Samaritan Health Plans



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**. 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** and clicking on the Samaritan Health Plans link.

Screen 1. OneHealthPort login prompt



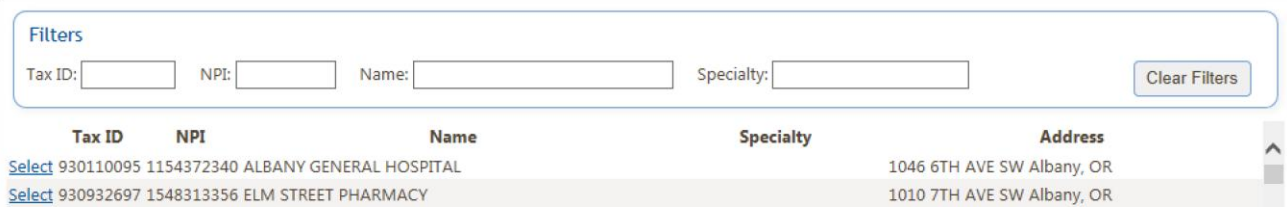
Information browsing and profile selection

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



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**.

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**. 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**.

(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.

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**.

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** 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

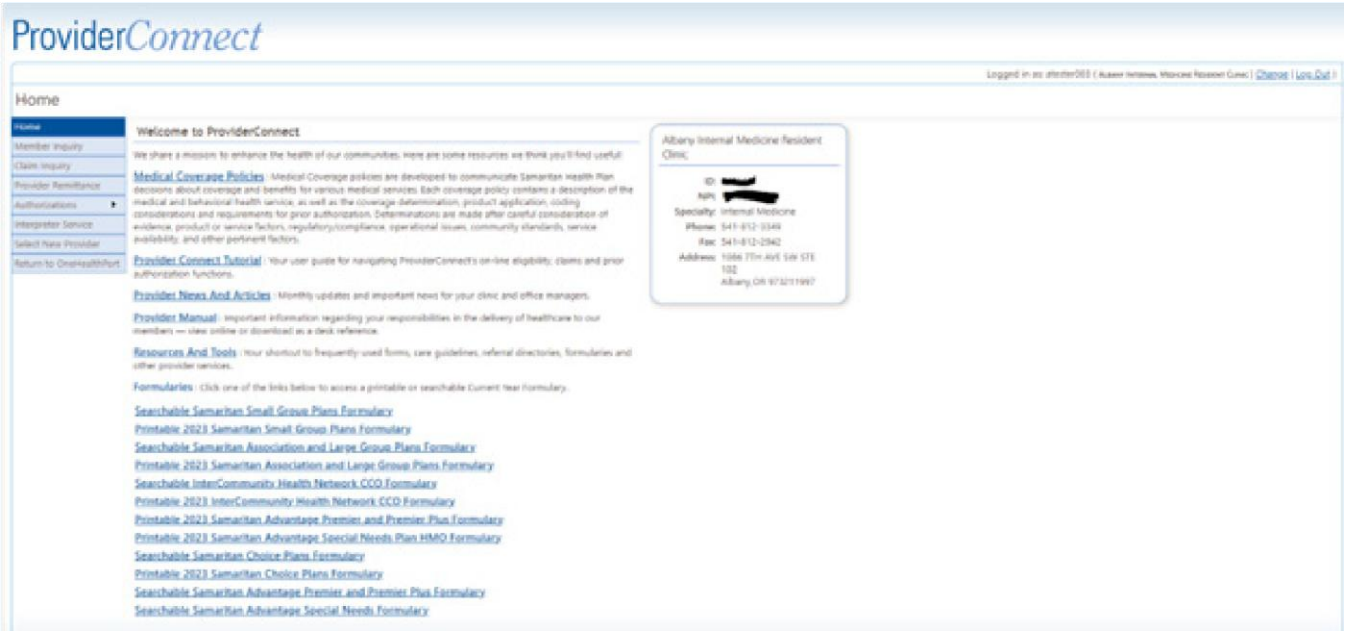
Once you have accepted the nomination, temporary registration information provided by the administrator is automatically deleted from the system. You will be able to create your own permanent password to sign-on at OneHealthPort. The system will also give you an opportunity to update personal information 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



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



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.

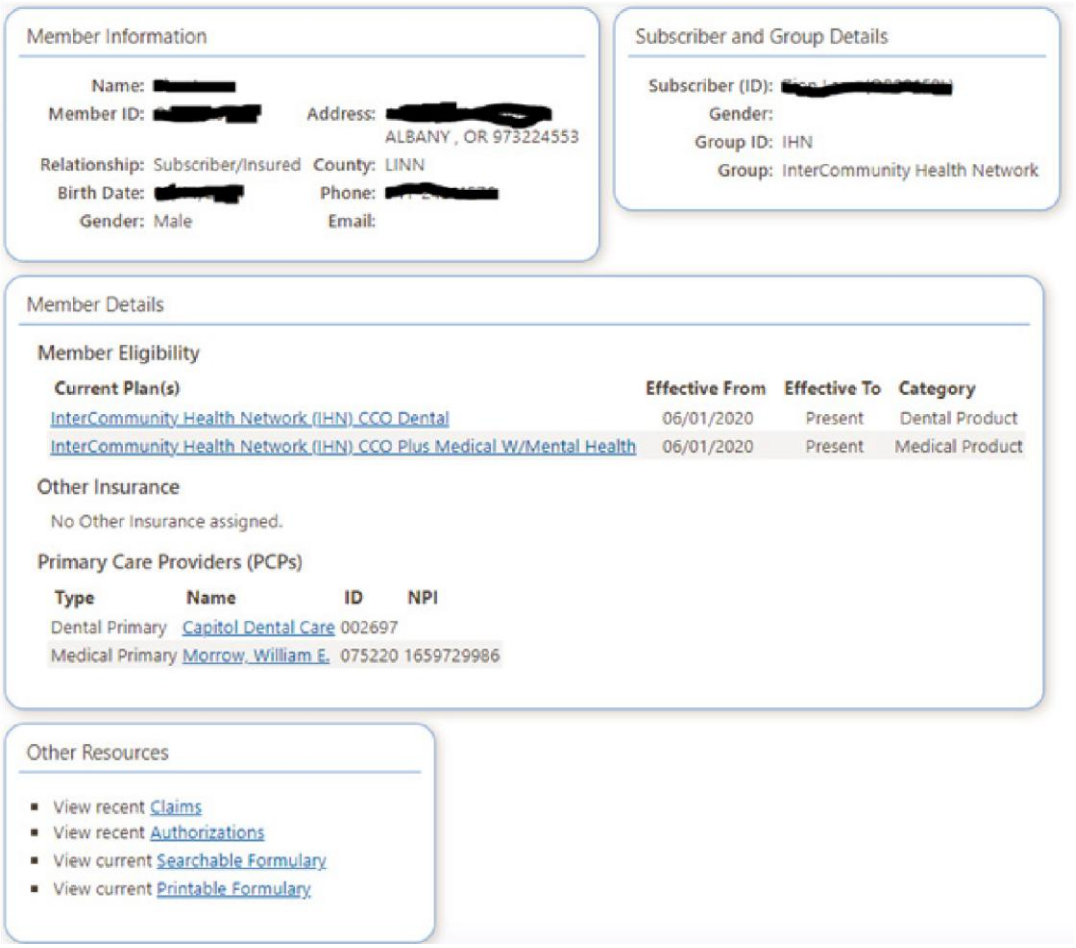
Member Eligibility – Lists product(s) member is eligible for as of current date. Eligibility may include medical, vision, dental and/or pharmacy products. If member is not eligible for any products, it will simply state, "This patient is not eligible."

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**.

Screen 10. Member information screen



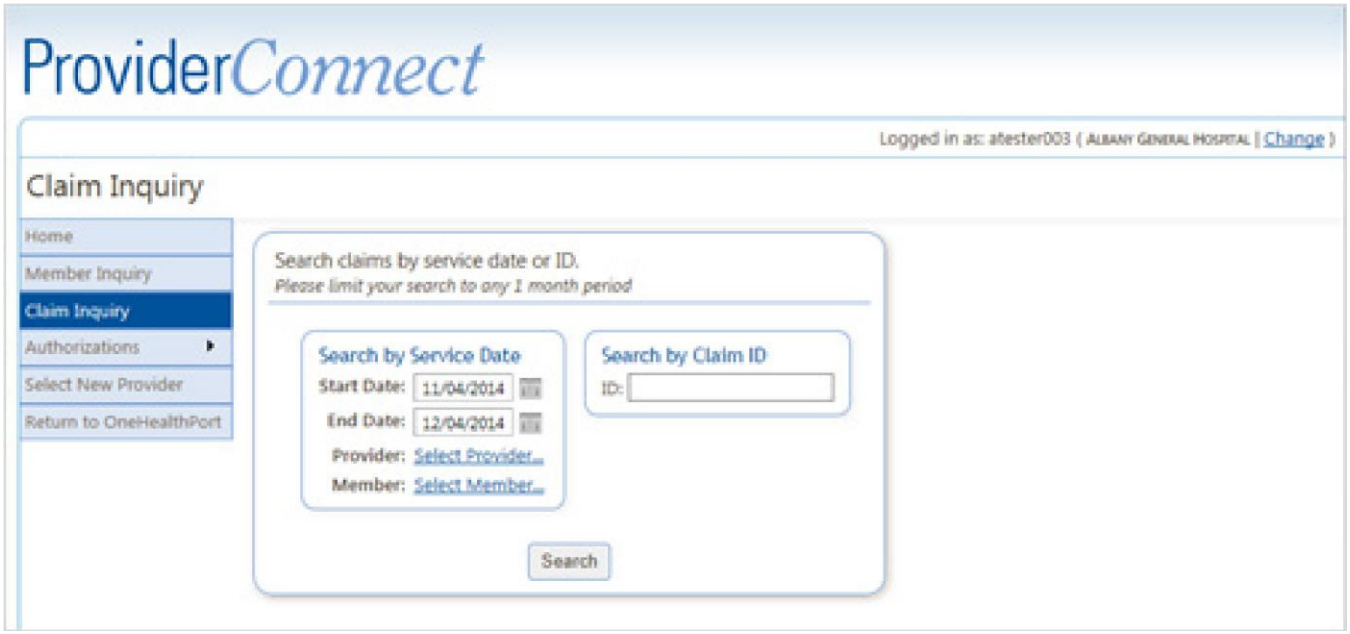
Claim Inquiry

Search options within Claim Inquiry.

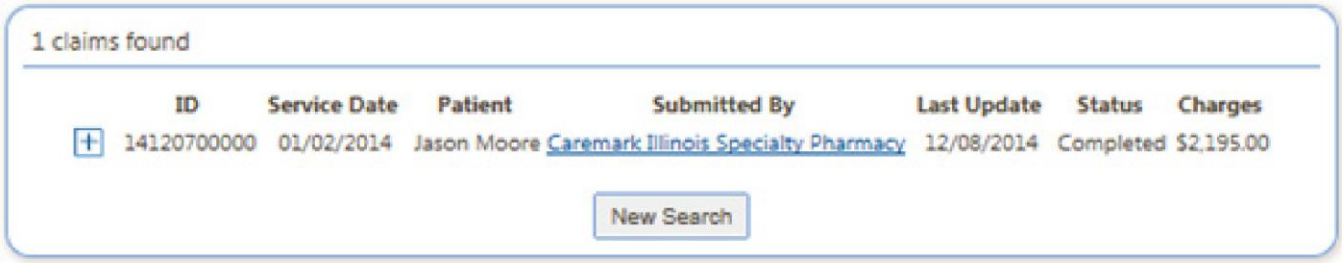
Users may search for claims using the following search options: ⌘ Search by date of service range – displays all claims within the specified date range associated with your organization by tax ID. ⌘ Search date of service range and by provider – displays all claims within the specified date range associated 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.

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

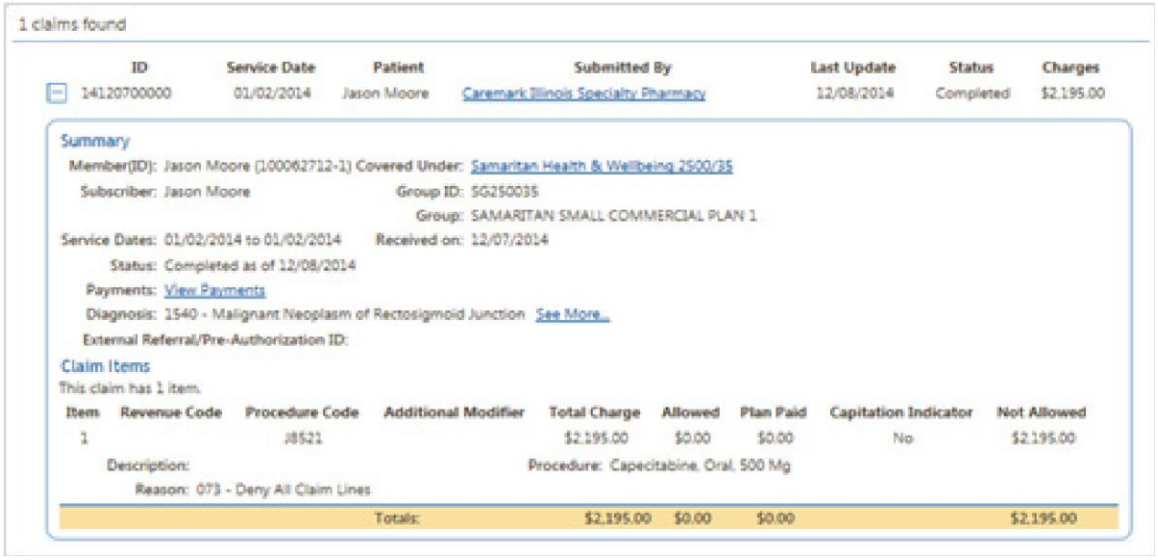


Screen 5. Provider claim screen

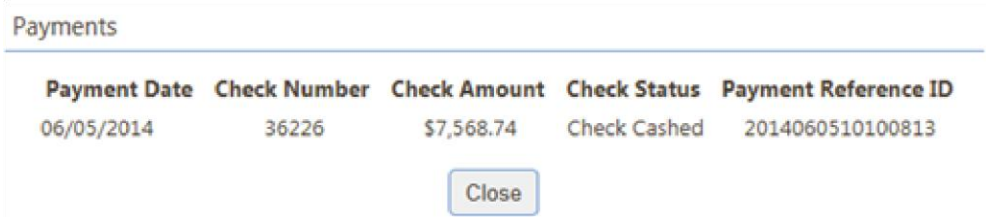


Once a claim is opened, both claims summary and detail information is provided, including claim number, claim status, amount plan paid and member cost share.

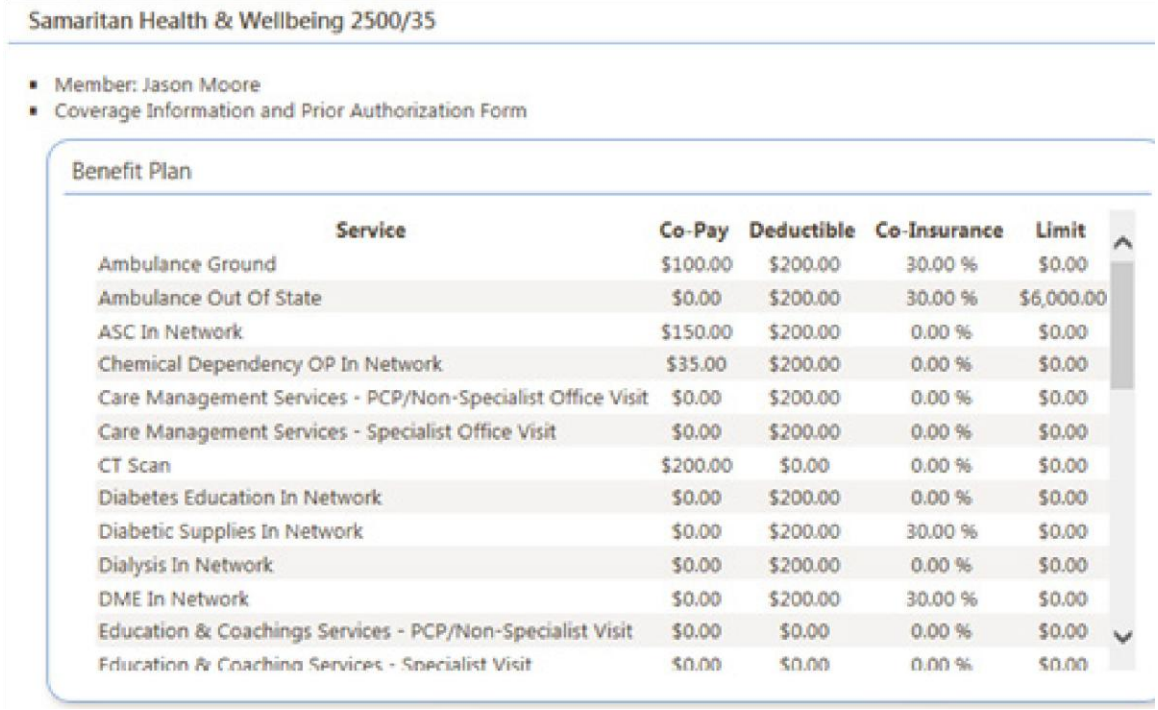
Screen 6. Claim detail screen



Screen 7. View payment



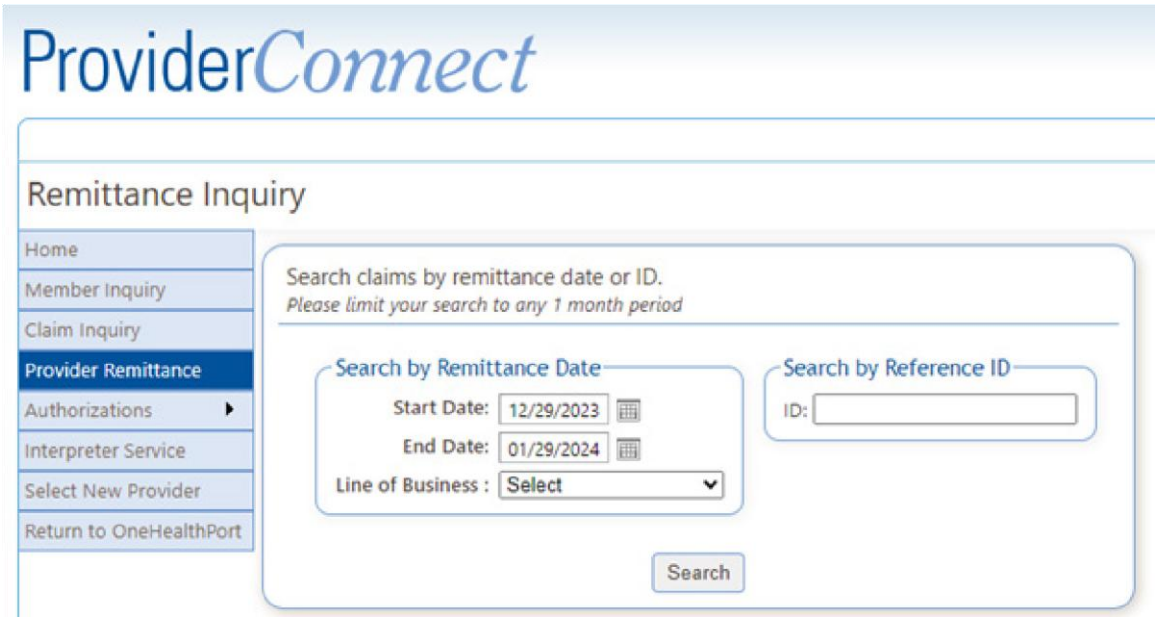
Screen 8. Claim – benefit coverage information



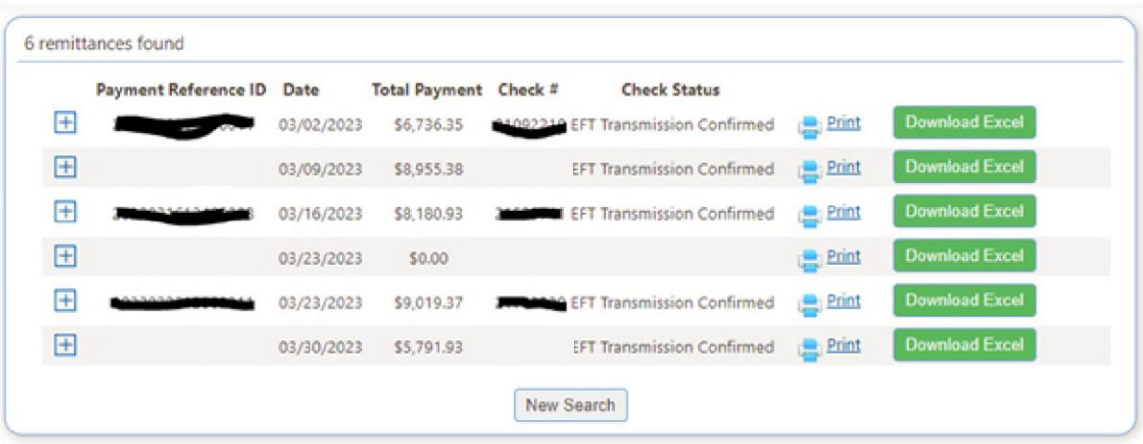
Provider Remittance

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

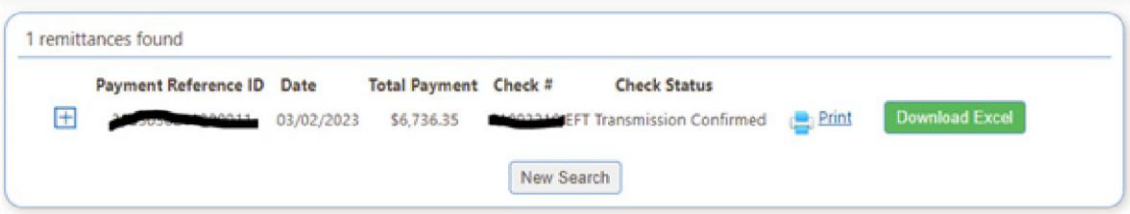
⌘ Entering a date range no larger than a one-month period and selecting the line of business. ⌘ Reference ID number.



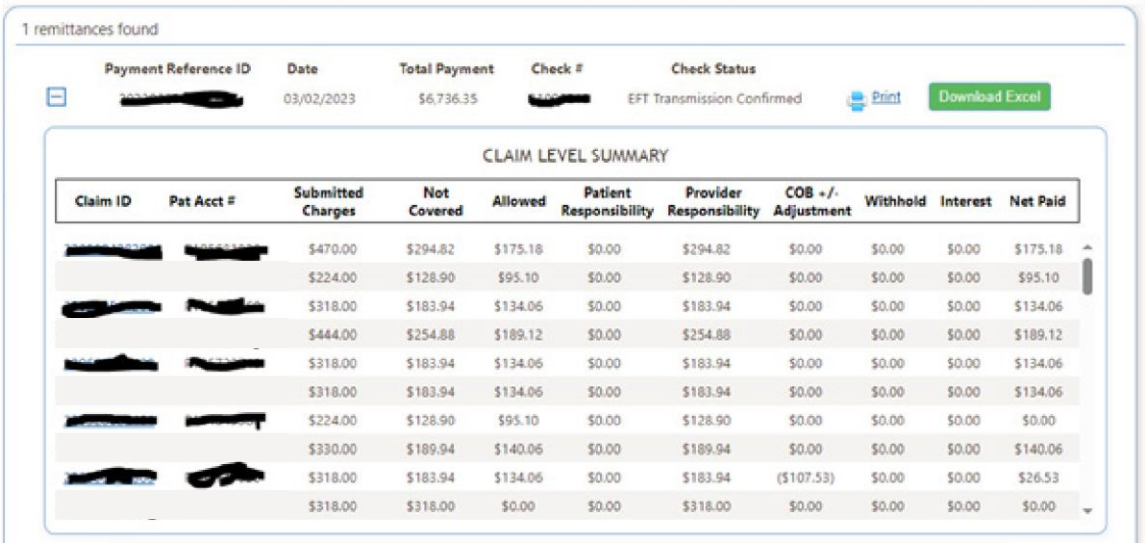
Once date range is entered remittance will populate.



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



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.





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.

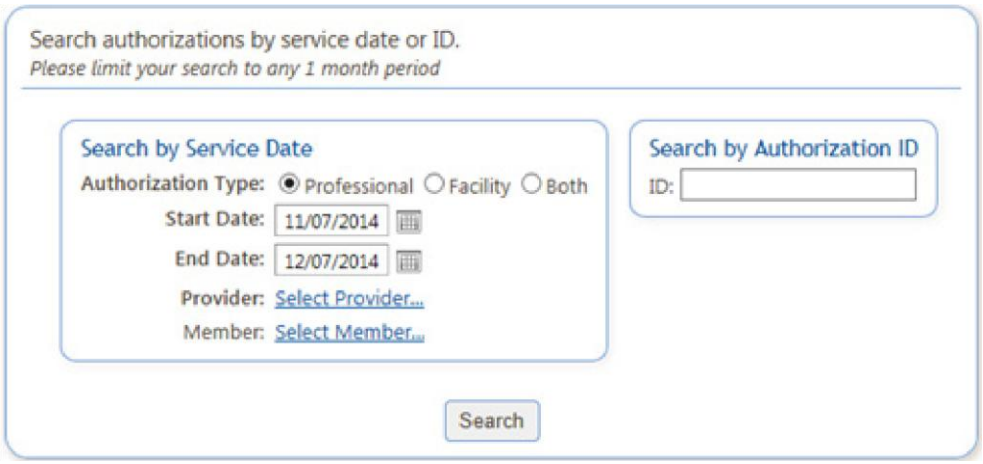
Authorization Inquiry

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.

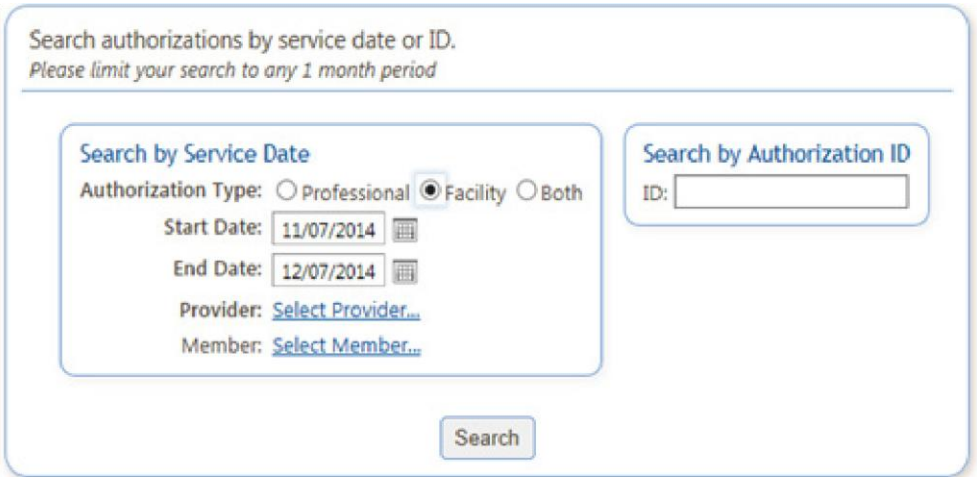
There are four search options within Medical Management Inquiry: ⌘ The first option, “Authorization ID” search, enables users who have the exact authorization reference number to view status on a specific authorization. (User must include zeros at beginning of the reference number.)

- 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.

Screen 11. Find professional authorizations



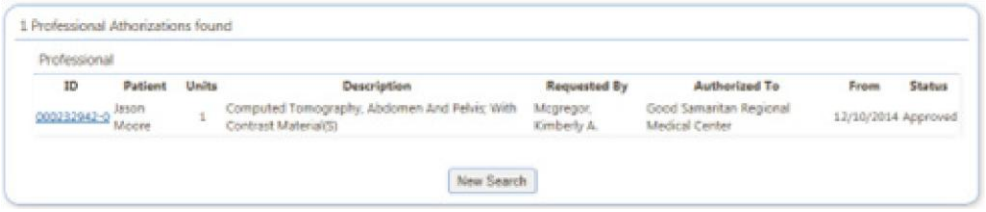
Screen 12. Find facility authorizations



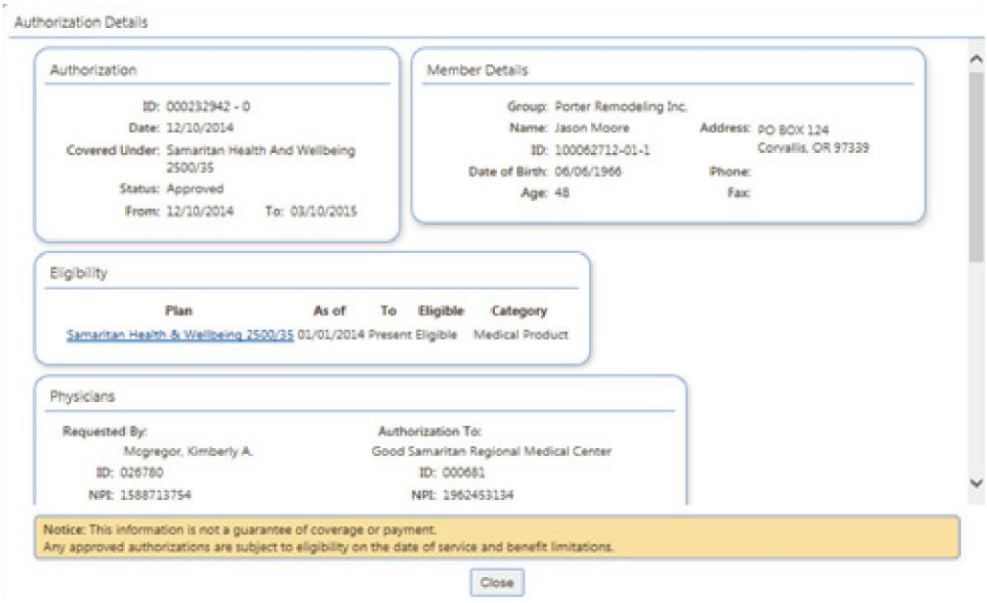
Screen 13. Search by member



Screen 14. Facilities authorization



Screen 15. Facilities authorization



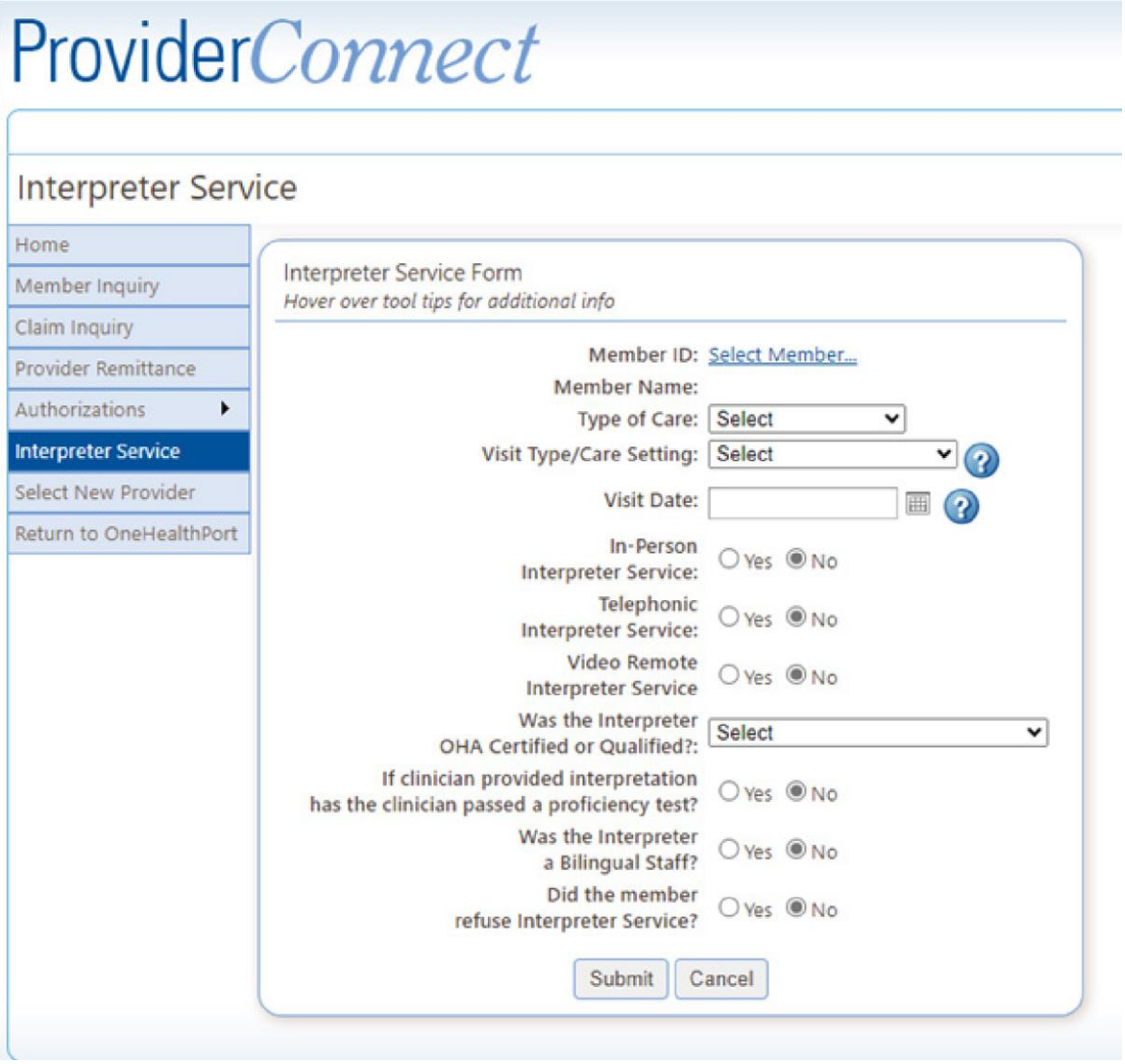
Forms

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

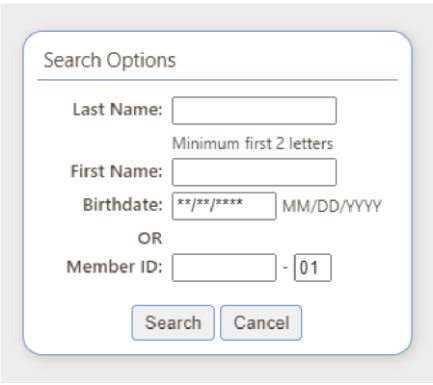
- Prior Authorization Form.
- DME Prior Authorization Form. ⌘ Imaging Authorization Form. ⌘ Prescription Exception/Prior Authorization Form.

Interpreter Service

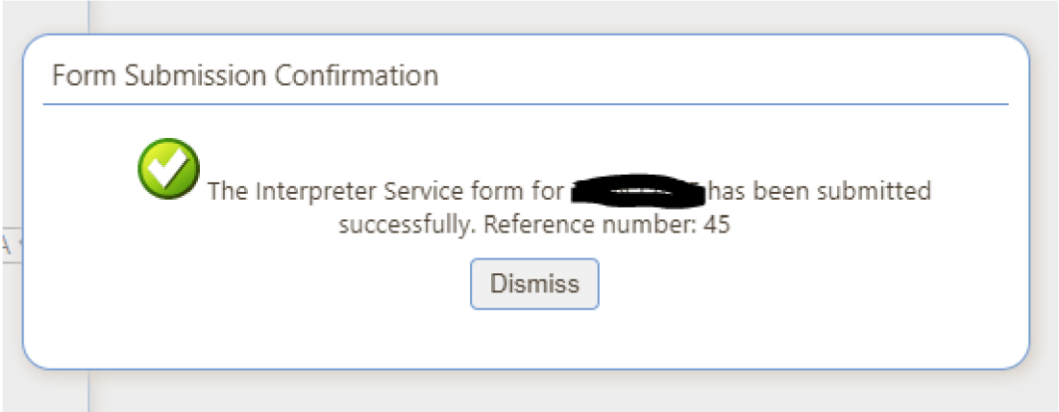
Users are to report interpreter services data utilizing the form below.



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



Complete form and submit.



For additional assistance with the Interpreter Services form please visit **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).

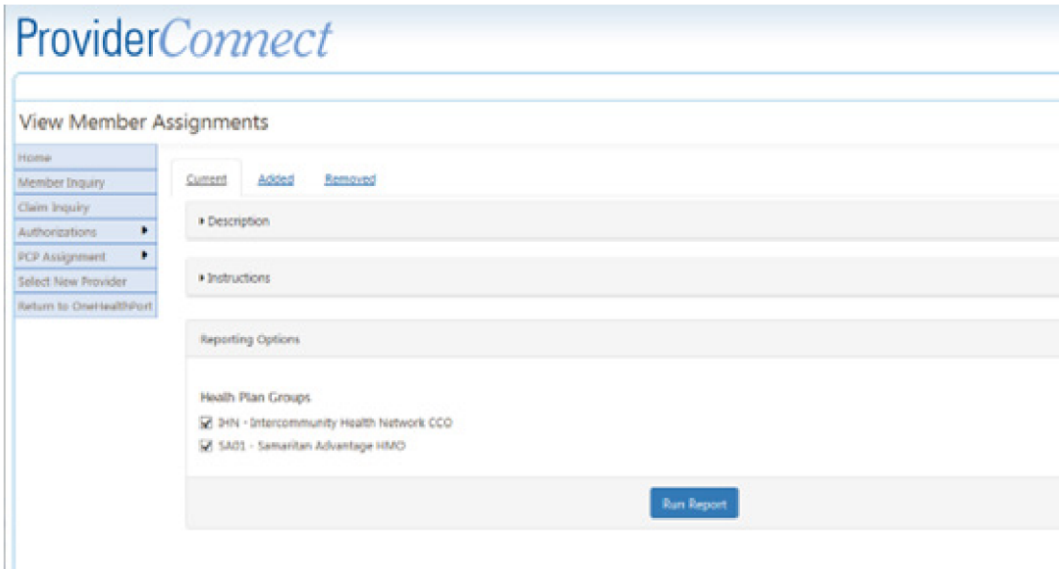


Figure 1 – View Member Assignments options – Current, Added and Removed

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.)

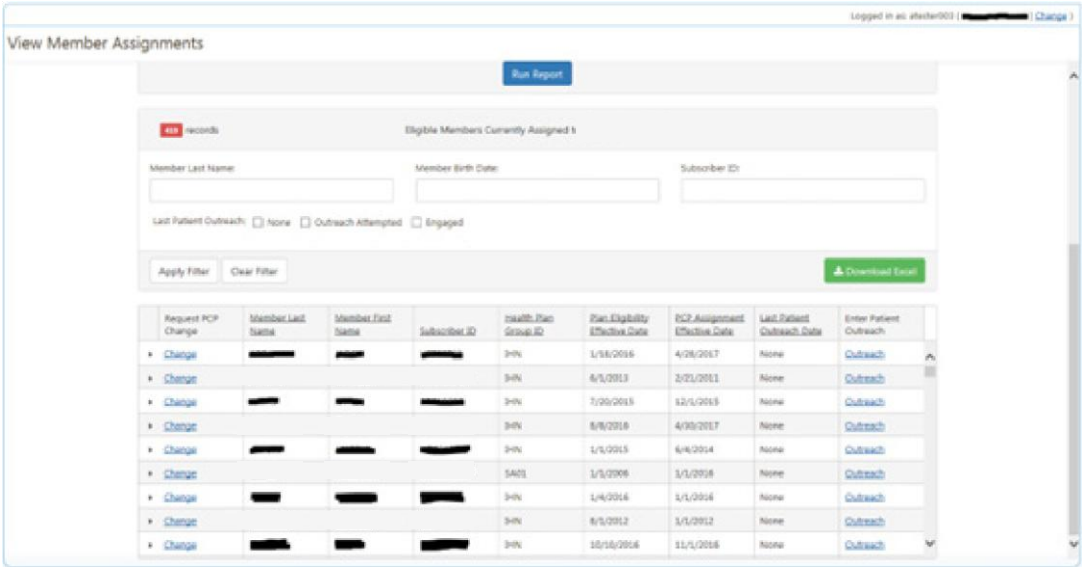


Figure 2 – View Member Assignments – Current

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.



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.

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).

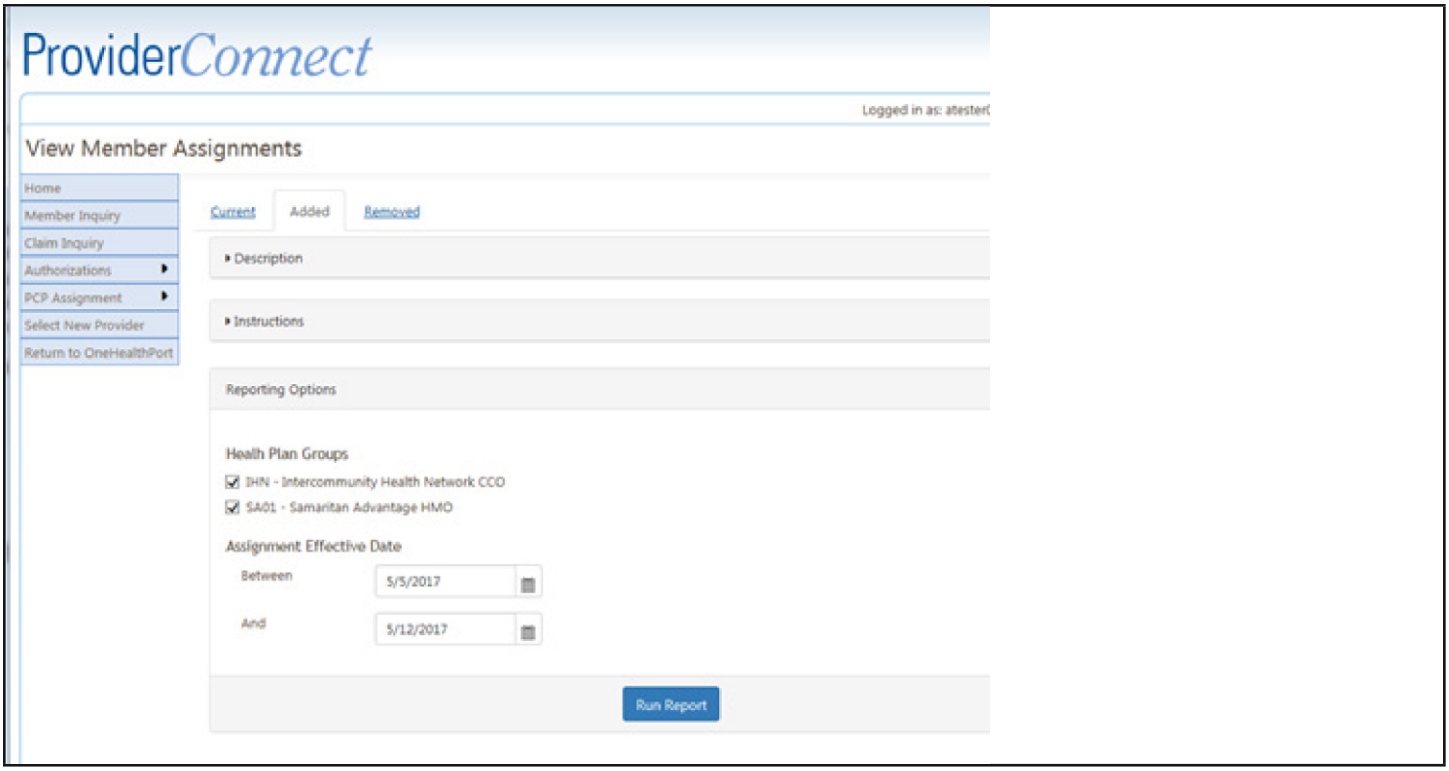


Figure 4 – View Member Assignments – Added

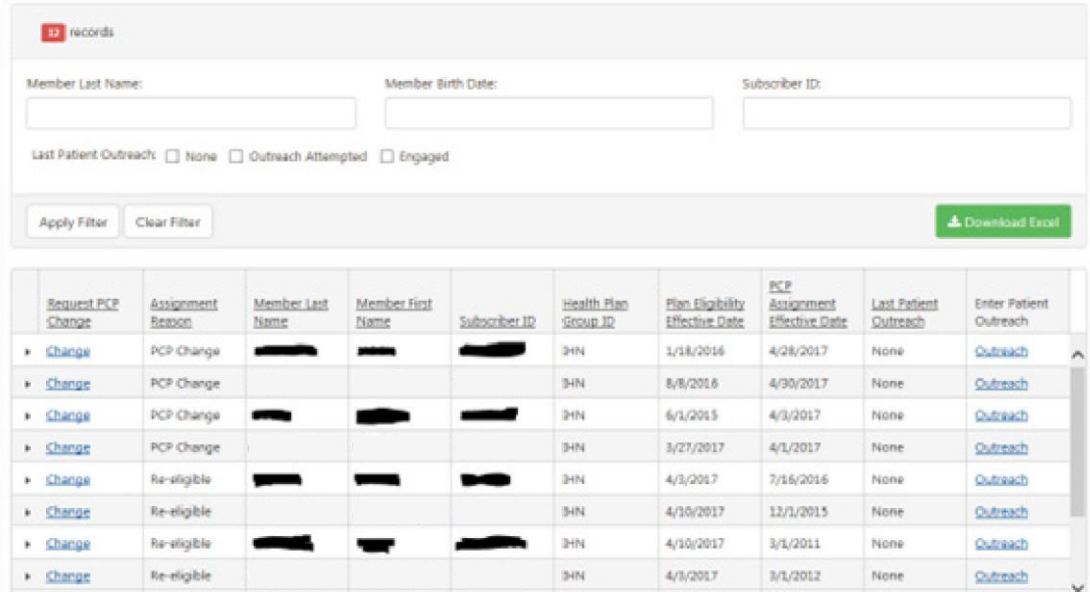


Figure 5 – View Member Assignments – Added

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.

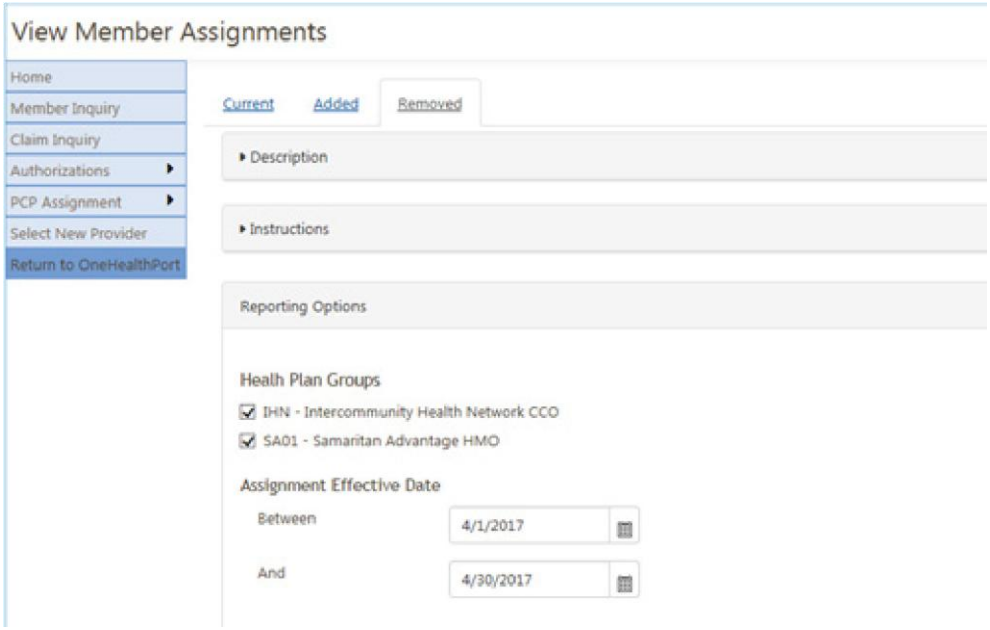


Figure 6 – View Member Assignments – Removed

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.

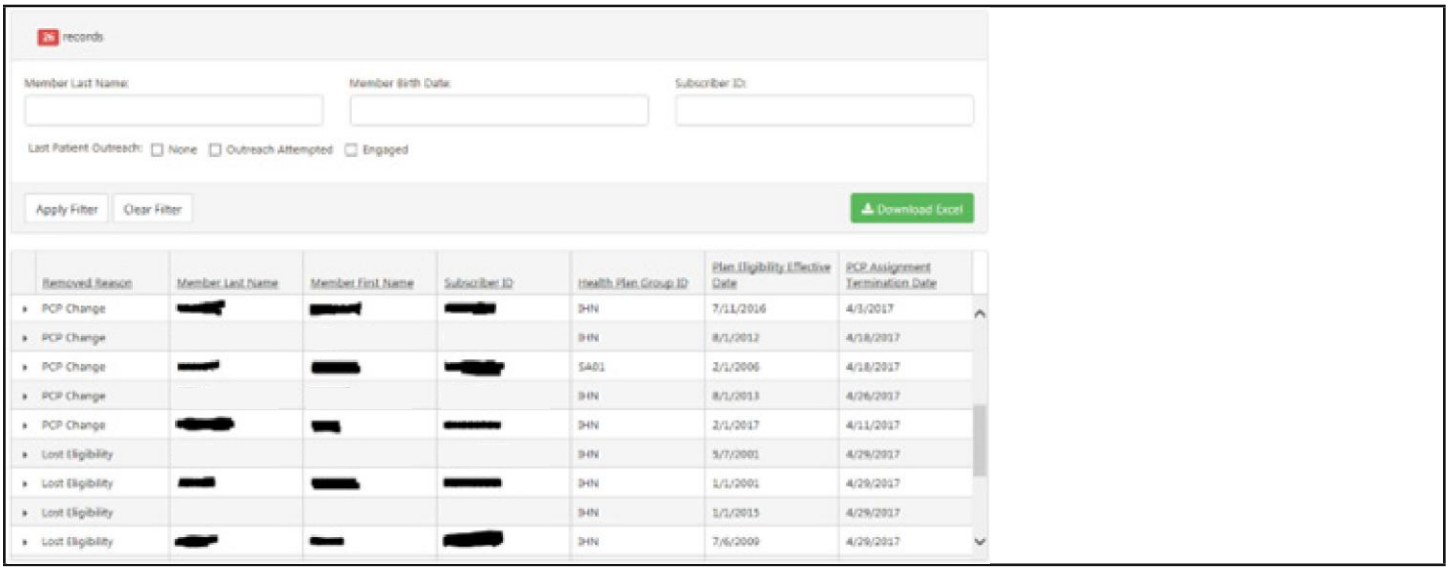


Figure 7 – View Member Assignments – Removed

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:

a. Portions of Last Name and First Name (at least two letters each) and Birth Date.

b. 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.

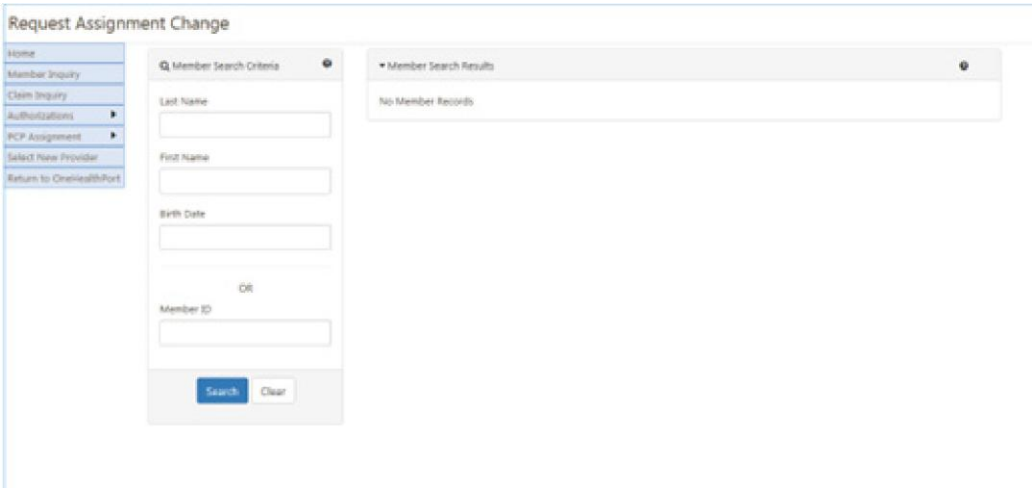


Figure 8 – Request Assignment Change - Search



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.

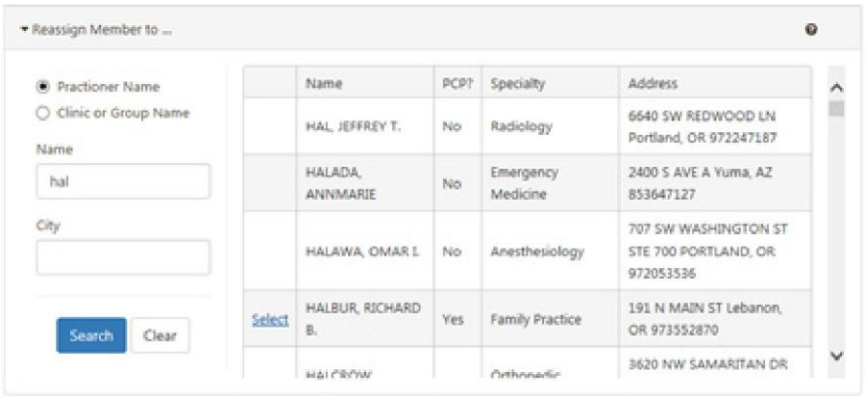


Figure 10 – Request Assignment Change – Select Practitioner

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.

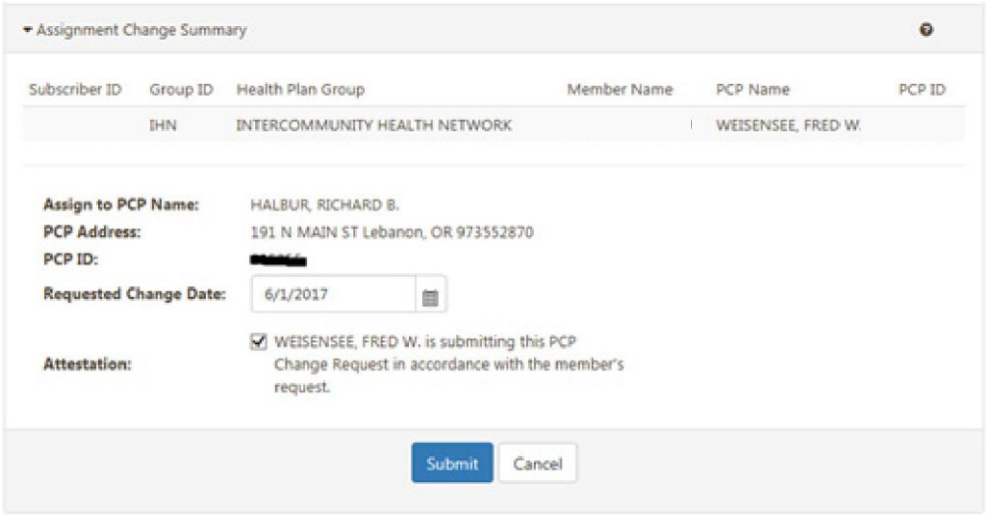


Figure 11 – Assignment Change Summary – From this provider to another PCP

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.

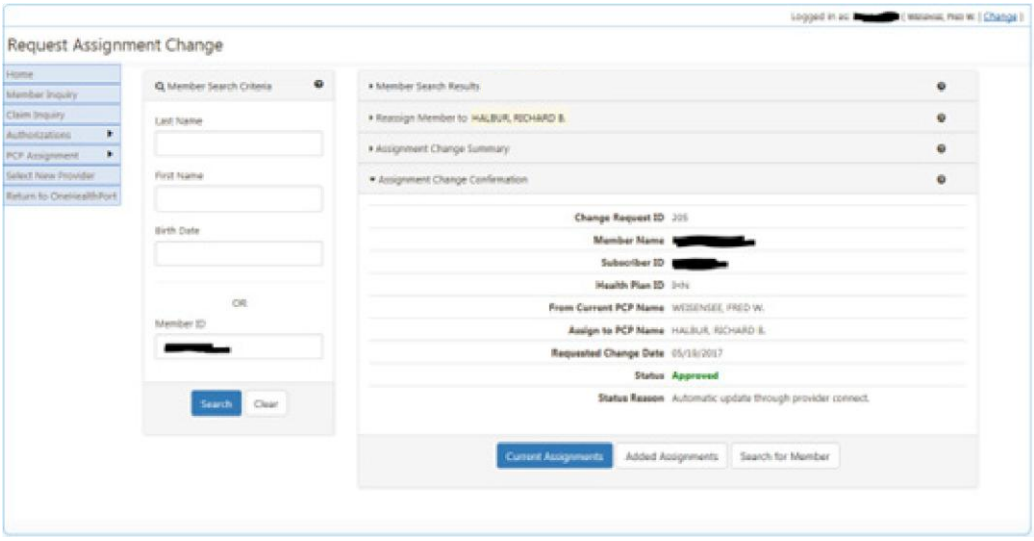


Figure 12 – Assignment change confirmation — from this provider to another PCP

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.

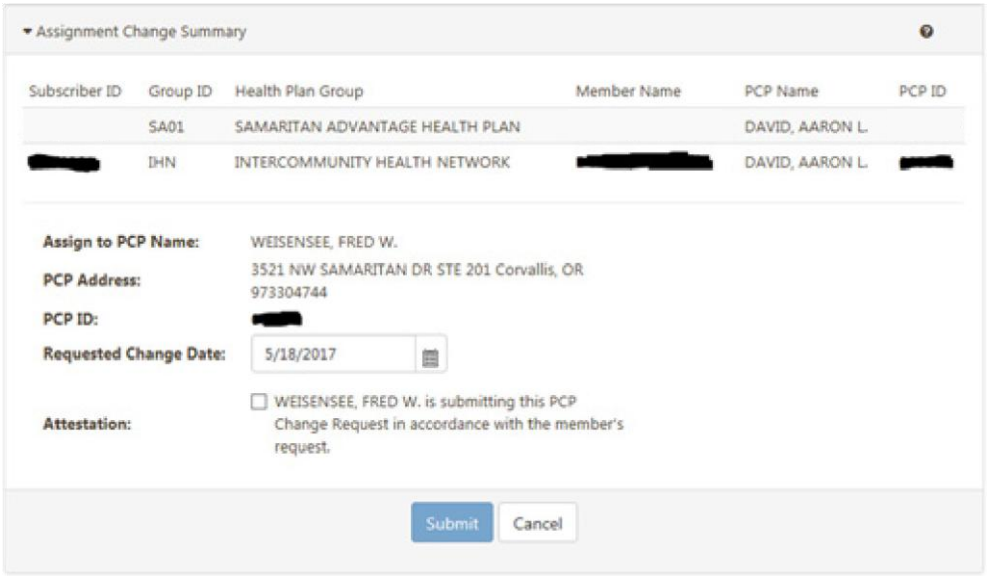


Figure 13 – Request assignment change — reassign member from another PCP to this provider

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.

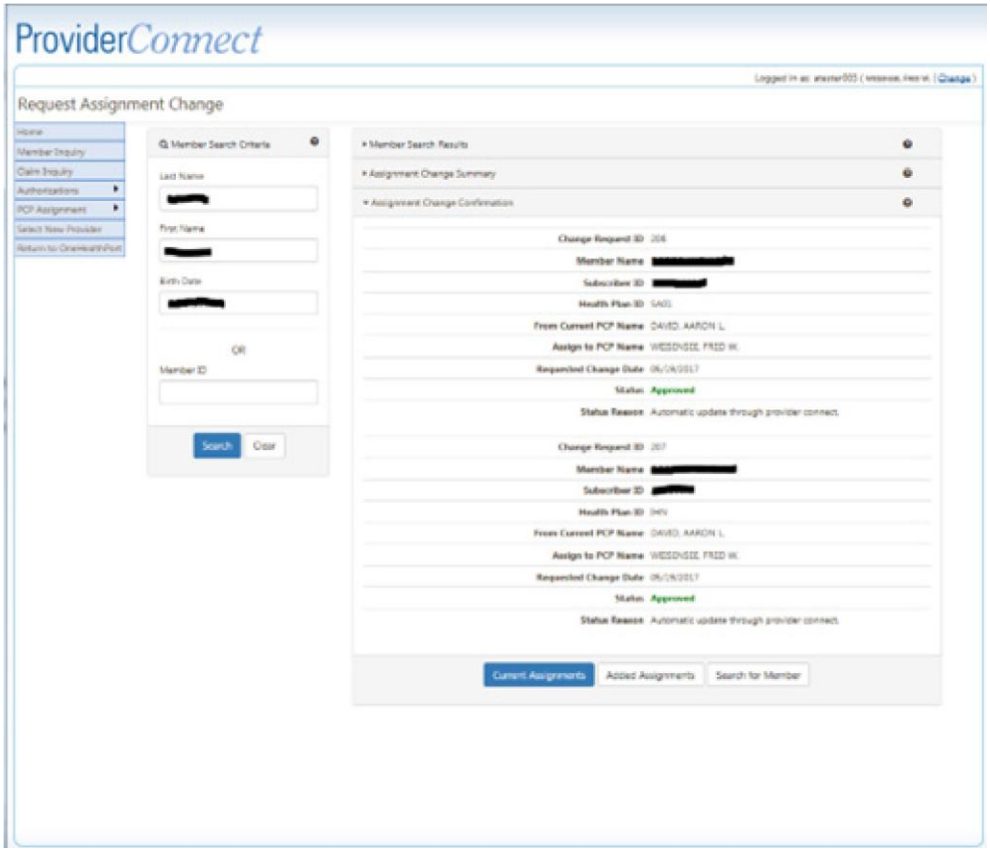


Figure 14 – Assignment change confirmation — from another PCP to this provider

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 pended 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.

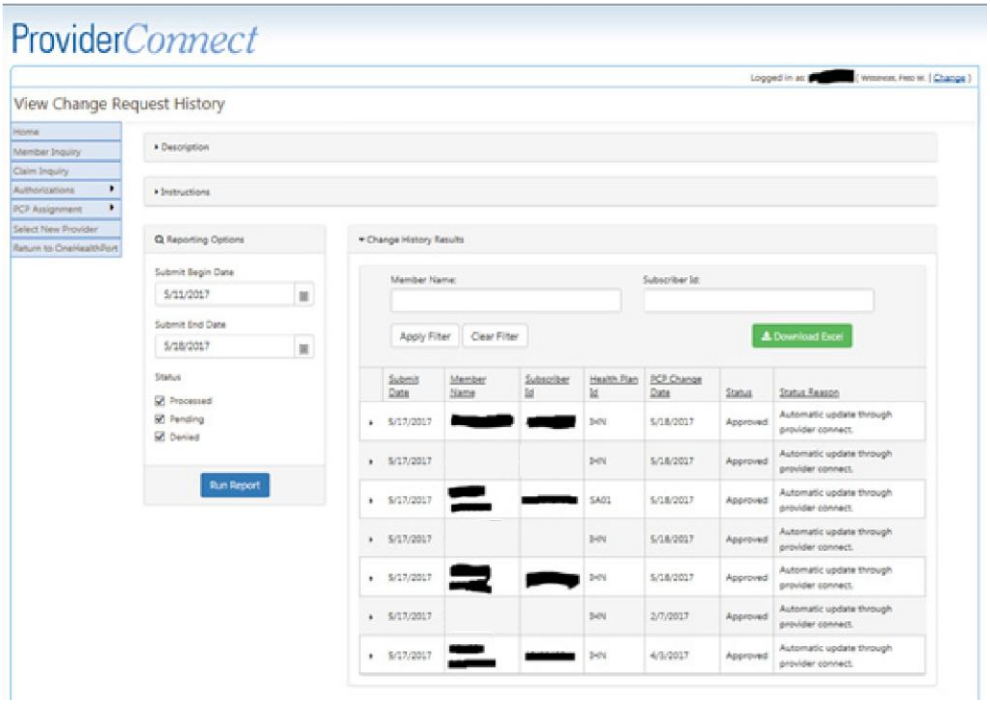


Figure 15 – View Change Request History

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.

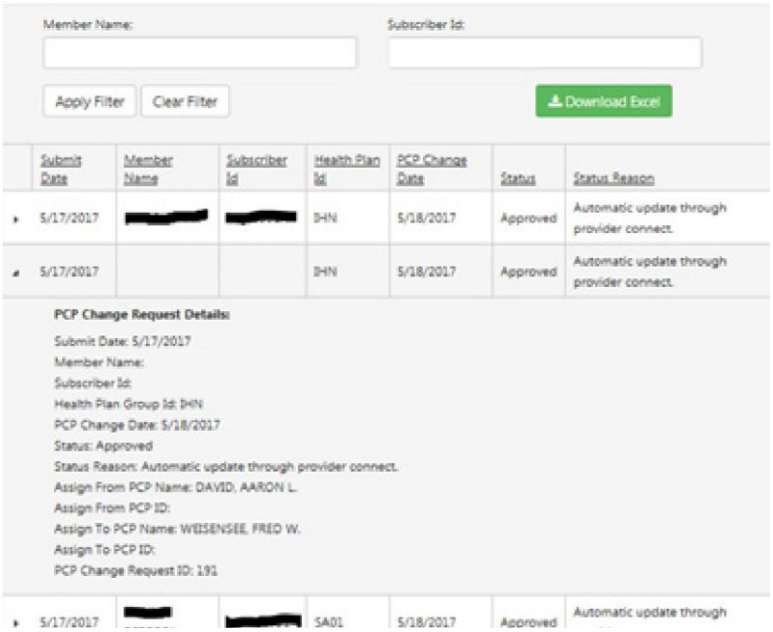


Figure 16 – View Change Request History — expanded record

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:

a. Portions of Last Name and First Name (at least two letters each) and Birth Date.

b. 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.

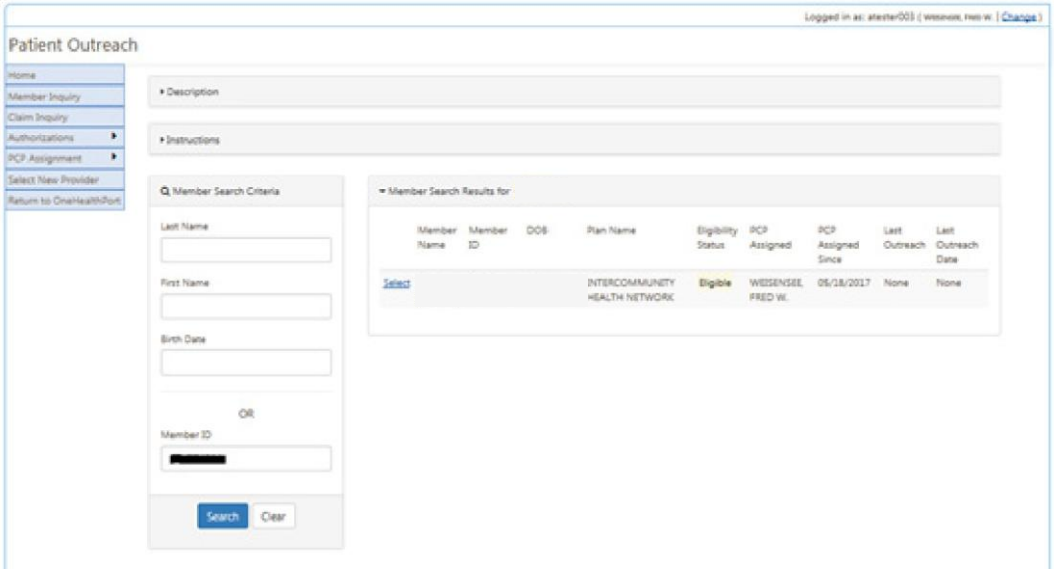


Figure 17 – Patient Outreach — select member

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.

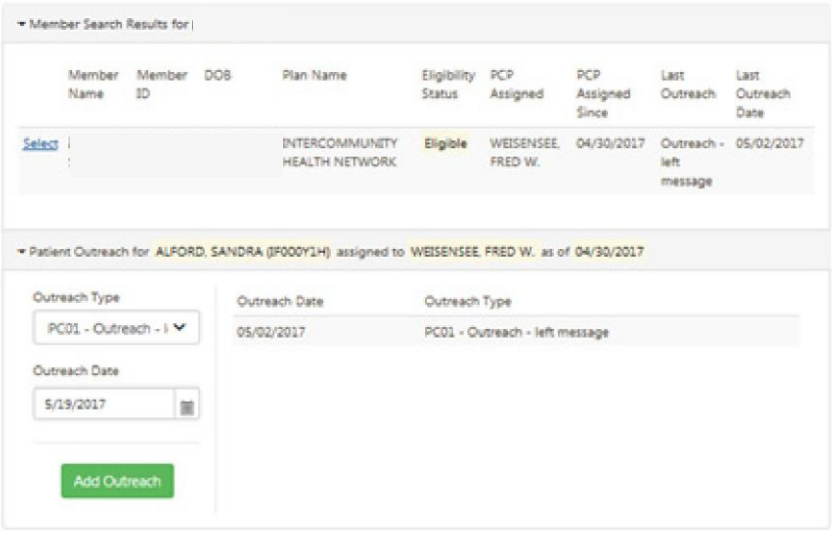


Figure 18 – Patient Outreach — Member Search Results

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.

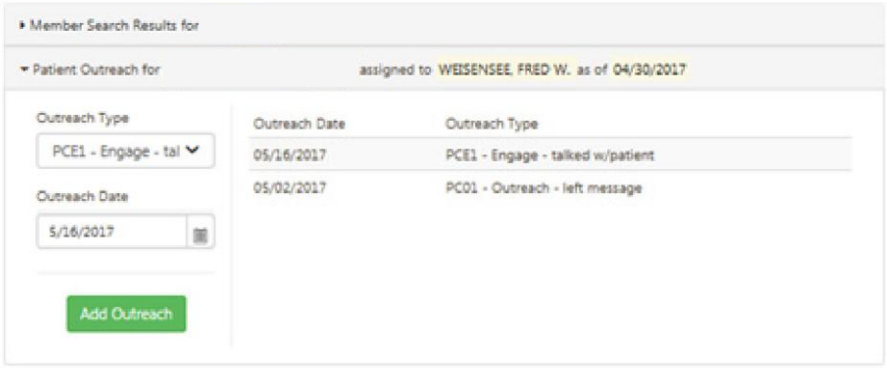


Figure 19 – Patient Outreach – Outreach added

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.

Samaritan Health Plans
2300 NW Walnut Blvd.
Corvallis, Oregon 97330

541-768-5207 · **888-435-2396** **samhealthplans.org/Providers**



2300 NW Walnut Blvd., Corvallis or 97330
800-832-4580 (TTY 800-735-2900)

samhealthplans.org

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