



Prior Authorization Process Frequently Asked Questions

Who is HealthHelp?

CareOregon is adopting a new platform for prior authorizations for certain services effective May 1, 2026.

HealthHelp is a specialty benefit management company that is now working with CareOregon to administer prior authorizations for the following:

- Cardiac Services (Imaging, Devices, Interventional)
- Diagnostic Imaging
- MSK / Interventional Pain / Physical Medicines
- Sleep Medicine
- Genetic Testing

NOTE: A complete list of procedure codes requiring authorization can be found at www.healthhelp.com/CAREOR

What is HealthHelp's program for CareOregon?

HealthHelp provides a platform that aims to improve quality and reduce the cost of care through educational expert peer consultation with providers and the latest evidence-based medical criteria for requested tests or procedures.

The HealthHelp authorization process involves collecting relevant clinical information from the ordering/treating physician's office, reviewing this information alongside current evidence-based guidelines, and if necessary, providing physician-to-physician consultation on treatment and/or test appropriateness and patient safety. If the requested service does not meet evidence-based guidelines, a HealthHelp physician specialist may have a provider-to-provider conversation with the requesting physician to consider alternatives.

Is an authorization required for all identified tests and procedures?

All prior authorizations for the above services will be submitted through the HealthHelp portal beginning May 1, 2026.

How can providers request prior authorization?

Ordering physicians can request authorization using one of the following three methods:

- Online by logging into HealthHelp through the [CareOregon OneHealthPort SSO](#)
- **Phone:** 877-356-3960
- **Fax:** 877-397-1258

HealthHelp representatives are available from Monday through Friday (excluding Federal holidays), from 6:00 am to 5:00 pm Pacific Time. The provider portal is available 7 days a week, 24 hours a day.

How do I log in to HealthHelp?

OneHealthPort serves as the secure single sign-on (SSO) gateway that CareOregon providers must use to access the HealthHelp portal. If you do not have an account with OneHealthPort, you'll need to create one prior to May 1, 2026. To log into OneHealthPort or to create a new account, please visit this link: [CareOregon OneHealthPort SSO](#)

Once you log in to OneHealthPort, you will be able to access the HealthHelp portal starting May 1, 2026, to submit your prior authorization requests.

What information is needed to initiate a prior authorization request?

The following information is required for all authorization requests and should be available on the patient's chart:

- Member name and ID
- Ordering provider medications and duration
- Ordering provider telephone and fax prior treatments
- Member diagnosis or clinical indication (ICD-10 code)
- Test being ordered (CPT code)
- Reason for test
- Rendering provider of requested test(s)
- Member symptoms and duration
- Clinical information to upload:
 - Last two office visit notes
 - Medications list
 - Comorbidities
 - If orthopedic or injury related: any conservative treatment (for example PT, supervised or not supervised, for how long). any activity modifications if no PT was prescribed, other conservative treatments, any ortho testing such as X-rays, depending on area of request, such as Apley's test, McMurray exam or Empty can test.
 - If cardiology related: Recent EKG report, ECHO, STRESS test, or any other cardiac testing. cardiac history past symptoms, new symptoms. For Interventional cardiology and devices: include the physician's procedure plan.

How long does the authorization approval process take?

Assuming appropriate criteria have been met, and the necessary information is provided, prior authorization requests can be completed in minutes. The provider office may immediately print the confirmation sheet within the online tool. The notification will be sent with full details about the determination.

Should a request need clinical or peer review, prior authorization can take up to 48 hours at each step (e.g., review with a nurse or physician reviewer) but are processed within regulatory timeframes. For complicated cases, this period may be longer. For cases that require clinical or peer review, any request submitted by phone is processed right away. The response is then immediately sent by fax to the ordering provider's office. If the phone request includes enough clinical information for HH to make a decision at that time, the determination will be issued and faxed without delay. Requests submitted

online will indicate that a referral to clinical review has been made and provide the ability to upload additional clinical information.

How can I check to see if a prior authorization has already been obtained for a member?

There are two ways to check the status of prior authorizations:

1. Visit www.healthhelp.com/CAREOR to check the status of a recent request. You will need the member ID and date of birth. For more detailed case information please login through the [CareOregon OneHealthPort SSO](#).
2. Log in through the [CareOregon OneHealthPort SSO](#) to access HealthHelp.

When you are logged in to the HealthHelp's WebConsult website, click the "Request Status" link at the top of the page. You may search for a request by entering the member's ID, tracking number, or authorization number for any 90-day date range based on the date of request. You may also view requests by physicians or rendering facilities.

For technical support, Program Support is also available to assist via online chat, just type "live agent" for assistance. You may also check the status of a prior authorization by calling HealthHelp's inbound call center at 877-356-3960.

What are my options if a request has been denied?

Please refer to your denial letter for the next steps, such as appeal rights, peer-to-peer review, etc.

How can my staff get additional training or support?

HealthHelp offers virtual training through webinars for providers. Register for a session at www.healthhelp.com/CAREOR. We work closely with the CareOregon provider network to Provide training and answer questions about the portal.

Are you interested in a training session to help your office make the authorization process efficient? Please email hncorporatetraining@healthhelp.com and we can arrange a session for your team.

For additional questions, please contact:

HealthHelp Program Support

rcsupport@healthhelp.com

Phone: 1-800-546-7092