



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

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July 29, 2008

To: Providers who fund the local match  
for Medicaid and State Children's  
Health Insurance Program (SCHIP)

From: Jim Scherzinger, DHS Deputy Director of Finance

Subject: Claims with no local match payments will deny beginning August 1,  
2008



Since our last communication on July 9, 2008, DHS continues to receive claims for Medicaid/SCHIP services provided for the following programs; however, for several of these claims, DHS has not received the corresponding local match payment that would allow DHS to reimburse for these services:

- School-Based Health Services (SBHS)
- Behavioral Rehabilitative Services (BRS)
- Targeted Case Management Services (TCM)

If you bill DHS for services to Medicaid/SCHIP clients, you must submit a corresponding local match payment along with a completed MMIS Local Match Leveraging Form so that DHS can reimburse you. **This requirement applies to all Medicaid and SCHIP claims that you bill to DHS.**

Beginning August 1, DHS will no longer suspend claims for lack of match payment; instead, they will deny. To receive payment for claims submitted since July 7:

1. Review all claims submitted since July 1. Did you submit a local match payment for those claims? The local match payment must be 40% of the total claims submitted.
2. If not, submit a local match payment and completed Local Match Leveraging Form for all claims that did not include a corresponding match payment. **DHS must receive the match payment and completed form by Wednesday, July 30, at 5 p.m.** to prevent claims submitted from denying.

If claims deny, you will have to resubmit the claims with the corresponding local match payment and completed Local Match Leveraging Form. Please note that claims submitted the week of July 1 were paid in error prior to receiving your

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matching funds. If you did not submit a match payment for claims submitted the week of July 1, please do so by Wednesday, July 30, to also cover those claims. Otherwise, subsequent claims may deny.

### **How to submit your local match payment**

Submit your local match payment by electronic funds transfer (EFT) or check. You must complete the MMIS Local Match Leveraging Form for each match payment submitted. The form, with the corresponding process, is on the OHP Web site at [www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#misc](http://www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#misc).

- If you submit your match payment via Electronic Funds Transfer (EFT), you can e-mail the completed Word version of this form to [medicaid.leveraging@state.or.us](mailto:medicaid.leveraging@state.or.us). Enter “MMIS” in the subject line of your e-mail.
- If you submit your match payment via check, you need to enclose a completed copy of this form with the check.
- Make sure DHS receives the match payment and completed form by 5 p.m. Wednesday of the week you submit the claims.

### **Payment reconciliation**

DHS Financial Services will do periodic reconciliations of your local match payment account(s). If, during reconciliation, DHS finds that the local match paid is more than the required amount, DHS will carry the excess payment(s) forward into the replacement MMIS.

If you would like a refund of the excess payment instead, contact DHS Financial Services to request a refund.

### **Questions?**

If you have questions about the information in this letter, contact DHS Financial Services at 503-947-5017, 503-947-5007, or e-mail [medicaid.leveraging@state.or.us](mailto:medicaid.leveraging@state.or.us).