

DMAP is aware of several issues during our transition to the new MMIS that may affect clients getting their covered services and medications.

In an effort to minimize the affect of these issues on clients and providers, DMAP has developed the procedures listed below.

DMAP is working hard to resolve these transitional issues. We apologize for the confusion and inconvenience this has caused and thank you again for your patience and for the invaluable service you provide to our clients.

Temporary Protocols

If you:		Action
Eligibility verification	See a client whose name or client ID number listed on their Medical ID does not match what is on the Web portal and/or AVR	Contact Provider Services at: <ul style="list-style-type: none"> ■ dmap.providerservices@state.or.us ■ 800-336-6016 (M-F, 8-4:45) Provider Services will verify if the client is eligible and determine their managed care enrollment. If the client is eligible, Provider Services can either correct the client's information in the Web portal/AVR or send you a guarantee of eligibility. If you are sent a guarantee of eligibility, we will have you send your claim to a special address.
	See a client who has a Medical ID, but shows up as ineligible on the Web portal and/or AVR	
	Have a question about a client's managed care enrollment or you think the client may have been added or removed from a managed care plan inappropriately	
	See a client who shows they are covered by more than one benefit plan (i.e., the provider Web portal lists the client as having BMH [OHP Plus] and KIT [OHP Standard] at the same time)	
Claims	Receive the following EOB messages on your remittance advice: <ul style="list-style-type: none"> ■ 0156 – Our records show performing provider ineligible on date of service. If billing was in error, correct and resubmit or adjust, as appropriate. ■ 9013 – Provider and Submitter mismatched 	Contact Provider Enrollment at: <ul style="list-style-type: none"> ■ providerenrollment@state.or.us ■ 800-422-5047 (M-F, 8-5) Provider Enrollment can correct the information we have in our system for you if it is wrong.

Other important information

Coverage letters delayed

Medical Care IDs have now been mailed to all clients. Their coverage letters have not yet been sent. This means that clients may not know what benefit plan they are in, if they have copay requirements or if they are enrolled in a managed care plan.

Transitional Payments

If you do not receive an expected payment through the regular financial cycle, you may qualify for a Transitional Payment. Go to www.oregon.gov/DHS/healthplan/mmis.shtml#transitional to find information on how to request a transitional payment.

E-subscribe today

E-subscribe to the Provider Announcements page at www.oregon.gov/DHS/healthplan/notices_providers/main.shtml to ensure that you receive important updates. To e-subscribe, click on the envelope icon at the top part of the page.

