

DHS and Electronic Data Systems continue to work on addressing provider concerns related to the new Medicaid Management Information System (MMIS). The following updates and reminders should help you address the most common concerns heard by DMAP.

New Web portal features

New Web portal features are now available at <https://www.or-medicaid.gov>! The top navigation bar has more options, and a new Messages section will display information and updates from DHS. Clerks will only see the options authorized by their administrator.

<p><i>Claims submission, void, and inquiry</i> (select "Claims")</p>	<p>View all claims submitted to DHS for your billing provider number and their current status; adjust, resubmit, or void claims online.</p> <p>Submit individual dental, professional, institutional or pharmacy claims online, depending on your provider type.</p>
<p><i>Drug search</i> (select "Providers," then "Drug Search")</p>	<p>Search for drugs by name or National Drug Code (NDC) and find the maximum quantity allowed, whether the drug is on the state's Plan Drug List (PDL) and whether the drug requires PA.</p>
<p><i>Prior authorization submission and inquiry</i> (select "Prior authorization")</p>	<p>View all PA requests submitted under your provider number, and submit Web PA requests.</p>

Coming soon — Benefits and HSC inquiry and demographic maintenance

These Web portal features are coming later this month. DMAP will let you know through eSubscribe and Web portal messages when this happens.

Give your clerks access to the new Web functions!

To update your staff's clerk roles, go to the Clerk Maintenance screen (Account-->Clerk Maintenance), select the appropriate clerk(s), and move the new role(s) over to their "Assigned Roles" window.

Provider enrollment on the Web

You can now use the Web portal to submit initial information for your enrollment request. Online enrollment prompts you to complete, print, and fax additional documentation to DHS to complete the enrollment process.

This feature is available for all providers, including non-Web portal users. To find out more, go to the OHP Web site www.oregon.gov/DHS/healthplan/tools_prov/providerenroll.shtml.

Web portal help

For more information, visit the Provider Web Portal information page at www.oregon.gov/DHS/healthplan/webportal.shtml. This page features handbooks, quick references, and step-by-step tutorials to help you and new staff learn how to get the most out of the Provider Web Portal.

You can also access this page from the “What you need to know about the Provider Web Portal” link on the welcome page at <https://www.or-medicaid.gov>.

Classes and online training

You can still get training on how to use the Provider Web Portal. To register, sign up with the DHS Learning Center at <https://dhslearn.hr.state.or.us>.

DHS has scheduled additional classes about the Provider Web Portal that begin in March. DHS will hold classes in person. Search for course C01033 to register.

DHS training dates:

March 16, Roseburg

March 18, Portland

March 23 Eugene

March 25, Salem

Don't forget the Web-based eCourse!

You can also take the Web-based eCourse anytime from your own computer. It provides information on all the features described in this letter. You will need Internet Explorer 6 and the Adobe Flash Player to view the eCourse. Search for course C00818 to take the course.

Eligibility verification reminders

DHS is getting ready to issue coverage letters to all OHP households. Until then, clients may not know their OHP benefit plan, copayment requirements or what managed care plan(s) they are in.

- Try to verify client eligibility and enrollment using both Automated Voice Response (866-692-3864) and the Web portal before calling Provider Services about client eligibility issues.
 - Advise clients to contact their local DHS branch office if they need their enrollment or eligibility information corrected, or a replacement DHS Medical Care ID.
 - Refer to the temporary protocols posted at www.oregon.gov/DHS/healthplan/tools_prov/mmis-altpro.pdf. This document lists procedures DMAP has established to help providers verify eligibility for clients and report issues to DHS for resolution.
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Billing reminders and updates

- **Bill using modifiers when applicable:** DHS no longer processes claims using the unique 1-digit Type of Service codes.
- **On EDI claims, enter both the NPI and taxonomy code:** DHS uses the taxonomy to identify the correct DHS provider number that should receive payment and/or the 835 remittance advice.
- **Do not bill clients for covered health care services:** DMAP has been receiving increased calls from clients needing assistance with health care bills. Please remember that enrolled DHS

providers cannot bill OHP clients for services covered by the Oregon Health Plan. Refer to Oregon Administrative Rule 410-120-1280 for more information.

Interim paper billing instructions

To ensure appropriate claim processing, DHS requires the following changes until further notice:

- On UB-04 claims, enter Medicaid as Payer C in Field Locator (FL) 50. In FL 56, enter your NPI. In FL 57, only enter your DHS provider number; do not enter other numbers (*e.g.*, Medicare).
- On CMS-1500 claims, enter your DHS provider number in Field 33B. If you leave this field blank, DHS will use the NPI from Field 33A to process your claim, which may result in DHS processing the claim under the wrong DHS provider number.
- To avoid denials and EOBs about invalid rendering providers on CMS-1500 claims, enter a valid DHS provider number in Field 24J or leave the field blank. Do not enter an NPI.

Have you registered your NPI?

All providers eligible for NPI must register their NPI and taxonomy code(s) with DHS to ensure appropriate claims processing. For more information about NPI, go to www.oregon.gov/healthplan/tools_prov/mpi.shtml.

Transitional Payment Request changes

Instead of contacting Provider Services with questions about transitional payments, call DMAP's new Transitional Payment Coordinator at 503-945-6148 (Salem).

Don't want to wait for your check? Use EFT — It's free!

All DHS providers can sign up for Electronic Funds Transfer (EFT, or direct deposit). Just send DHS a completed DMAP 3077 (Direct Deposit Authorization Form) with a canceled check. The form is on the DHS Web site at <http://dhsforms.hr.state.or.us/Forms/Served/OE3077.pdf>.

Remittance advice updates

DMAP is currently updating information about how to read the paper RA, and preparing trainings that focus on the RA. When this information is final, DMAP will post it on the RA Web page at www.oregon.gov/DHS/healthplan/tools_prov/read-ra.shtml.

New explanation of Benefit (EOB) messages

Some new EOB messages are informational only and do not affect claim payment, such as:

- **9926 (Cutback)** - This means DHS paid less than you billed. No action is required on your part when you see this message.
- **9013 (Provider/Submitter Mismatch)** - The submitter is not on the provider's current Trading Partner Agreement (TPA) with DHS. No action is required on your part. EDI Support Services will contact you if they need you to update your TPA information.

For more information about EOBs, go to www.oregon.gov/DHS/healthplan/docs/edi-ra-qa.pdf.

To the Office Manager of:

Did you know? — RAs and transitional payments

If you have received a transitional payment, you will get an RA that includes a Financial Transactions page.

- The “Non-Claim Specific Payouts to Providers” section of the Financial Transactions page lists new transitional payments for the week.
- The “Accounts Receivable” section of the page lists all transitional payments to date. Until the Total Balance in this section reaches zero, you will continue to receive up to two RAs weekly, even if you have not submitted any claims.

Stay informed - eSubscribe to OHP Provider Announcements

Not all provider updates come through the mail. Make sure to:

- Read the banner messages on your RAs from DHS.
- Check the Messages and “What’s New” sections of the Provider Web Portal.
- eSubscribe to OHP Provider Announcements at www.oregon.gov/DHS/healthplan/notices_providers/main.shtml (click the green eSubscribe envelope).
- eSubscribe to the provider guidelines for your program. Go to www.dhs.state.or.us/policy/healthplan/guides/main.html, select your program, and click on the green eSubscribe envelope at the top of the page.

