID	Plan Eligibility Effective Date	PCP Assignment Termination Date
▶ PCP Change				IHN	7/11/2016	4/3/2017
▶ PCP Change				IHN	8/1/2012	4/18/2017
▶ PCP Change				SA01	2/1/2006	4/18/2017
▶ PCP Change				IHN	8/1/2013	4/26/2017
▶ PCP Change				IHN	2/1/2017	4/11/2017
▶ Lost Eligibility				IHN	5/7/2001	4/29/2017
▶ Lost Eligibility				IHN	1/1/2001	4/29/2017
▶ Lost Eligibility				IHN	1/1/2013	4/29/2017
▶ Lost Eligibility				IHN	7/6/2009	4/29/2017


**Figure 7** – View Member Assignments – Removed

Change the order that the members are displayed by clicking on one of the underlined column headings. Additional details about each member are available by clicking on the ▶ symbol in the left-hand column of the record. Figure 3 illustrates an example of an expanded record.

After running the report, you can find a specific member by entering a last name, birth date or subscriber ID and selecting the Apply Filter button. The list can also be filtered based on the last patient outreach to assist a provider in successfully engaging with members.

The full report or filtered report can be downloaded to an Excel file for the provider to use in reconciling rosters or other efforts to engage and provide service to SHP members. The downloaded report will include all details shown in the expanded view (see Figure 3).

## Request Assignment Change

Access Request Assignment Change either from the menu or by clicking on the Change link from one of the Assignment Reports. Throughout the assignment change request process, you can click on the  symbol for instructions and other helpful information.

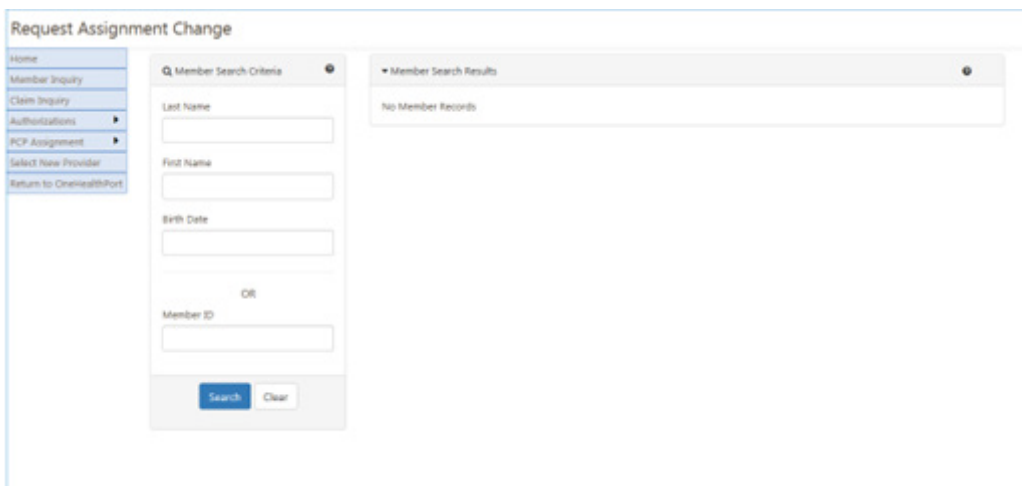
## Search for Member

If accessed via the menu, the Request Assignment Change page appears as shown in Figure 8. From this page, begin by finding the member. Enter either:

- Portions of Last Name and First Name (at least two letters each) and Birth Date.
- The Member ID (case sensitive).

When the search button is clicked, matching record(s) that have current IHN-CCO or Samaritan Advantage eligibility will be displayed as shown in Figure 9.

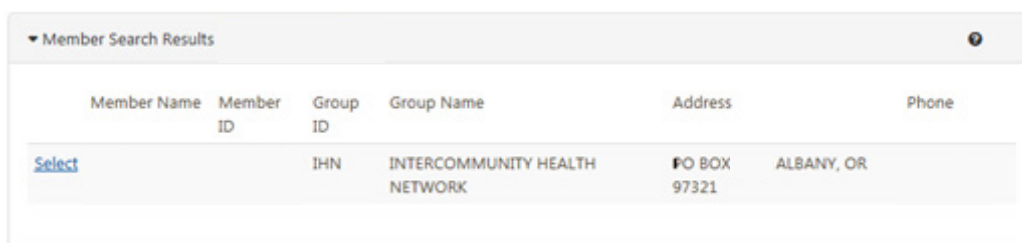
If the member is dual-eligible (currently eligible on both IHN-CCO plan and Samaritan Advantage plan), both records will display regardless of which search method is used. Additionally, both records will display when one of the records is selected. This is to keep the PCP in sync for both plans.



The screenshot shows the 'Request Assignment Change' page. On the left is a navigation menu with options: Home, Member Inquiry, Claim Inquiry, Authorizations, PCP Assignment, Select New Provider, and Return to OneHealthPort. The main content area is divided into two panels. The left panel, titled 'Member Search Criteria', contains input fields for 'Last Name', 'First Name', and 'Birth Date', followed by an 'OR' separator and a 'Member ID' field. Below these fields are 'Search' and 'Clear' buttons. The right panel, titled 'Member Search Results', currently displays 'No Member Records'.

Figure 8 – Request Assignment Change - Search

## Provider Connect tutorial



▼ Member Search Results

Member Name	Member ID	Group ID	Group Name	Address	Phone
<a href="#">Select</a>		IHN	INTERCOMMUNITY HEALTH NETWORK	PO BOX 97321	ALBANY, OR

Figure 9 – Request Assignment Change – Search Results

If you access the Request Assignment Change from an Assignment Report, the page shown in Figure 8 will pre-fill with the member ID and the matching member data will display as shown in Figure 9.

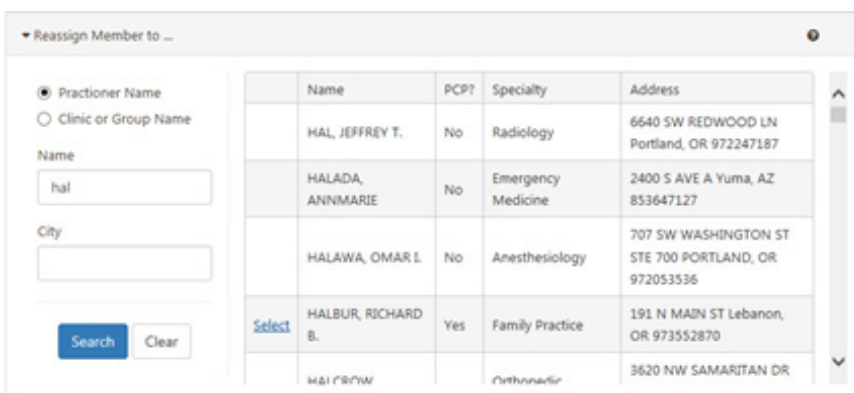
Whether you select the member from the Search Member feature or from a report, the Request Assignment Change page will show the selected member's information. If the selected member is currently assigned to this provider, the new section will provide the opportunity for the user to [reassign the member to another PCP](#). If the selected member is currently assigned to another provider, the new section will provide the opportunity for the user to request that the [member be assigned to this provider](#).

## Request Assignment Change to Another PCP

When requesting that a member be assigned from one provider to another PCP, search for the new PCP using Name and, optionally, City.

### Search for Another PCP by Practitioner Name

When searching for another PCP by Practitioner Name, you must enter at least three characters in the Name field. The City field is optional. When the Search button is clicked, a list of matching practitioners will display with an indicator as to the practitioner's PCP status as shown in Figure 10. Only practitioners designated as a PCP will include a Select option.



▼ Reassign Member to ...

Practitioner Name  
 Clinic or Group Name

Name

City

Name	PCP?	Specialty	Address
HAL, JEFFREY T.	No	Radiology	6640 SW REDWOOD LN Portland, OR 972247187
HALADA, ANNMARIE	No	Emergency Medicine	2400 S AVE A Yuma, AZ 853647127
HALAWA, OMAR I.	No	Anesthesiology	707 SW WASHINGTON ST STE 700 PORTLAND, OR 972053536
<a href="#">Select</a> HALBUR, RICHARD B.	Yes	Family Practice	191 N MAIN ST Lebanon, OR 973552870
HALBYR, ...		Orthopedic	3620 NW SAMARITAN DR

Figure 10 – Request Assignment Change – Select Practitioner

## Provider Connect tutorial

When you search for a provider, the “Reassign Member to...” section will collapse and a new section “Assignment Change Summary” will display as shown in Figure 11. The Requested Change Date will default to tomorrow’s date and the Attestation will default to unchecked. You can change the Requested Change Date to a date in the future or a date in the past, but no earlier than the first day of the current month or the day after the latest PCP effective date. You must check the Attestation box to confirm that you are submitting the change at the member’s request.

The screenshot shows a web form titled "Assignment Change Summary". At the top, there is a table with columns: Subscriber ID, Group ID, Health Plan Group, Member Name, PCP Name, and PCP ID. The table contains one row with values: IHN, INTERCOMMUNITY HEALTH NETWORK, and WEISENSEE, FRED W. Below the table, there are several fields: "Assign to PCP Name:" with the value "HALBUR, RICHARD B.", "PCP Address:" with "191 N MAIN ST Lebanon, OR 973552870", "PCP ID:" (empty), and "Requested Change Date:" with a date picker set to "6/1/2017". There is an "Attestation:" section with a checked checkbox and the text "WEISENSEE, FRED W. is submitting this PCP Change Request in accordance with the member's request." At the bottom, there are "Submit" and "Cancel" buttons.

**Figure 11** – Assignment Change Summary – From this provider to another PCP

Once the request is submitted, the Assignment Change Confirmation will appear as shown in Figure 12. If the Status is “Approved” the change has automatically occurred. If the Status is “Pended” there was an exception that must be reviewed by an SHP enrollment specialist. In the case of a pended request, a status reason will provide additional information.

The screenshot shows a web page titled "Request Assignment Change". On the left is a navigation menu with items: Home, Member Inquiry, Claim Inquiry, Authorizations, PCP Assignment, Select New Provider, and Return to OneHealthPort. The main content area has a "Member Search Criteria" section with input fields for Last Name, First Name, Birth Date, and Member ID, along with a "Search" button. To the right is a "Member Search Results" section with a list of items: "Reassign Member to HALBUR, RICHARD B.", "Assignment Change Summary", and "Assignment Change Confirmation". The "Assignment Change Confirmation" item is expanded, showing details: "Change Request ID: 205", "Member Name: HALBUR, RICHARD B.", "Subscriber ID", "Health Plan ID: IHN", "From Current PCP Name: WEISENSEE, FRED W.", "Assign to PCP Name: HALBUR, RICHARD B.", "Requested Change Date: 05/18/2017", "Status: Approved", and "Status Reason: Automatic update through provider connect." At the bottom, there are buttons for "Current Assignments", "Added Assignments", and "Search for Member".

**Figure 12** – Assignment change confirmation – from this provider to another PCP

## Request Assignment Change from another PCP to this provider

After selecting a member who is currently assigned to another PCP, the Assignment Change Summary will pre-fill with this provider's information as shown in Figure 13. You can change the Requested Change Date to a date in the future or a date in the past, but no earlier than the first day of the current month or the day after the latest PCP effective date. You must check the Attestation box to confirm that you are submitting the change at the member's request.

▼ Assignment Change Summary ⓘ

Subscriber ID	Group ID	Health Plan Group	Member Name	PCP Name	PCP ID
	SA01	SAMARITAN ADVANTAGE HEALTH PLAN		DAVID, AARON L.	
	IHN	INTERCOMMUNITY HEALTH NETWORK		DAVID, AARON L.	

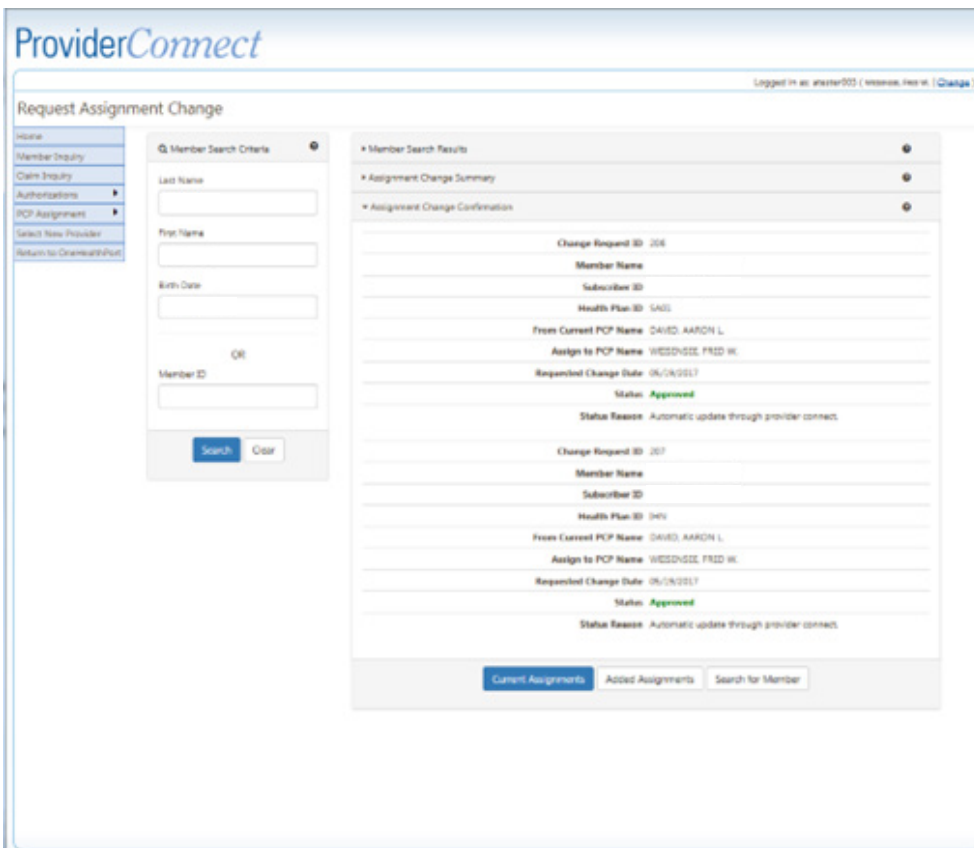
  

**Assign to PCP Name:** WEISENSEE, FRED W.  
**PCP Address:** 3521 NW SAMARITAN DR STE 201 Corvallis, OR 973304744  
**PCP ID:**  
**Requested Change Date:**  📅

**Attestation:**  WEISENSEE, FRED W. is submitting this PCP Change Request in accordance with the member's request.

**Figure 13** – Request assignment change – reassign member from another PCP to this provider

Once the Attestation box is checked and the request is submitted, the assignment change confirmation will appear as shown in Figure 14. If the status is “Approved” the change has automatically occurred. If the status is “Pended” there was an exception that must be reviewed by an SHP enrollment specialist. In the case of a pended request, the status reason will provide additional information.



**Figure 14** – Assignment change confirmation – from another PCP to this provider

From the Assignment Change Confirmation page, you can go directly to Current Assignments or Added Assignments to see results of an approved change. Or, you can Search for Member to submit another change. The Current Assignments or Added Assignments reports will default to include both IHN-CCO and Samaritan Advantage plans, bypassing the report selection criteria. Additionally, the Added Assignments report will default to the last seven calendar days.

If the status on the Assignment Change Confirmation page shows “Pending” it means that the change couldn’t be automatically processed due to the limitation shown in the Status Reason. In this case, an SHP enrollment specialist will review the change and determine whether it can be processed as an exception. The View Assignment Change History option will allow you to check on the status of a pending change at any time.

## View Assignment Change History

You can view requested PCP changes entered via Provider Connect by selecting “View Change Request History” from the PCP Assignments menu while logged in under a PCP practitioner. The dates for the inquiry will default to the week ending with the current date and will default to show all request statuses. Results will include both changes to this provider from another PCP and changes from this provider to another PCP within the time period specified as shown in Figure 15. Requests that have been made outside of Provider Connect will not display here. You can change the dates and the status options before clicking the Run Report button. You can also enter the Member Name or Subscriber ID and click on Apply Filter to find a specific record within the time frame searched.

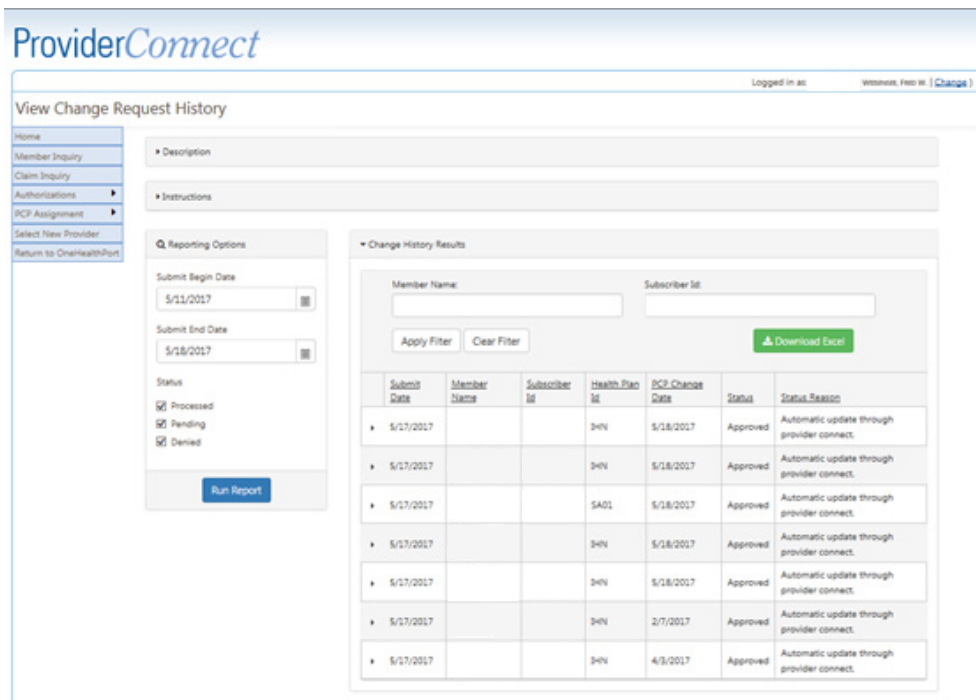


Figure 15 – View Change Request History

Click on the ► symbol to the left of the appropriate record to see details. The record will expand to show additional information as shown in Figure 16.



## Provider Connect tutorial

Member Name:  Subscriber Id:

Apply Filter Clear Filter [Download Excel](#)

Submit Date	Member Name	Subscriber Id	Health Plan Id	PCP Change Date	Status	Status Reason
5/17/2017			IHN	5/18/2017	Approved	Automatic update through provider connect.
5/17/2017			IHN	5/18/2017	Approved	Automatic update through provider connect.

**PCP Change Request Details:**  
Submit Date: 5/17/2017  
Member Name:  
Subscriber Id:  
Health Plan Group Id: IHN  
PCP Change Date: 5/18/2017  
Status: Approved  
Status Reason: Automatic update through provider connect.  
Assign From PCP Name: DAVID, AARON L.  
Assign From PCP ID:  
Assign To PCP Name: WESENSEE, FRED W.  
Assign To PCP ID:  
PCP Change Request ID: 191

5/17/2017	-----		SA01	5/18/2017	Approved	Automatic update through
-----------	-------	--	------	-----------	----------	--------------------------

**Figure 16** – View Change Request History – expanded record

You can download the results to an Excel spreadsheet. All records, including details, will be transferred to the spreadsheet.

## Maintain Patient Outreach

Outreach can only be maintained by the current PCP. You can access Maintain Patient Outreach either from the PCP Assignment menu or by clicking on the Outreach link from the Current or Added Assignment Reports. To facilitate patient engagement, the Current or Added Assignment Reports can be filtered to only display patients where no outreach record has been entered, where the most recent outreach record indicated an attempt, and/or where the most recent outreach record indicated that engagement occurred. See Figure 2 and Figure 5 for filter options.

If you access Maintain Patient Outreach from an Assignment Report, the page will pre-fill with the member ID and the matching member data will display as shown in Figure 17. If you access Maintain Patient Outreach from the PCP Assignment menu, the page will not pre-fill and you can search for a qualified member record.

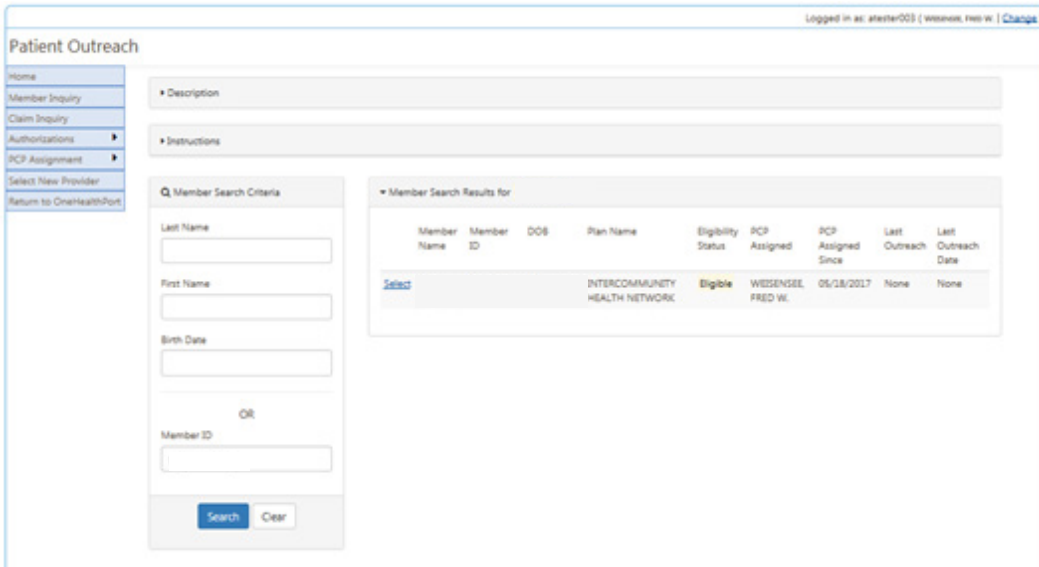
## Search for a qualified member

Search for a qualified member for patient outreach by entering either:

- Portions of Last Name and First Name (at least two letters each) and Birth Date.
- The Member ID (case sensitive).

When you click the search button, matching record(s) that have current IHN-CCO or Samaritan Advantage eligibility will be displayed as shown in Figure 17.

# Provider Connect tutorial

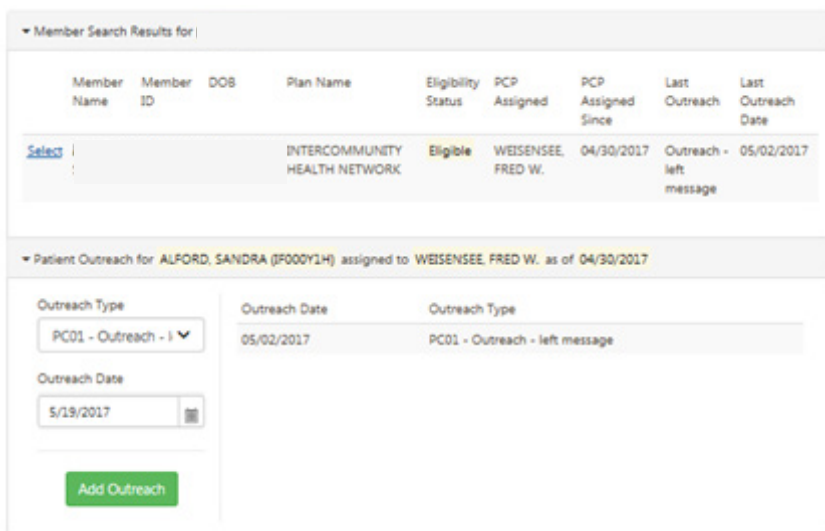


**Figure 17** – Patient Outreach – select member

Matching members who are assigned to the current PCP will have a Select link to the left of the name. Matching members who are assigned to a different PCP will not have the link. In this case, you cannot maintain patient outreach for the member and must use the Clear button and search for a qualified member.

If the member is dual-eligible (currently eligible on both IHN-CCO plan and Samaritan Advantage plan), both records will display regardless of which search method is used. Additionally, both records will display when one of the records is selected.

When you select a qualified member, a new section will appear on the page displaying any existing outreach records for the member related to the current PCP as shown in Figure 18.



**Figure 18** – Patient Outreach – Member Search Results

## Provider Connect tutorial

The Outreach Type will default to the first option on the list (PCO1 – Outreach – left message) and the Outreach Date will default to the current date. You can then select from the available Outreach Types drop-down menu and select or enter the Outreach Date for the new record. The Outreach Date cannot be a date in the future and cannot be prior to the PCP Assigned Since date. Click on the Add Outreach button to show the new record in the outreach listing to the right of the selection options as shown in Figure 19.

The screenshot shows a web interface for adding a patient outreach record. At the top, it says "Member Search Results for" and "Patient Outreach for assigned to WEISENSEE, FRED W. as of 04/30/2017". Below this, there are two columns: "Outreach Type" and "Outreach Date". The "Outreach Type" column has a dropdown menu currently set to "PCE1 - Engage - tal". The "Outreach Date" column has a text input field with "5/16/2017" and a calendar icon. To the right of these fields is a table with two columns: "Outreach Date" and "Outreach Type". The table contains two rows: one with "05/16/2017" and "PCE1 - Engage - talked w/patient", and another with "05/02/2017" and "PCO1 - Outreach - left message". At the bottom left of the form is a green "Add Outreach" button.

**Figure 19** – Patient Outreach – Outreach added

Outreach types are divided into two categories — outreach and engagement. Outreach Types are meant to indicate that an attempt was made to reach the patient but was not successful. For example, “PCO1 – Outreach – left message” indicates that the PCP phoned the patient and left a message but did not actually talk to the patient. Engagement Types are meant to indicate that the outreach was successful. For example, “PCE1 – Engage – talked w/patient” indicates that the PCP has engaged with the patient verbally. There is no limit to the number of outreach records that can be added to a member record by the PCP.

## Further questions and contact information

Please contact Samaritan Health Plans Provider Connect administration at **888-435-2396** or via our Provider Connect email contact form for any Provider Connect questions and/or issues.

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