

How to Use the OHA COVID-19 Reporting Portal (OCRP)

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You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsoha.state.or.us. We accept all relay calls, or you can dial 711.

How to Use the OHA COVID-19 Reporting Portal (OCRP)

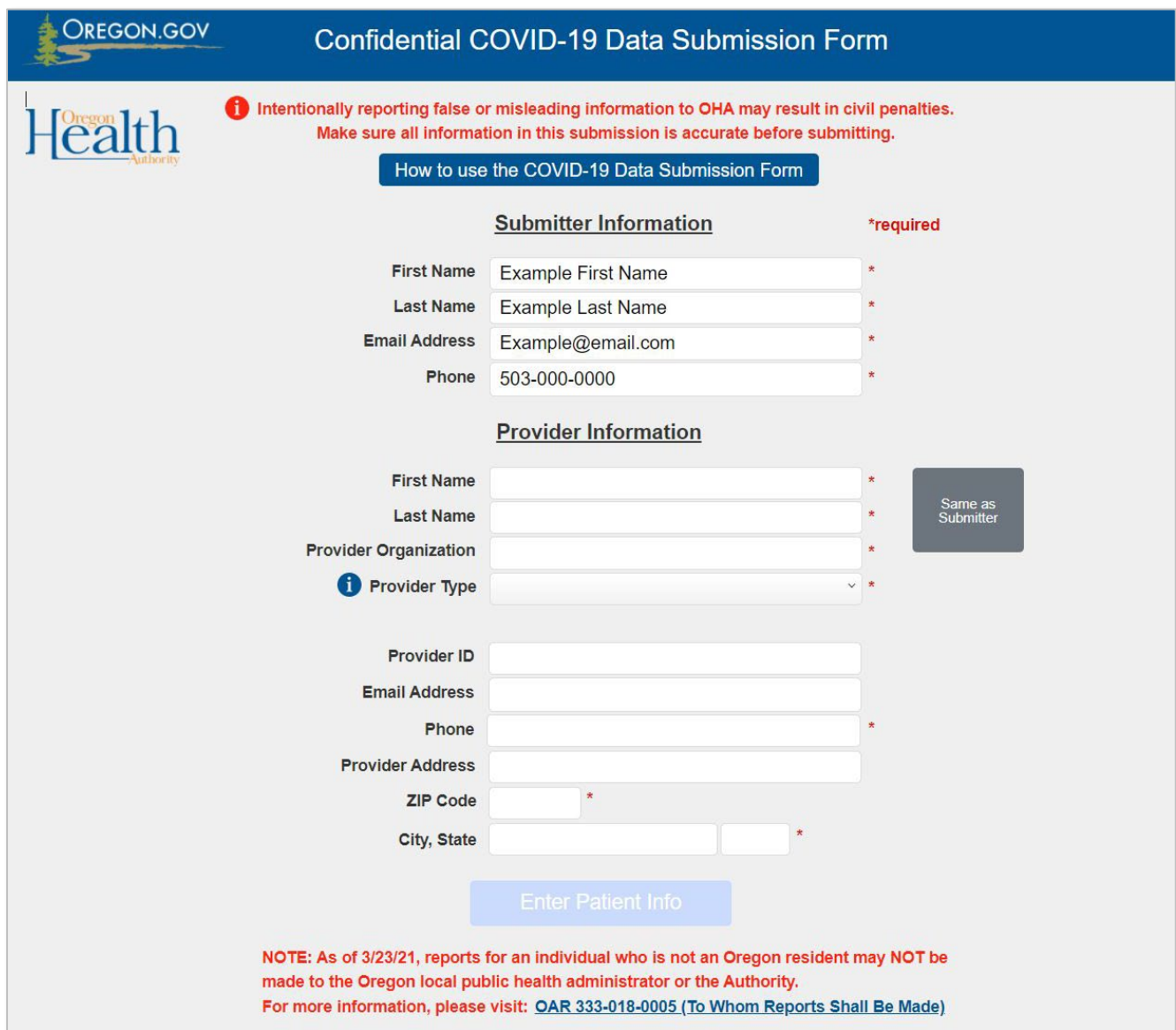
The OHA COVID-19 Reporting Portal (OCRP) is located here: [OHA COVID-19 Reporting Portal](#)

A video tutorial on how to use the OCRP is located here: [OCRP Orientation](#)

Other methods to report COVID-19 cases are located here: [The Oregon ELR Project](#)

Submitter Information

1. Enter in Submitter's **First Name**
2. Enter in Submitter's **Last Name**
3. Enter in Submitter's **Email Address**
4. Enter in Submitter's **Phone**



OREGON.GOV Confidential COVID-19 Data Submission Form

 **Intentionally reporting false or misleading information to OHA may result in civil penalties. Make sure all information in this submission is accurate before submitting.**

How to use the COVID-19 Data Submission Form

Submitter Information *required

First Name *

Last Name *

Email Address *

Phone *

Provider Information

First Name *

Last Name *

Provider Organization *

 Provider Type *

Provider ID

Email Address

Phone *

Provider Address

ZIP Code *

City, State *

NOTE: As of 3/23/21, reports for an individual who is not an Oregon resident may NOT be made to the Oregon local public health administrator or the Authority.
For more information, please visit: [OAR 333-018-0005 \(To Whom Reports Shall Be Made\)](#)

Provider Information

1. Enter in Provider's **First Name**

2. Enter in Provider's **Last Name**

NOTE: If the submitter and provider is the same, you can use the **Same as Submitter** button.

3. Enter in **Provider Organization**

4. Enter in **Provider Type**

NOTE: Click on the white and blue *i* button to see the definitions of each provider type.

5. Enter in **Provider ID**

6. Enter in Provider's **Email Address**

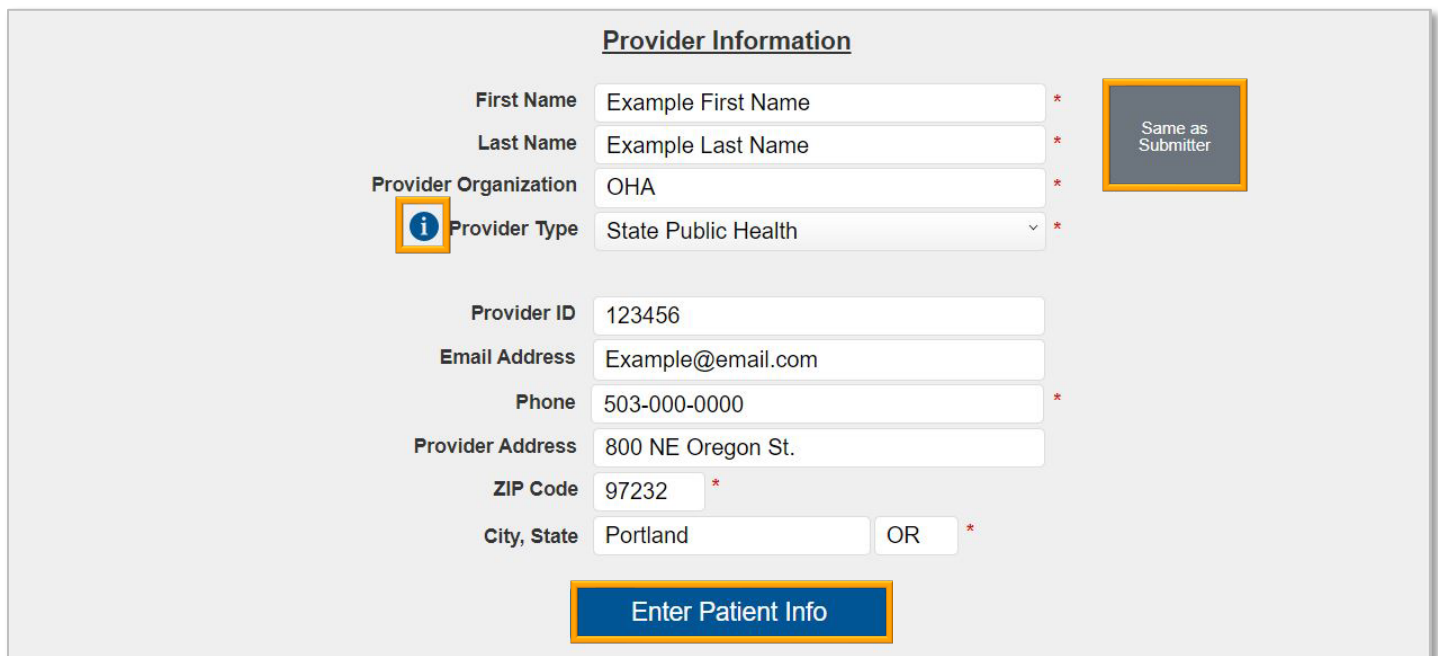
7. Enter in Provider's **Phone**

8. Enter in **Provider's Address**

9. Enter in Provider's **ZIP Code**

NOTE: **City** and **State** will automatically populate based on the **ZIP Code**.

10. Click on **Enter Patient Info**



The screenshot shows a web form titled "Provider Information". It contains several input fields with labels and asterisks indicating required fields. The fields are: First Name (Example First Name), Last Name (Example Last Name), Provider Organization (OHA), Provider Type (State Public Health, with an information icon), Provider ID (123456), Email Address (Example@email.com), Phone (503-000-0000), Provider Address (800 NE Oregon St.), ZIP Code (97232), and City, State (Portland, OR). A "Same as Submitter" button is located to the right of the first three fields. An "Enter Patient Info" button is at the bottom. The form is highlighted with a yellow border.

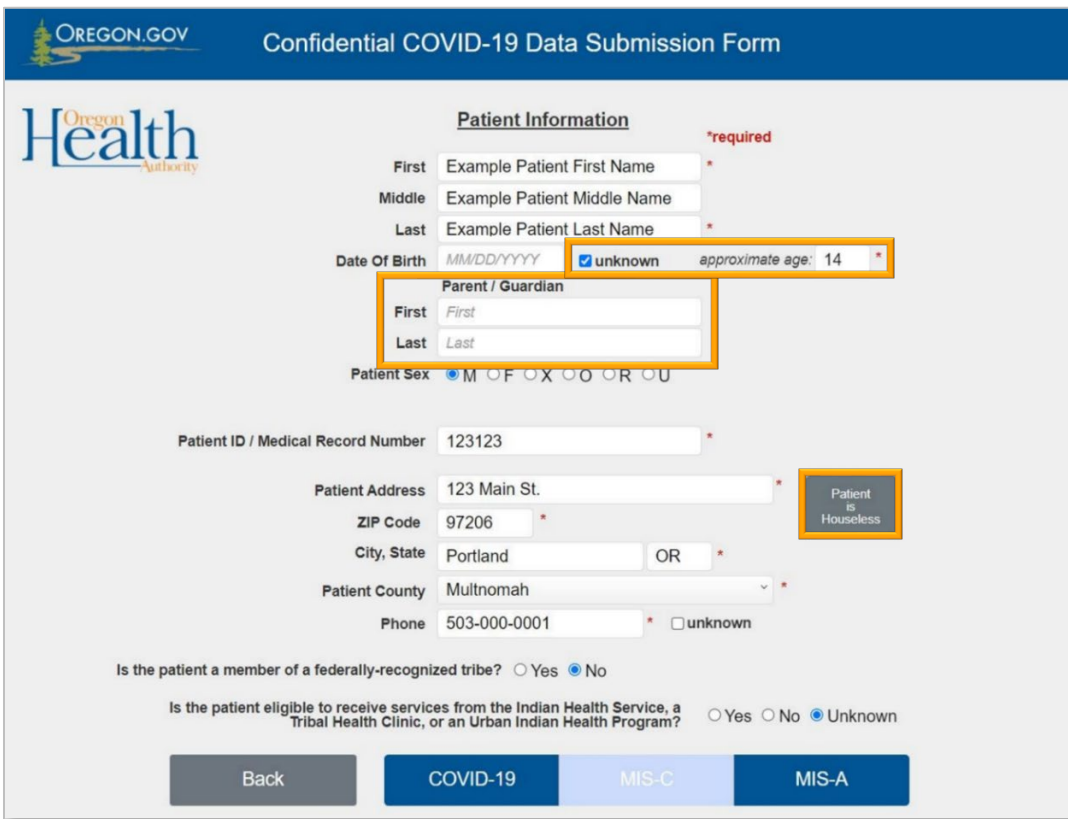
Provider Information	
First Name	Example First Name *
Last Name	Example Last Name *
Provider Organization	OHA *
Provider Type	State Public Health *
Provider ID	123456
Email Address	Example@email.com
Phone	503-000-0000 *
Provider Address	800 NE Oregon St.
ZIP Code	97232 *
City, State	Portland OR *

Same as Submitter

Enter Patient Info

Patient Information

1. Enter in Patient's **First Name**
2. Enter in Patient's **Middle Name**
3. Enter in Patient's **Last Name**
4. Enter in Patient's **Date Of Birth**
NOTE: If the date of birth is unknown, click on **unknown**, and enter in the **approximate age**.
NOTE: If the patient is under 15 years old, enter in **Parent / Guardian** information.
5. Enter in **Patient Sex**
6. Enter in **Patient ID / Medical Record Number**
7. Enter in **Patient's Address**
NOTE: If the patient is houseless, please use the **Patient is Houseless** button.
8. Enter in Patient's **Phone**
9. Select whether the patient is a member of a federally recognized Tribe and/or whether the patient is eligible to receive tribal health services
10. If you need to enter in information regarding Multisystem Inflammatory Syndrome in Children (MIS-C) or Multisystem Inflammatory Syndrome in Adults (MIS-A), click on either the **MIS-C** or **MIS-A** button
11. If you're just entering in COVID-19 information, click on the **COVID-19** button



The screenshot shows the "Confidential COVID-19 Data Submission Form" with the Oregon Health Authority logo. The form is divided into sections for Patient Information, Parent/Guardian information, and Patient Address. The Patient Information section includes fields for First, Middle, and Last Name, Date of Birth (with a dropdown for "unknown" and an "approximate age" field), Patient Sex (radio buttons for M, F, X, O, R, U), Patient ID / Medical Record Number, Patient Address (street, ZIP Code, City, State, County, Phone), and checkboxes for tribal membership and eligibility for tribal health services. The Parent/Guardian section includes fields for First and Last Name. The Patient Address section includes a "Patient is Houseless" button. At the bottom, there are buttons for "Back", "COVID-19", "MIS-C", and "MIS-A".

Patient Information *required

First: Example Patient First Name *

Middle: Example Patient Middle Name

Last: Example Patient Last Name *

Date Of Birth: MM/DD/YYYY ☒ unknown approximate age: 14 *

Parent / Guardian

First: First

Last: Last

Patient Sex: ☒ M ☐ F ☐ X ☐ O ☐ R ☐ U

Patient ID / Medical Record Number: 123123 *

Patient Address: 123 Main St. *

ZIP Code: 97206 *

City, State: Portland OR *

Patient County: Multnomah *

Phone: 503-000-0001 * ☐ unknown

Is the patient a member of a federally-recognized tribe? ☐ Yes ☒ No

Is the patient eligible to receive services from the Indian Health Service, a Tribal Health Clinic, or an Urban Indian Health Program? ☐ Yes ☐ No ☒ Unknown

Buttons: Back, COVID-19, MIS-C, MIS-A

REAL-D and SOGI

1. If you are exempt from collecting Race, Ethnicity, Language, and Disability (REAL-D) information from this patient, select the reason why and click on **Continue**
2. If none of the selections applies, use the arrows to answer all REAL-D questions
NOTE: All REAL-D questions are required. REAL-D is an effort to increase and standardize data collection of demographic information. This information is used to address health inequities between diverse communities, to ensure that we reach those who are most at risk. Information regarding REAL-D can be found here: [What is REAL-D?](#)
3. Answer all Sexual Orientation and Gender Identity (SOGI) questions
4. Click on **Continue**





Patient Information

Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	Disability *	SOGI
Starting October 1, 2020, REALD data are required for Phase 1 reporting facilities. I attest that I do not have to complete the REALD information for this patient because: ☐ REALD has already been submitted for this patient within the last 365 days ☐ I am sending this patient's REALD data via CSV within the next 7 days ☐ I am not a Phase 1 or 2 REALD reporting facility List of Phase 1 and Phase 2 Facilities ☐ This patient is incapacitated and REALD cannot be ascertained What is REALD? REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA). REALD (sometimes referred to as REAL+D, as the original effort focused on race, ethnicity and language) was advanced through the passage of House Bill 2134 passed by the Oregon legislature in 2013. HB 2134 required DHS and OHA to develop a standard for collection of race, ethnicity, language, and disability (REALD) data in conjunction with community stakeholders. The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS 413.042 and 413.161). In 2014 the administrative rules detailing the data collection standards were completed (OARs 943-070-0000 thru 943-070-0070). https://www.oregon.gov/oha/OEI/Pages/REALD.aspx				

Back

Continue

Clinical Details / Clinical Status / Exposure Risks

1. Select whether the patient has symptoms compatible with COVID-19
2. Enter in **Date of Symptom Onset**
3. Select all symptoms that apply
4. Select **Patient Classification**
5. Enter in the **Facility Name**
6. Select whether the patient has been admitted to a hospital
7. Enter in **Admit Date**
8. Select whether the patient has been admitted to ICU
9. Select whether the patient has died
10. Enter in **Date of Death**
11. Select whether the patient is a close contact of a known case
12. Click on **Continue**


Confidential COVID-19 Data Submission Form



Clinical Details

Does the patient have symptoms compatible with COVID-19? ☒ Yes ☐ No

Date of Symptom Onset ☒ unknown

Symptoms

☐ Cough	☐ Fatigue	☐ Feeling feverish	☒ Muscle pain	☒ Sore throat	☐ Nausea
☐ Fever >=100.3F	☐ Headache	☐ Chills	☐ Loss of sense of taste	☐ Nasal congestion	☐ Vomiting
☐ Shortness of Breath	☐ Diarrhea	☐ Difficulty breathing	☒ Loss of sense of smell	☐ Nasal Discharge	

Clinical Status

☐ Inpatient ☐ Healthcare Worker ☒ Resides in Congregate Setting
☐ Outpatient ☐ Other ☐ Works in Congregate Setting

Facility Name

Has the patient been admitted to the hospital? ☒ Yes ☐ No

Patient admitted to ICU? ☒ Yes ☐ No

Did the patient die? ☒ Yes ☐ No

Exposure Risks

Is this patient a close contact of a known case? ☒ Yes ☐ No

Enter additional comments here...

Back
Continue

Testing Details

1. Select the **COVID Test Result**
2. Select the **Test Type**
3. Select whether if it was the patient's first COVID-19 test
4. Enter in **Laboratory Name**
5. Enter in **Specimen Collection Date**
6. Select whether the patient has already been notified of the diagnosis lab result
7. Enter in **Device Identifier**
8. Review all information from all sections and confirm the information is correct and accurate
NOTE: Once you click on **Submit**, you will not be able to edit your submission. Please review your submission first.
9. Click on **Submit**

 **Confidential COVID-19 Data Submission Form**



Testing Details
**required*

*** COVID Test Result**

☒ Positive
☐ Negative
☐ No Result/Result Pending
☐ Clinical or only suspect at this time

*** Test Type**

☒ PCR
☐ NAAT
☐ Antigen
☐ Antibody

Is this the patient's first COVID-19 Test? ☒ Yes ☐ No ☐ Unknown

Laboratory Name

Specimen Collection Date  *

Has the patient already been notified of the diagnosis lab result? ☒ Yes ☐ No ☐ Unknown

Device Identifier

Back

Submit

Printing the Report for Your Records

1. To print the report for your records, click **Yes** in the popup box
2. Once you have printed the report, click **Done**
3. To exit or submit another report, click **No thanks**

The screenshot shows a web interface for the 'Confidential COVID-19 Data Submission Form'. At the top, there is a dark blue header with the 'OREGON.GOV' logo and the text 'Confidential COVID-19 Data Submission Form'. Below the header, the 'Oregon Health Authority' logo is visible on the left. The main content area is a light gray rectangle with the text 'Processing...' centered. In the center of this area is a white popup dialog box with a black title bar that reads 'Print Report for your Records'. The dialog box contains the text: 'Do you want to print a copy of this report for your records? You will not be able to retrieve this information after it's been submitted.' At the bottom of the dialog box are two buttons: 'No thanks' and 'Yes'.

Submitting Another File / Confirmation Code

1. Keep track of the **Confirmation code**
NOTE: For assistance with your submission, you will need this confirmation code.
2. To submit another file, click on **Submit Another File**
3. To exit, close your browser
4. Thank you!

 **Confidential COVID-19 Data Submission Form**



Thank you for submitting your file.

Confirmation code: 56B1B1BED62C

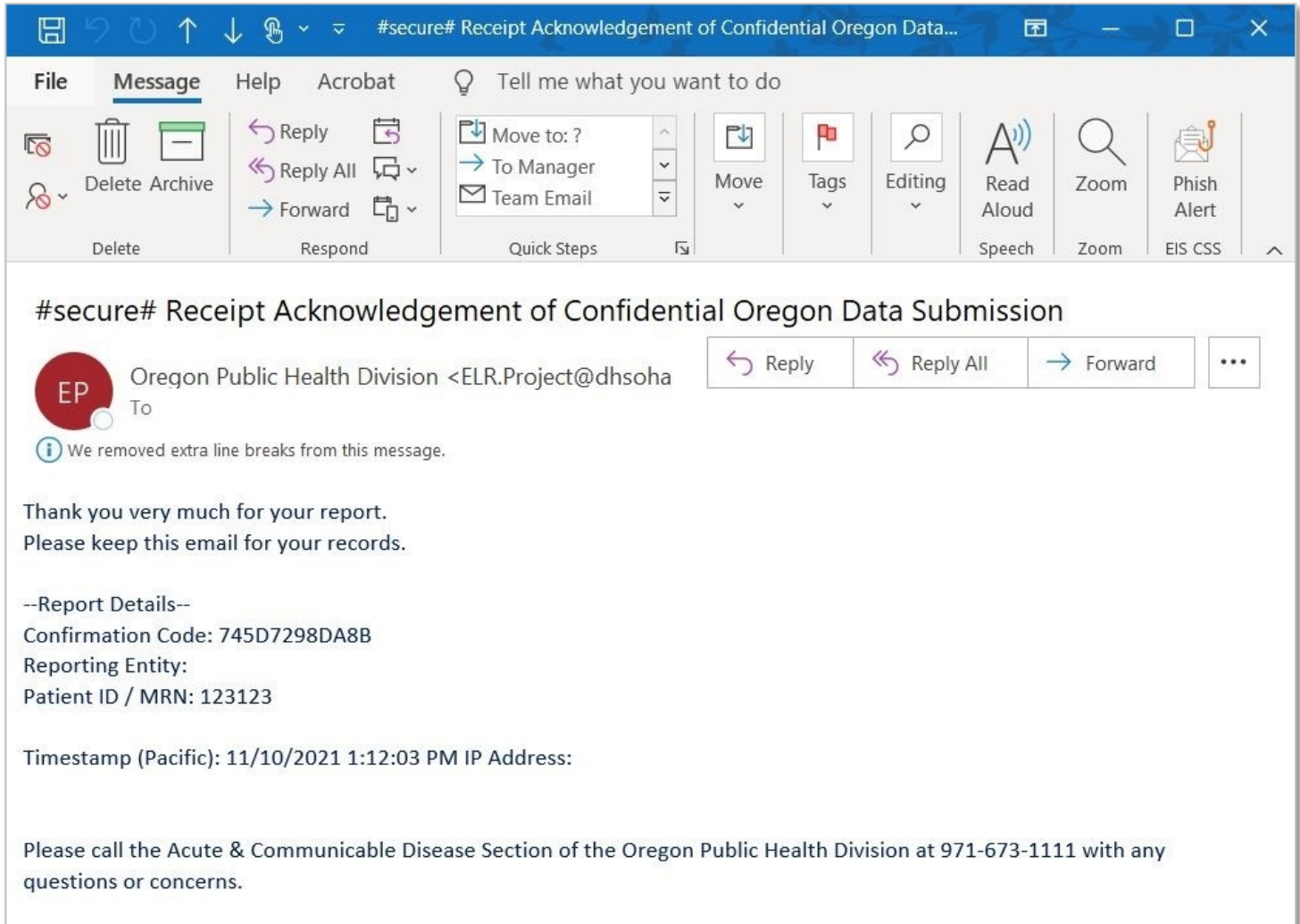
A confirmation email will be sent to Example@email.com

[Submit Another File](#)

For questions or concerns, contact the Oregon Public Health Division at Orpheus.ODPE-Tech@state.or.us

Email Notification

- Once you have submitted a report, you will receive a secure email with the subject: **#secure# Receipt Acknowledgement of Confidential Oregon Data Submission**
- This email is automatically sent from ELR.Project@dhsosha.state.or.us after each submission.
- If you have trouble opening this secure email, please contact Opera.Support@dhsosha.state.or.us



Other Questions?

For any technical assistance, please contact Opera.Support@dhsosha.state.or.us.

Please include the confirmation code of the submission (you can find this code in the secure email that was sent to you after your OCRP submission).

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