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

## Table of Contents



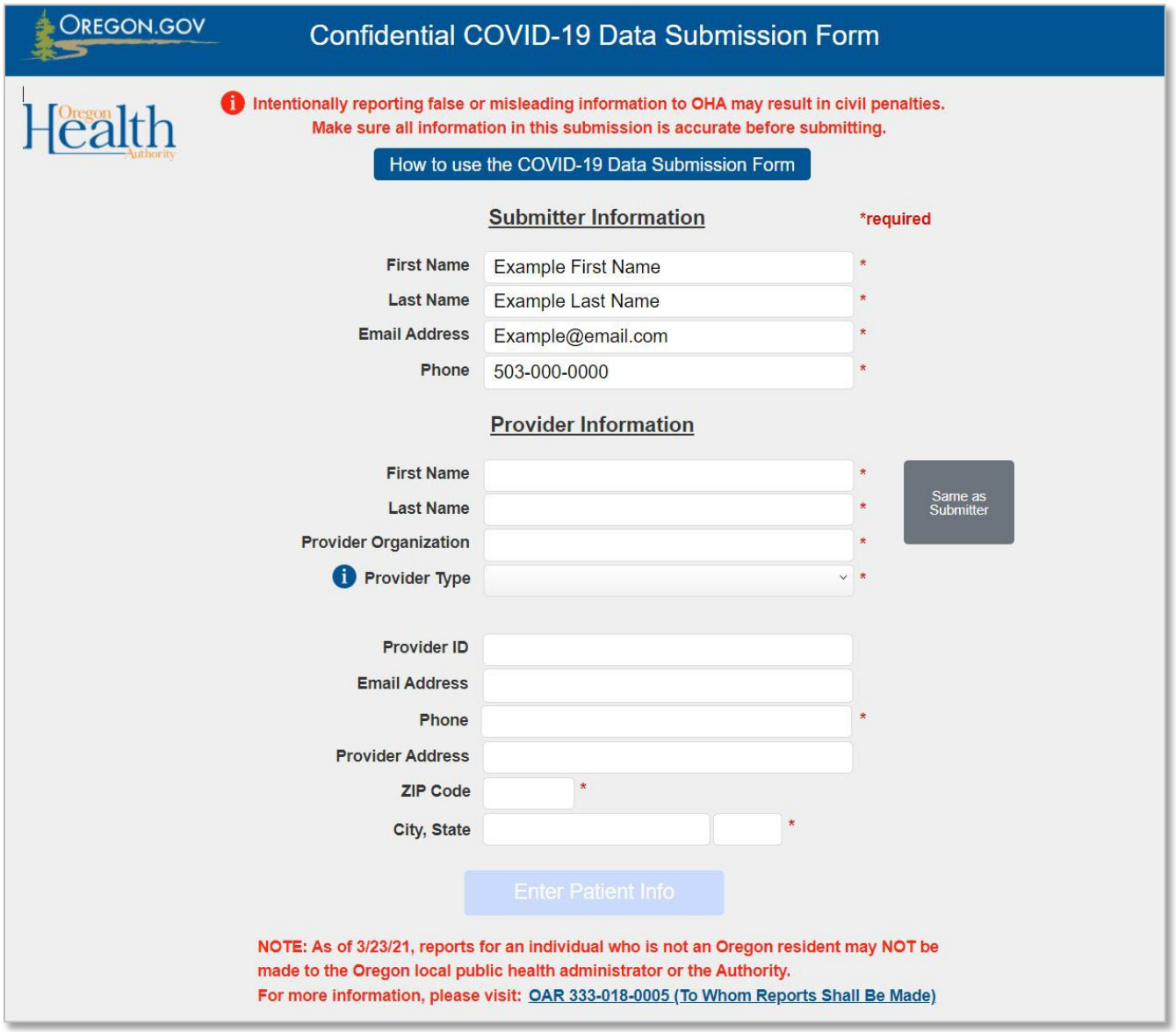
You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsoha.state.or.us. We accept all relay calls, or you can dial 711.

# 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

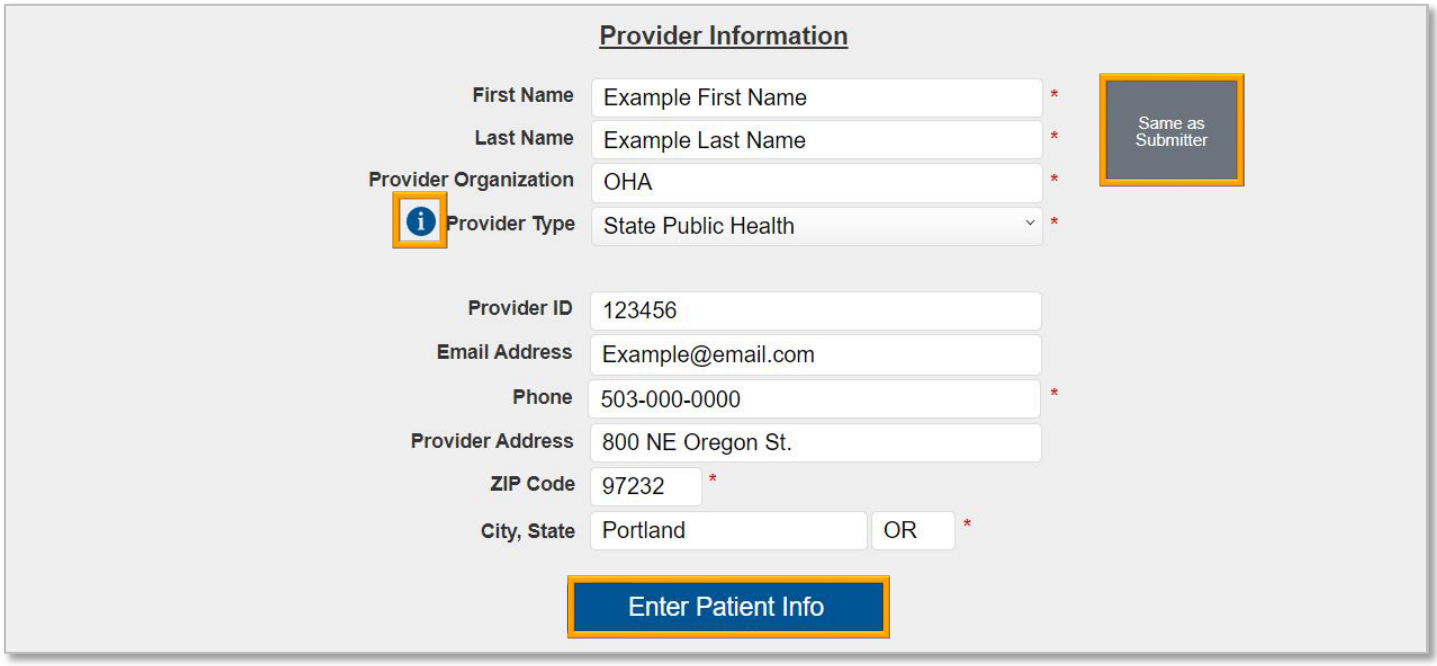
**Submitter Information**

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**



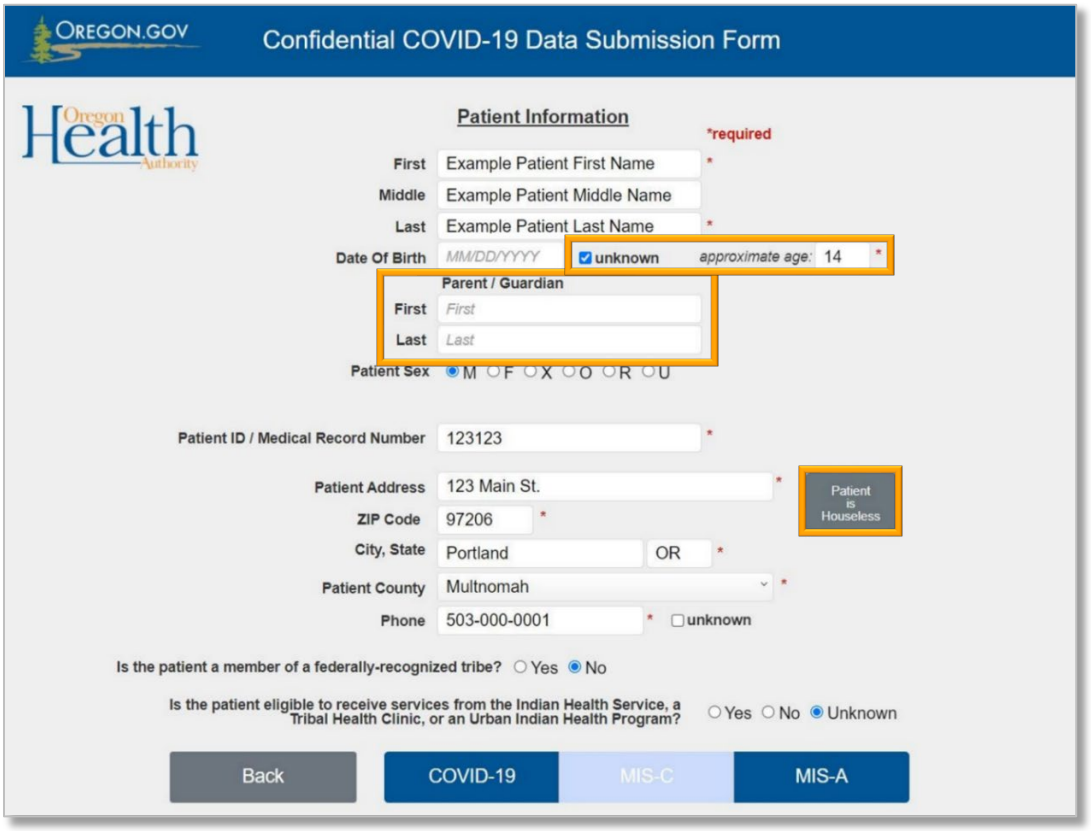
**Provider Information**

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**



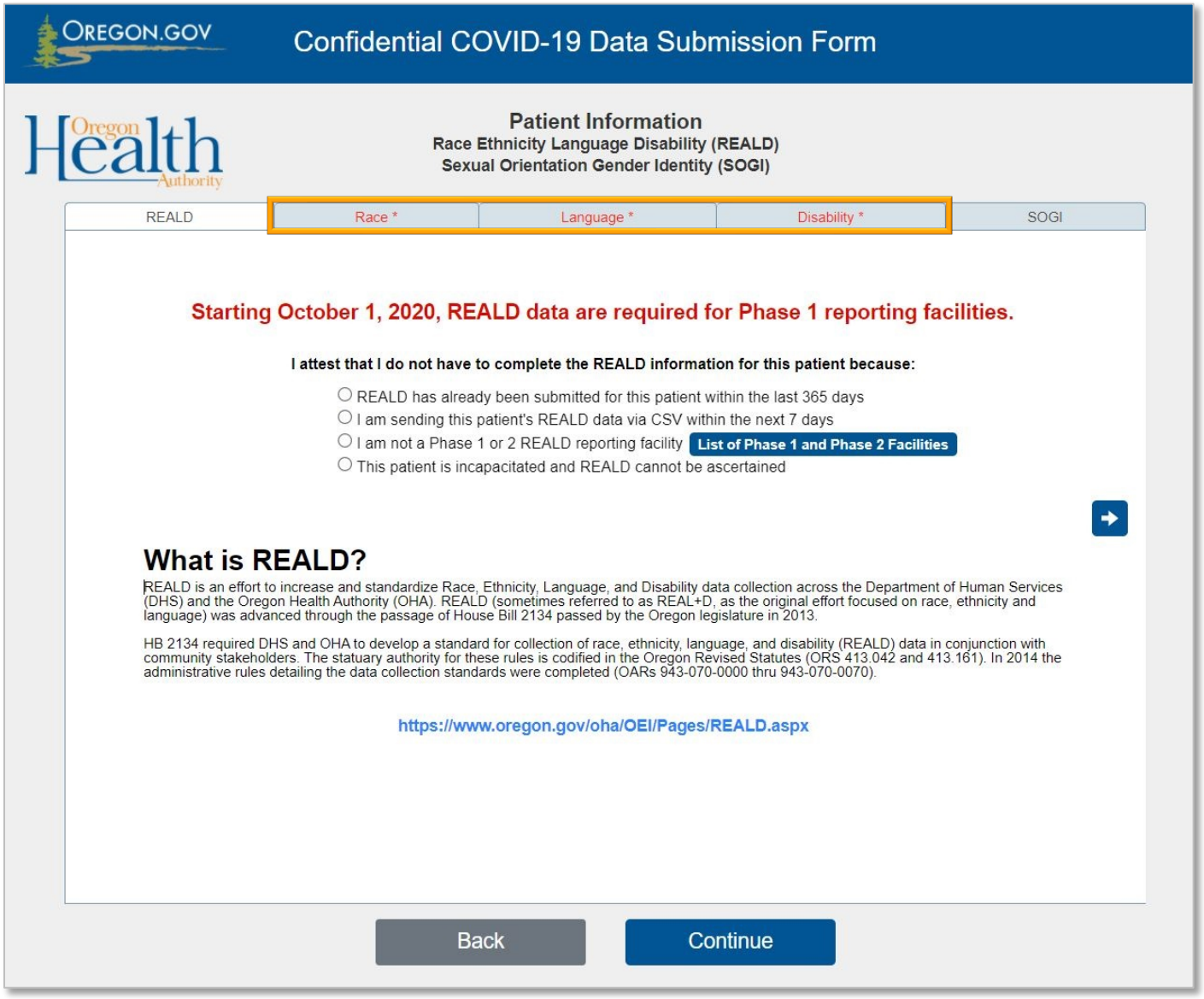
**Patient Information**

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 **MIC-A** button
11. If you're just entering in COVID-19 information, click on the **COVID-19** button



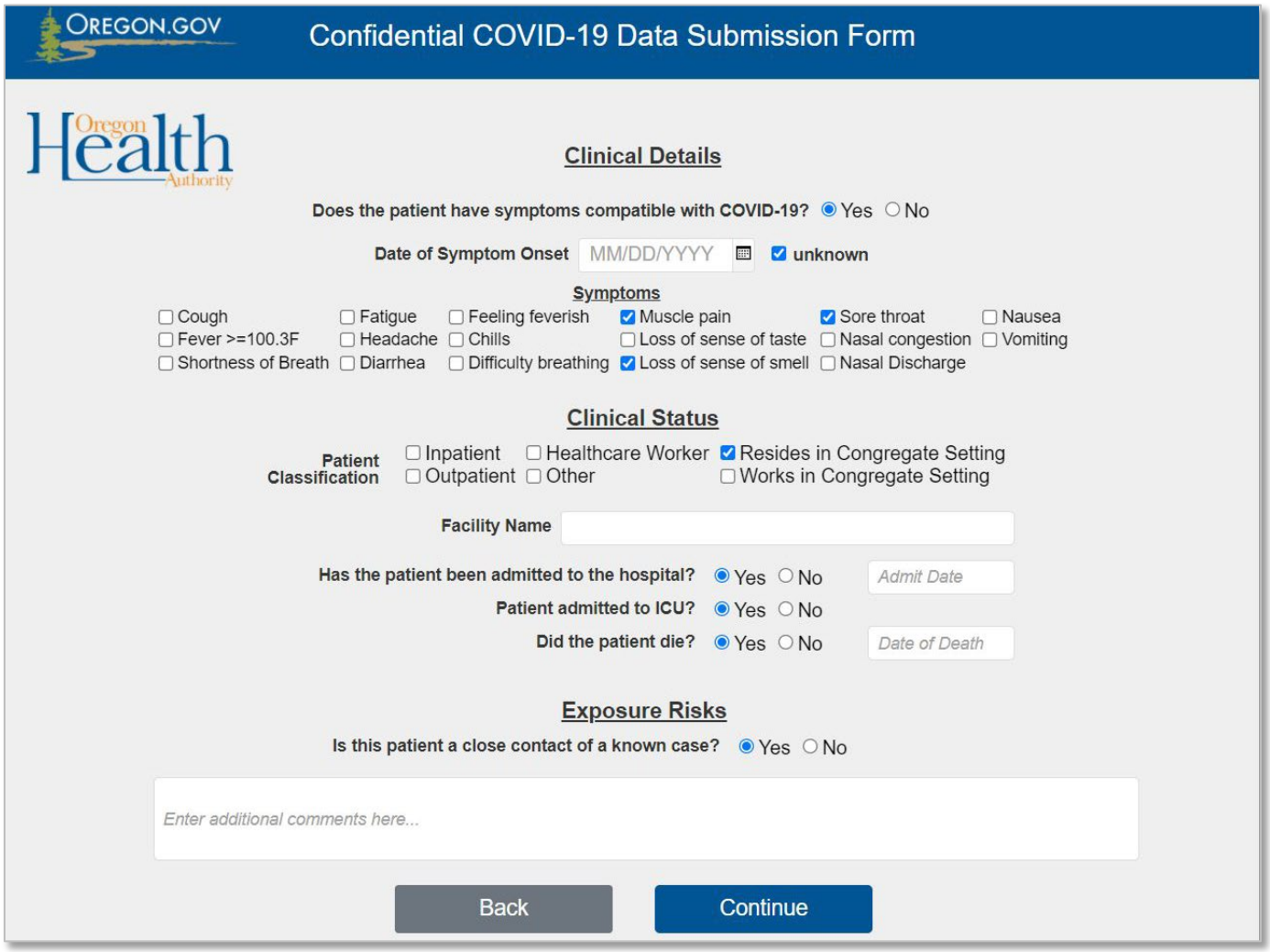
## REAL-D and SOGI

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**



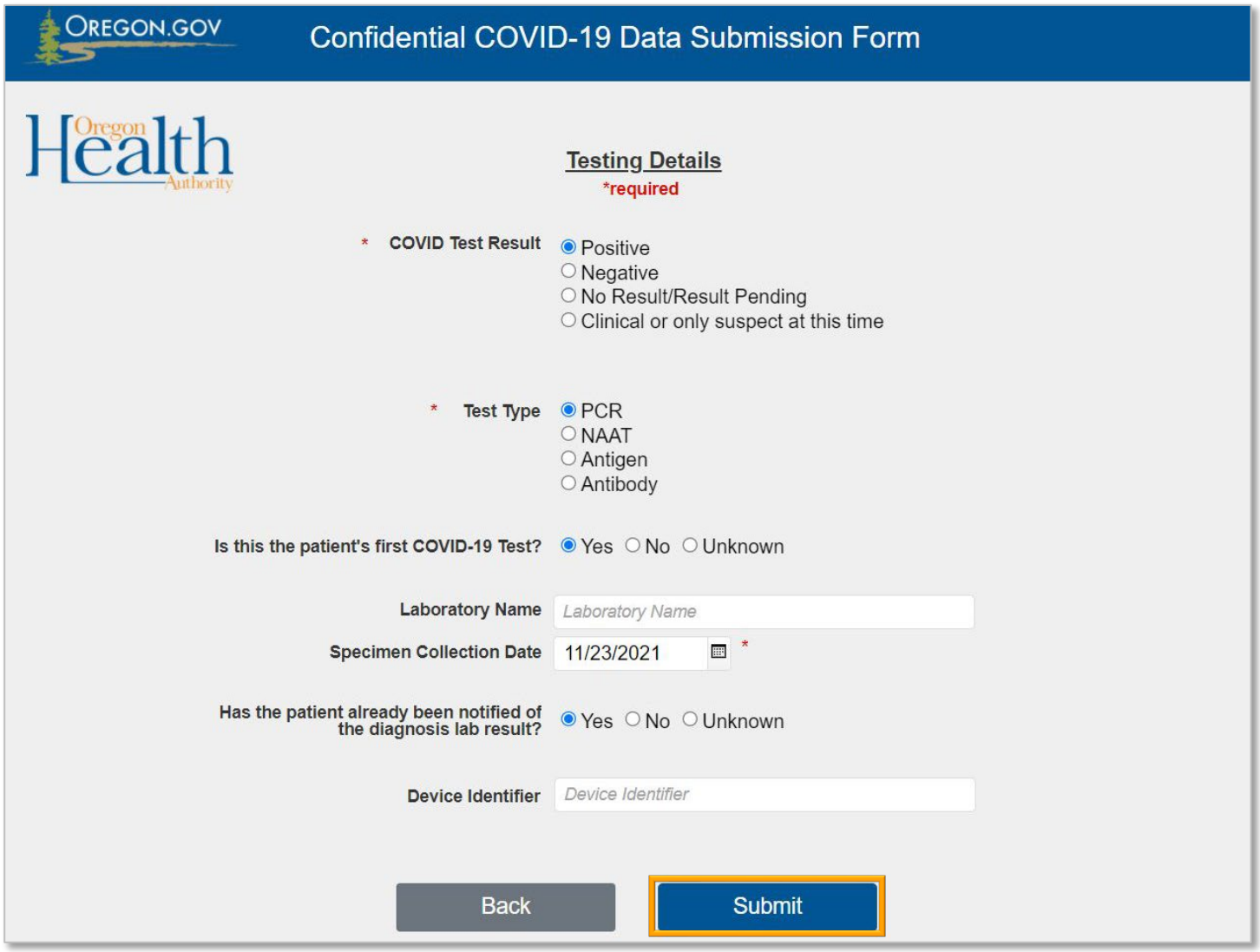
**Clinical Details / Clinical Status / Exposure Risks**

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**



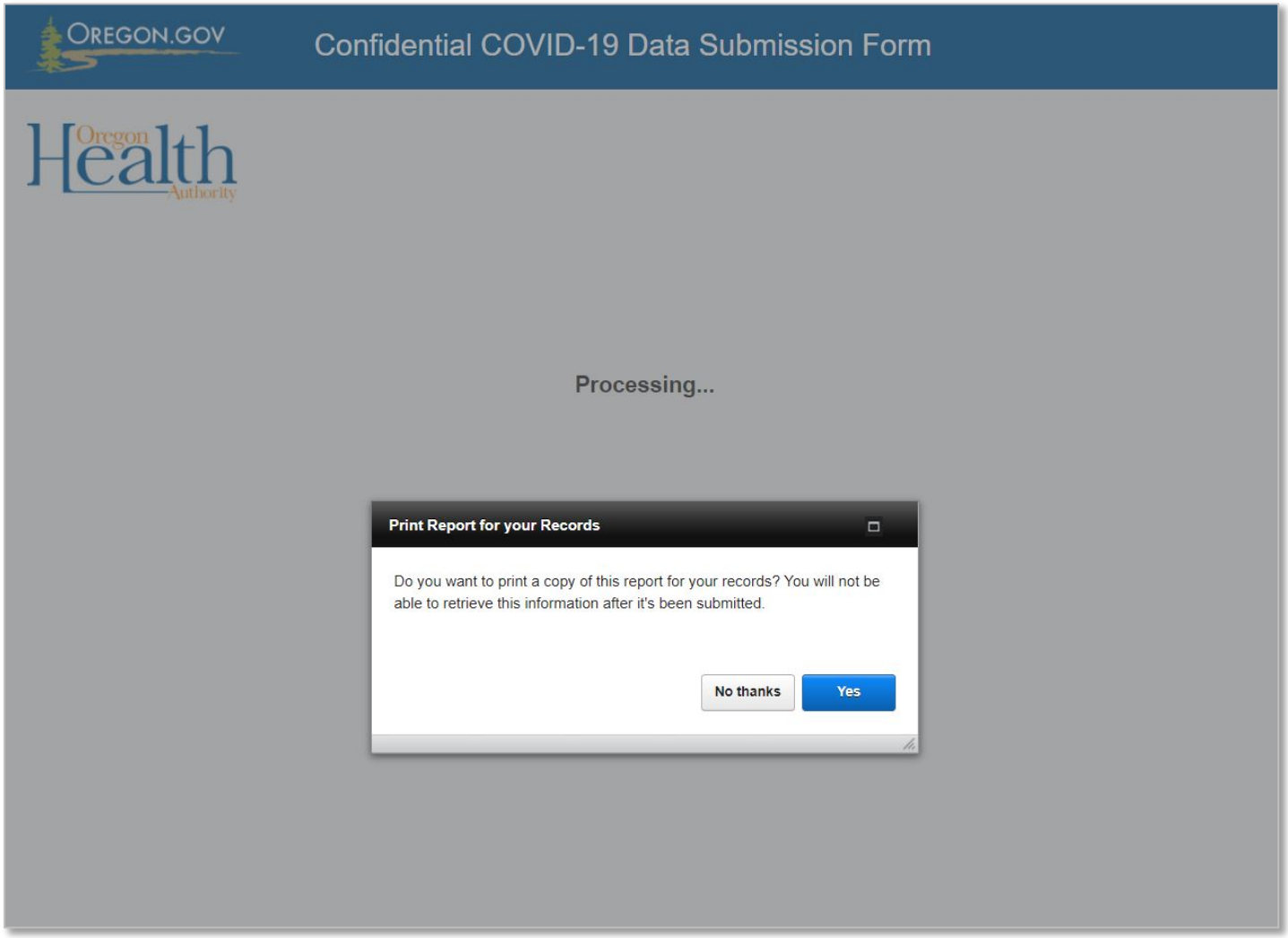
**Testing Details**

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**



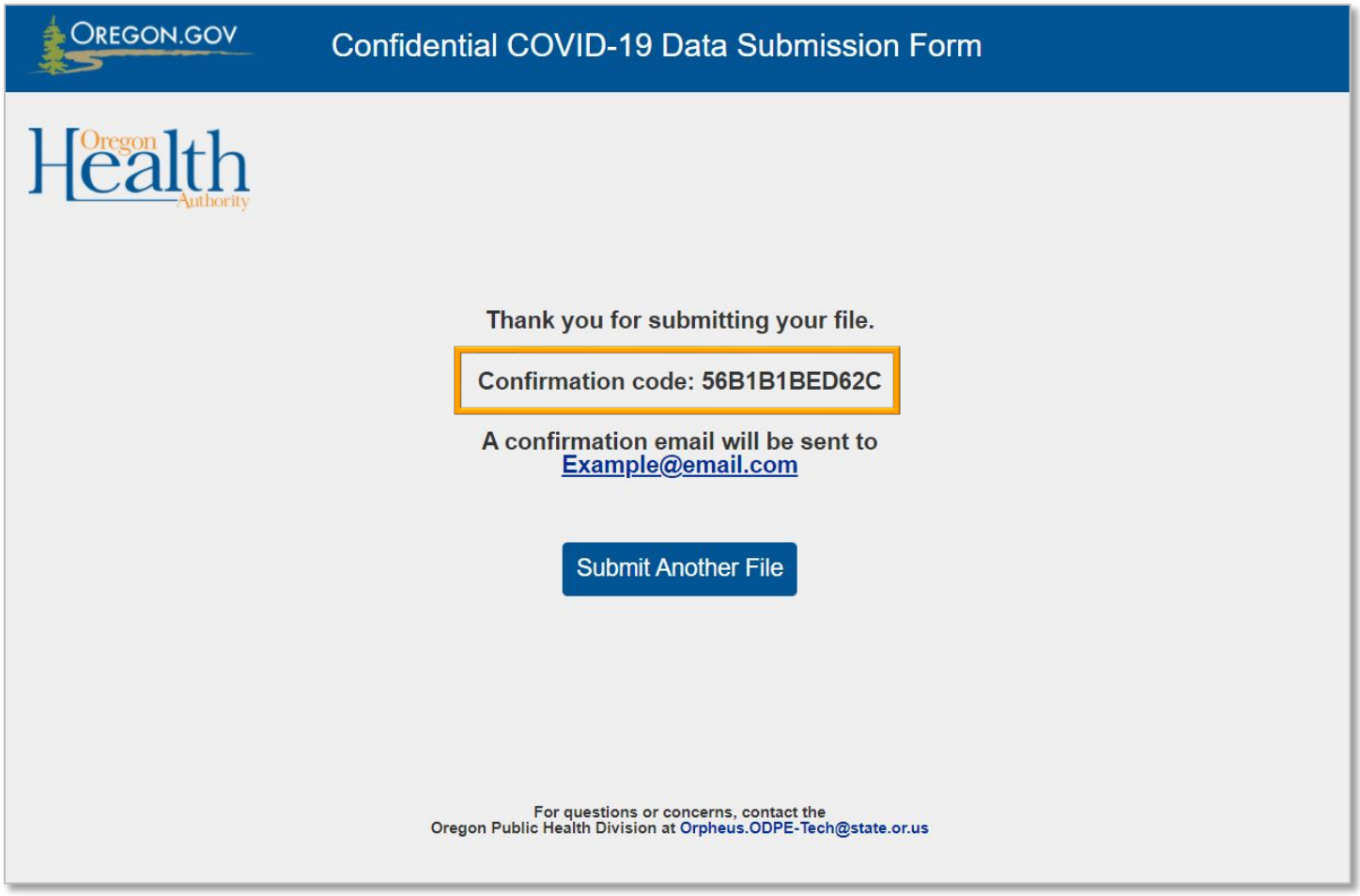
**Printing the Report for Your Records**

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**



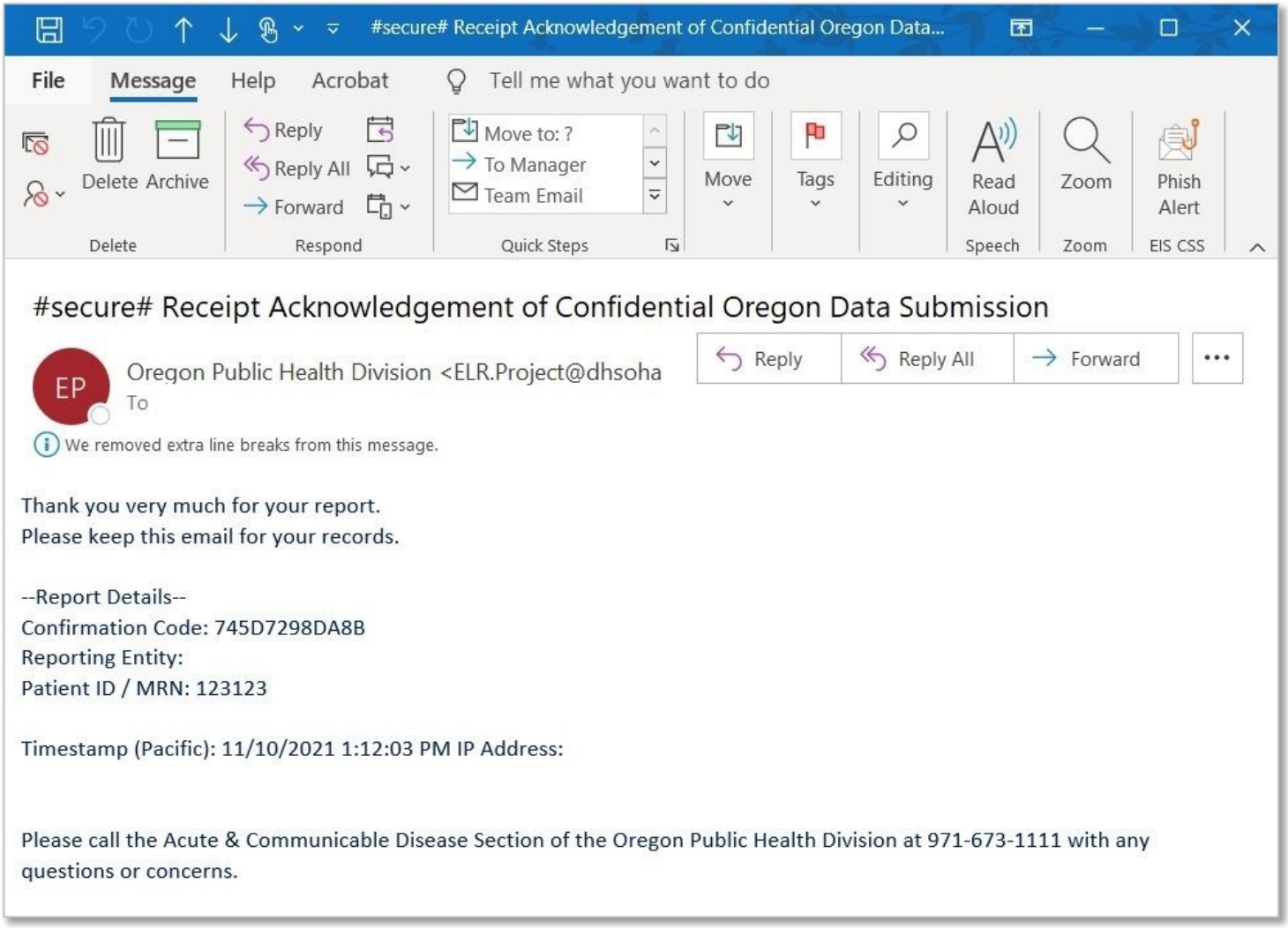
**Submitting Another File / Confirmation Code**

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!



## 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@dhsoha.state.or.us after each submission.
- If you have trouble opening this secure email, please contact Opera.Support@dhsoha.state.or.us



## Other Questions?

For any technical assistance, please contact Opera.Support@dhsoha.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).

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.