



Helping people to become independent, healthy and safe.



OREGON MEDICAID
MANAGEMENT INFORMATION
SYSTEM

Oregon MMIS

Overview for

Fee-for-Service

Providers v1.2

This page intentionally left blank.

Table of Contents

1	Introduction.....	1
1.1	Training overview	1
1.2	Intended audience	1
1.3	Training duration	1
1.4	Learning objectives.....	2
1.5	Key concepts.....	2
1.6	Schedule	3
2	MMIS Overview.....	4
2.1	Background.....	4
2.2	Replacement Project.....	4
2.3	MMIS benefits	5
2.4	Provider Web portal functionality.....	5
3	Description of Changes.....	6
3.1	Introduction.....	6
3.2	Electronic Data Interchange re-testing.....	6
3.3	Pharmacy Benefit Management	7
3.4	New medical care ID card.....	7
3.5	Client eligibility verification	8
3.5.1	Eligibility verification via AVR	9
3.6	Secure Web portal ID/PIN.....	10
3.6.1	Eligibility verification via the provider secure Web portal ..	10
3.7	Proprietary claim forms.....	11

3.7.1	Billing methods table	12
3.8	Remittance advice.....	16
3.9	Policy changes.....	17
3.9.1	Place of service codes.....	17
3.9.2	HIPAA Adjustment Reason Codes.....	17
3.10	Timelines.....	18
4	What Providers Can Do To Prepare	19
4.1	Electronic Data Interchange	19
4.2	Electronic Funds Transfer	20
4.3	Web Portal Minimum Requirements.....	20
4.4	Eligibility Verification.....	21
4.5	Paper Claim Forms.....	22
4.5.1	CMS-1500 professional claim forms (version 08/05).....	22
4.5.2	UB-04 institutional Claim forms	22
4.5.3	Dental claim forms	22
4.5.4	Universal Claim Form 5.1.....	23
4.6	MMIS Implementation Training	24
4.7	MMIS Project Communications	24
5	Appendix	25
5.1	Acronyms.....	25
5.2	Training Schedule.....	28
5.3	Web Portal PIN Letter.....	30
5.4	AVR PIN Letter	34
5.5	RA Example.....	38

5.6 AVR Quick Reference Guide 45

5.7 Claims Address Mailing List 46

5.8 Prior Authorization/Plan of Care Contact List 48

5.9 DHS Support Phone Numbers 51

5.10 DHS Fax Numbers..... 53

1 Introduction

1.1 Training overview

The Oregon Medicaid Management Information System (MMIS) Provider Overview training session provides basic information about the replacement MMIS features, Web functionality, and changes that affect the Department of Human Services (DHS) provider community.

1.2 Intended audience

The MMIS Provider Overview training session is intended for all fee-for-service (FFS) providers who will use the replacement MMIS, which includes:

- Adult Foster care providers (AMH)
- Agency providers
- Medical care providers
- Billing agencies
- Assisted living facilities
- Nursing facilities
- Professional services
- School-based services
- Pharmacies
- Professional billers
- Institutional providers
- Dental providers
- Transportation providers

1.3 Training duration

The estimated duration for this training presentation is four hours, including two 10-minute breaks.

1.4 Learning objectives

Upon completion of this training session, participants will be able to understand:

- Why Oregon is replacing its MMIS.
- Benefits and features of the replacement MMIS.
- Changes that affect the DHS provider community.
- Benefits, features, and functionality of the Web portal.

1.5 Key concepts

This training session will cover the following key concepts and topics:

- Introduction of the replacement MMIS.
- Introduction of changes that affect the provider community such as new Medical Care Identification (ID) cards, elimination of proprietary claim forms, new billing and eligibility verification methods.
- Introduction of the provider self-service Web portal benefits, features, and functionality.

1.6 Schedule

The following table provides an estimated duration for each of the topics discussed during the training session.

Topic	Approximate Duration
Provider Overview	30 minutes
Web Portal Basics	20 minutes
<i>Break</i>	10 minutes
Web Portal Basics continued	20 minutes
Web Portal functionality	60 minutes
<i>Break</i>	10 minutes
Web portal functionality continued	40 minutes
Questions and answers Session	30 minutes
Summary/Recap	20 minutes

2 MMIS Overview

2.1 Background

Oregon's current MMIS was implemented in 1980. It was originally designed to handle paper claims submitted by providers and to track the medical eligibility of Oregon's Medicaid clients. Since then, the system has been expanded and is now used to address a variety of business needs for Oregon's Medicaid and other state sponsored programs.

The MMIS was designed for a maximum capacity of 116,000 eligible clients and 260,000 monthly claims. Today, the same system is tracking approximately 600,000 eligible clients and processing an average of about 2 million Medicaid transactions each month. The MMIS provides support to approximately 6,000 administrative users, 32 managed care organizations, and more than 31,000 providers.

2.2 Replacement Project

The MMIS Replacement Project is well underway and is planned to be operational in 2008. The replacement of the MMIS means there will be changes in how providers submit claims, and how DHS pays for those claims; how providers verify eligibility, obtain prior authorization, enroll with DHS to become a provider, and more.

All providers are encouraged to become familiar with the MMIS Replacement Project and prepare for the replacement system.

For more information, please visit the MMIS Replacement Project: Provider Resources Web site at:

www.oregon.gov/DHS/mmis

2.3 MMIS benefits

Improvements to the current MMIS will include more efficient and faster claims processing for providers. The replacement system will make it easier for providers to determine eligibility, submit prior authorization requests and claims, track claims, perform Benefit Plan and Oregon Health Plan (OHP) Health Services Commission (HSC) prioritized list inquiries, check on payments, and more.

The replacement MMIS will give providers many up-to-date features for secure self-service on the Web such as:

- Viewable client eligibility information
- Ability to submit claims and prior authorization requests
- Web-based provider enrollment forms
- Provider Web based course via the Internet

2.4 Provider Web portal functionality

Providers will see many new benefits and features with the implementation of the replacement MMIS including an Internet-based self-service Provider Web Portal. Web portal functionality will give providers and their staff the ability to:

- Verify and view current client eligibility information.
- Submit and view individual claims online.
- Track claims, resubmit denied claims, and adjust paid claims.
- Request and view prior authorization requests.
- View client service authorization (Plan of Care) information.
- Perform OHP HSC prioritized list inquiries.
- Submit and track the status of provider enrollment forms and attachments.
- Perform online provider demographic account maintenance.

3 Description of Changes

3.1 Introduction

Implementation of the replacement MMIS allows DHS to develop new policies and procedures to improve efficiency; therefore, the provider community will see numerous changes. This section provides a description of the changes that affect the provider community.

3.2 Electronic Data Interchange re-testing

DHS trading partners that currently submit Electronic Data Interchange (EDI) batch transactions to DHS must conduct pre-implementation re-testing. Re-testing is critical for all EDI submitters: It ensures that in the replacement MMIS, transaction standards are met, incoming transactions remain Health Insurance Portability and Accountability Act (HIPAA)-compliant, and that all revised or new billing practices are followed.

Prior to Oregon's replacement MMIS implementation, DHS will notify current EDI submitters of the need to re-test to make sure DHS can process their EDI transactions in the replacement system. Existing trading partners (providers and EDI submitters) will not need to re-register or re-apply.

Only those EDI submitters who re-test and who are authorized by DHS to continue exchanging EDI transactions will be able to submit EDI transactions once the replacement MMIS goes live.

Note: Batch claim submissions can only be completed through EDI. Providers using the secure Web portal functionality will only be able to submit a single claim at a time, do not need to conduct testing (as this is direct data entry DDE), and should make sure billing staff have access to the Internet.

3.3 Pharmacy Benefit Management

When the replacement MMIS goes live, Electronic Data Systems (EDS) will take over the Pharmacy Benefit Management (PBM) functions including the operation and maintenance of the Pharmacy Point-of-Service (POS) system from First Health.

For more information on the specific benefits and changes for prescribing providers who will request prior authorization for covered drugs, and for the pharmacies that will bill for drug claims, Pharmacy Web Billing Instructions training module at: www.oregon.gov/DHS/mmis/training-info.shtml

3.4 New medical care ID card

With the implementation of the replacement MMIS, a new one-time Medical Care ID card will replace the existing monthly ID. The new ID card is the size of a credit card and will provide the client's name, prime number, and the date the card was issued. Each client will have his/her own card. DHS will only replace the card if it is lost, or the client's last name changes.

In addition to the one-time card for each household member, the household will receive a comprehensive coverage letter with the initial cards. The coverage letter will provide the coverage information that the current Medical Care ID provides. When there is a change to any household member's benefit package, managed care enrollment, and/or TPR, the household will receive an updated comprehensive coverage letter.

Temporary Medical Care ID cards will look the same and have the same information as the semi-permanent cards. Temporary Medical Care ID cards will continue to be issued by the responsible branch office.

Below is an example of the new Medical Care ID card.



3.5 Client eligibility verification

It is the responsibility of the provider to verify that the individual receiving medical services is, in fact, an eligible individual on the date of service (DOS) for the service provided. The provider is also responsible for verifying whether a managed care plan or DHS is responsible for reimbursement. The provider assumes full financial risk in serving a person not identified as eligible for the service provided on the date(s) of service.

The Medical Care ID card and household's comprehensive coverage letter do not guarantee eligibility or payment and should not be used as proof of eligibility.

The new Medical ID card will not include client eligibility information. Providers can verify eligibility through:

- New secure provider Web portal
- Automated Voice Response (AVR). AVR replaces the Automated Information System (AIS).
- Electronic Eligibility Verification Service (EEVS) through a vendor
- Batch and real-time verification method through 270/271 EDI transactions

Current and past eligibility information is available through any of these methods. Future eligibility information is not available. Eligibility information is subject to change at any time.

Note: It is always a good idea to keep track of when and how you verified eligibility. In addition, it is recommended to record all client eligibility information for the date of service verified, including any eligibility verification numbers.

3.5.1 Eligibility verification via AVR

AVR is a replacement to the current AIS eligibility verification system that will allow providers to complete automated inquiries via telephone. AVR will recognize touch-tone commands, is available 24 hours per day, 7 days per week and is free to providers. Providers can perform the following inquiries on AVR:

- Client eligibility verification
- Benefit information
- Service limitations
- Managed care information
- Third-party resource information
- Prior Authorization (PA) information
- Provider Payment inquiry (Three most recent payments from DHS)
- Client claims inquiry
- Web address information for AVR User Manual

Providers will need a unique numeric PIN to access AVR. The PIN is system generated and will be mailed directly to providers approximately two weeks prior to the MMIS go live date.

Note: This ID/PIN is different from the ID/PIN used to access the secure provider Web portal. A separate PIN letter will be mailed containing the Web portal PIN.

See the [AVR PIN letter](#) section of this document for an example of the AVR PIN letter.

Any questions regarding your unique PIN and use of AVR should be directed to DHS Provider Services at 800-336-6016.

See Appendix for the [AVR Quick Reference Guide](#)

3.6 Secure Web portal ID/PIN

The secure provider Web portal is a new way for providers to self-serve by means of the Internet. Logging onto the secure Web portal requires a unique ID and PIN. Approximately two weeks prior to the MMIS go live date, DHS approved providers will receive their initial unique user ID and PIN via U.S. postal mail. The initial ID and PIN is a single use ID/password and will allow providers to logon to the secure Web portal for the first time only.

When logging on for the first time, new users (providers that have received their DHS PIN letter, but have never signed on to the secure Web portal) will enter their DHS issued unique ID and PIN. Once you are logged on, the system will then prompt you to set up your Web portal account profile and select a new username and password. Future logon's will require you to enter your username and password.

Providers with multiple service locations will receive one initial user ID and PIN, and will create one Web portal account. After logging in, the provider may choose which service location they wish to act on behalf of. The provider can also assign administrators and/or clerks for each service location.

Note: Being a DHS enrolled provider does not guarantee Web portal access. DHS is responsible for granting authorization to providers for access to the Web portal.

Note: This ID/PIN is different from the PIN used to access AVR. A separate PIN letter will be mailed containing the AVR PIN.

See the [Web portal PIN letter](#) section of this document for an example of the Web portal PIN letter.

3.6.1 Eligibility verification via the provider secure Web portal

The secure provider Web portal will enable providers to verify eligibility over the Internet. Providers will be able to search for client information by using the Client Medical Care ID or a combination of social security number (SSN) and date of birth (DOB) for specific dates of service. Providers will also be able to review eligibility information such as benefit plans, third-party coverage,

managed care information, service limitations, and OHP HSC prioritized list information.

For more information on Web portal eligibility verification, see the Web Portal Handbook at: www.oregon.gov/DHS/mmis/training-info.shtml

3.7 Proprietary claim forms

DHS will require providers who bill on paper to use standard claim forms including the current CMS-1500 (8/05 version), Uniform Bill -Version 04 (UB-04), and American Dental Association (ADA) 2006 forms. All other proprietary claim forms are being discontinued.

Note: DHS will continue to accept the paper Medicare/Medicaid crossover (DMAP 505) form, and the paper Individual Adjustment Request (DMAP 1036) forms.

For faster claims processing, providers are encouraged to bill electronically using EDI or the secure Provider Web Portal. Both of these options allow your claim to enter directly into the MMIS claims processing system, with same-day or real-time acknowledgment of your claim submissions.

The secure Provider Web Portal will enable providers to submit claims via the Internet. The Web portal is free and is available 24X7 with the exception of downtime for maintenance. For more information, see the Web Portal Handbook at: www.oregon.gov/DHS/mmis/training-info.shtml

DHS recommends Web Portal submissions for providers who bill between 0-25 claims per week.

If you bill more than 25 claims a week, EDI may be right for you. To learn how to start the EDI authorization process or for more information, visit the DHS EDI Web site at:

www.oregon.gov/DHS/admin/hipaa/edi.shtml

3.7.1 Billing methods table

The table below outlines a list of provider service types, current billing methods, and new billing methods. Web functionality unique to the replacement MMIS includes Web versions of the following claim forms:

- Professional (CMS-1500)
- Institutional (UB-04)
- Dental (ADA 2006)
- Pharmacy
- Web roster billing

Note: This list below may not include all provider service types. If in doubt of which claim form to use, refer to your provider guidelines or contact DHS Provider Services at 800-336-6016.

Billing Methods Table		
Provider Type	Current Billing Methods	New Billing Methods
Adult Foster Care providers (AMH)	Do not currently bill	<ul style="list-style-type: none"> ➤ CMS-1500 ➤ Web 1500 ➤ Web Roster
Agency providers: -Adult Day Health -Adult Residential Treatment -In Home Agency Provider -Home Delivered Meals	<ul style="list-style-type: none"> • 599A Form • 595 Form • 599 Form 	<ul style="list-style-type: none"> ➤ CMS-1500 ➤ Web 1500 ➤ Web Roster
Dental providers: -Dentist -Denturist -LAP Dental Hygienists	<ul style="list-style-type: none"> • EDI 837 D Transaction • ADA 2006 	<ul style="list-style-type: none"> ➤ EDI 837 D Transaction ➤ ADA 2006 ➤ Web ADA

Billing Methods Table

Provider Type	Current Billing Methods	New Billing Methods
Institutional providers: -Free Standing Kidney Dialysis -Home Health -Hospice -Hospital -Mental Health- Oregon State Hospitals (all campuses) -Eastern Oregon Training Center (EOTC)	<ul style="list-style-type: none"> • EDI 837 I Transaction UB92/04 	<ul style="list-style-type: none"> ➤ EDI 837 I Transaction ➤ UB-04 ➤ Web UB
Managed Care Organizations (MCO)	Encounter Claims: <ul style="list-style-type: none"> • EDI 837 P/I/D Transaction 	Encounter Claims: <ul style="list-style-type: none"> ➤ EDI 837 P/I/D Transaction
Non-medical Professionals: - Secured Transportation - Copy Services - Misc. Medical Services - Sex Offender Polygrapher - Wheelchair Coach/Services - Taxi	<ul style="list-style-type: none"> • EDI 837 P transaction • CMS-1500 • Batch NSF 	<ul style="list-style-type: none"> ➤ EDI 837 P transaction ➤ CMS-1500 ➤ Web 1500 ➤ Batch NSF
Non-payable entity - Clearinghouses/Billing Services	<ul style="list-style-type: none"> • 837 P/I/D • Paper form as appropriate 	<ul style="list-style-type: none"> ➤ 837 P/I/D ➤ Web 1500 ➤ Web UB ➤ Paper forms as appropriate
Nursing Facilities	<ul style="list-style-type: none"> • Turn Around Document (TAD) 	<ul style="list-style-type: none"> ➤ EDI 837 ➤ UB-04 ➤ Web UB ➤ Web Roster

Billing Methods Table

Provider Type	Current Billing Methods	New Billing Methods
Pharmacy: -Institutional -Retail Pharmacy	FFS Pharmaceuticals: <ul style="list-style-type: none"> • POS • UCF 5.1 	FFS Pharmaceuticals: <ul style="list-style-type: none"> ➤ POS ➤ Web Pharmacy ➤ UCF 5.1
	FFS DME: <ul style="list-style-type: none"> • EDI 837 P Transaction • CMS-1500 	FFS DME: <ul style="list-style-type: none"> ➤ EDI 837 P Transaction ➤ CMS-1500 ➤ Web 1500 ➤ Web Medicare Crossover
	MCO Pharmaceuticals: <ul style="list-style-type: none"> • NCPDP Batch 	MCO Pharmaceuticals: <ul style="list-style-type: none"> ➤ NCPDP Batch
	MCO DME: <ul style="list-style-type: none"> • EDI 837 P Transaction 	MCO DME: <ul style="list-style-type: none"> ➤ EDI 837 P Transaction ➤ Web 1500

Billing Methods Table

Provider Type	Current Billing Methods	New Billing Methods
Professional providers: -Air/Ground Ambulance -Ambulatory Surgical Center -Billing Provider -Billing Service/Agent -Child/Adolescent Residential Treatment -Chemical Dependency -Chiropractor -Dispensing Optician -Emergency Response -Family Planning Clinics -Federally Qualified Health Center -Free Standing Birthing Center -Hearing Aid Provider -Independent Labs -Indian Health -Licensed Midwife -Naturopath -Mental Health -Nurse Anesthetist -Nurse Practitioner -Occupational Therapist -Optometrist -Physical Therapist -Physician -Podiatrist -Rural Health Center -Social Worker	<ul style="list-style-type: none"> • EDI 837 P Transaction • CMS-1500 	<ul style="list-style-type: none"> ➤ EDI 837 P Transaction ➤ CMS-1500 ➤ Web 1500 ➤ Web Medicare Crossover

Billing Methods Table		
Provider Type	Current Billing Methods	New Billing Methods
-Portable X-Ray -Psychologist -Public Clinic -Registered Nurse -Speech and Hearing Therapist -Targeted Case Mgmt	•	➤
Professional Services: - Contract RN	<ul style="list-style-type: none"> • Voucher • CMS-1500 	<ul style="list-style-type: none"> ➤ CMS-1500 ➤ Web 1500 ➤ Web Roster
School-Based Medical Services	<ul style="list-style-type: none"> • EDI 837 P Transaction • CMS-1500 	<ul style="list-style-type: none"> ➤ EDI 837 P Transaction ➤ CMS-1500 ➤ Web 1500
Transportation Broker	<ul style="list-style-type: none"> • Batch NSF 	<ul style="list-style-type: none"> ➤ EDI 837 P ➤ CMS-1500 ➤ Web 1500

3.8 Remittance advice

Providers who receive paper Remittance Advices (RAs) will continue to receive a paper RA until they request electronic RAs. The RA will continue to list all provider claims that are either paid and/or denied; however, with the implementation of the replacement MMIS, the look and feel of the RA have changed.

Providers who have elected to receive the electronic RA will continue to receive the RA electronically. The electronic RA will continue to show the number of claims and the adjudication status of each claim in the MMIS whether billing via paper, Web, or EDI batch. Electronic RAs will continue to support HIPAA compliant Claim Adjustment Reason and Remark Codes.

See Appendix for an example of the new [Remittance Advice](#).

3.9 Policy changes

3.9.1 Place of service codes

In an effort to move to national standards, DHS has discontinued use of the DHS specific 1-digit Place of Service (POS) codes and accepts the 2-digit Centers for Medicare and Medicaid Services (CMS) POS codes on all EDI transactions, Web claims, and paper claims. A list of these codes can be found in the Current Procedural Terminology (CPT) book.

3.9.2 HIPAA Adjustment Reason Codes

HIPAA compliant Claim Adjustment Reason Codes (CARC) is used to describe the reason the claim/encounter was adjudicated to either a paid or denied status. CARCs are being used on **Web Claims** as well as electronic EDI claims to explain why a third-party payer or other insurance did not make payment or made only a partial payment on the claim. In the instance of third-party non-payment or partial payment, CARC codes are used in place of the unique 2-digit TPR code that is indicated on paper claims. Paper claims will still require the TPR code.

A complete list of CARC codes can be found at:

www.wpc-edi.com/custom_html/claimadjustment.htm

3.10 Timelines

The following table outlines important MMIS related implementation dates that affect the provider community.

Description	Important Dates
EDI re-testing	Mid-May, 2008
Distribution of client Medical Care ID cards	Exact date TBD
Last day to submit proprietary claim forms	Exact date TBD
Distribution of Web portal unique logon IDs and PIN	Two weeks before go-live
MMIS go live date including provider Web Portal access	Beginning of September, 2008

Need Help? If you have questions regarding paper claim forms, the Web portal, or just need assistance, please contact DHS Provider Service at:

E-mail: DMAP.Providerservices@state.or.us

Phone: 800-336-6016 (8:00 a.m. to 5:00 p.m. PST, Monday through Friday)

If you have questions regarding electronic claims processes and need assistance, please contact DHS EDI Support Services at:

E-mail: dhs.edisupport@state.or.us

Phone: 888-690-9888 (8:00 a.m. to 5:00 p.m. PST, Monday through Friday)

4 What Providers Can Do To Prepare

Below is a list of activities providers can do now to prepare for the implementation of the replacement MMIS.

4.1 Electronic Data Interchange

EDI offers speed and accuracy far superior to a paper claim. With the elimination of paper, money is saved on forms and office supplies. Furthermore, the risk of lost claims and human error is minimized. EDI has the potential to reduce cost associated with: labor, printing, postage, document management and document storage. EDI also enables providers to submit batch and real time eligibility verifications.

Providers including Dental providers that are interested in submitting claims electronically via batch transactions must become an approved DHS EDI Trading Partner.

To learn how to start the EDI registration process or for general EDI information, visit the DHS EDI Web site at:

www.oregon.gov/DHS/admin/hipaa/edi.shtml

If you are a current EDI submitter and have received notification to re-test, make sure to complete re-testing by the deadline.

If you are a current EDI submitter and have not received notification to re-test please visit the EDI testing Web site at:

www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml

Or, contact DHS EDI Support Services at:

E-mail: DHS.EDISupport@state.or.us

Phone: 888-690-9888 (8:00 a.m. to 5:00 p.m. PST, Monday through Friday)

4.2 Electronic Funds Transfer

Providers who currently receive their claim payments via Electronic Funds Transfer (EFT) direct deposit will have their EFT information automatically converted into the replacement MMIS, so that their electronic payments will continue after the implementation date.

Provider who do not currently have EFT and would like to apply, visit the DHS EFT Web site at:

www.oregon.gov/DHS/admin/hipaa/edi.shtml#eft

Or, contact the DHS Provider Enrollment at: Provider.Enrollment@state.or.us or call 800-422-5047.

4.3 Web Portal Minimum Requirements

With the replacement MMIS, providers will be able to use the Web portal to submit claims and a prior authorization requests, verify eligibility, and much more. To take advantage of the replacement MMIS Web features you will need the following:

- Internet connection
- Microsoft Internet Explorer 6 or 7
- Unique ID and PIN approved and issued by DHS

For more information about Web portal benefits, please visit:

www.oregon.gov/DHS/mmis/

4.4 Eligibility Verification

The new Medical Care ID Card will not include eligibility information. It is the provider's responsibility to verify client eligibility. Make sure you are able to use one of the following eligibility verification methods:

- Secure provider Web portal
For more information, see [Web Portal](#).
- Batch or real-time verification method through 270/271 EDI transactions.
For more information, see [EDI](#).
- AVR system
For more information, see [AVR](#).
- Electronic Eligibility Verification Service (EEVS)
For more information, see EEVS at:
www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml#eevs

4.5 Paper Claim Forms

Providers who choose to bill on paper must be prepared to use the standard CMS-1500 version 08/05 for professional billing, the UB-04 for institutional billing, ADA 2006 for Dental billing, and Universal Claim Form (UCF) 5.1 for Pharmacy. **DHS will return claims billed on older versions of these forms.**

Use commercially available “red form” versions of the CMS-1500 and UB-04. When claim forms are submitted on “red forms,” the red ink drops out and the Optical Character Recognition (OCR) technology scans the claim data (black ink) directly into the claims processing system, which increases the accuracy and efficiency of claims processing.

4.5.1 CMS-1500 professional claim forms (version 08/05)

The CMS-1500 billing forms are available for purchase through:

- Local business forms suppliers
- The Oregon Medical Association
- The U.S. Government Printing Office (202- 512-1800)

4.5.2 UB-04 institutional Claim forms

The UB-04 billing forms are available for purchase through:

- Local business forms suppliers
- The Standard Register Company, Forms Division (800-755-6405)

4.5.3 Dental claim forms

Providers billing for dental care services will continue to use the accepted ADA claim form (ADA 2006).

The ADA version 2006 billing form is available for purchase through:

- Local business forms suppliers
- American Dental Association (800-947-4746) or at: www.adacatalog.org

4.5.4 Universal Claim Form 5.1

Providers billing for pharmacy services will continue to use the accepted UCF 5.1 claim form.

The UCF 5.1 is available through Moore North America, Inc, through agreement with the National Council for Drug Prescription Programs (NCPDP).

Information about purchasing this form is available on the NCPDP Web site at:

www.ncdp.org/standards_purchase.asp

All billing instructions should be used in conjunction with Oregon Administrative Rules (OARs) and related supplemental information for billing.

Refer to Appendix for a list of [DHS claims address list](#).

4.6 MMIS Implementation Training

Providers and supporting staff are encouraged to attend the statewide MMIS Implementation training sessions to ensure that all staff members are trained on the provider Web portal functionality and features. Providers can attend any of the statewide provider training sessions and one may attend as many as necessary. All statewide MMIS training classes are free of charge. The more you learn, the more successful you will be when the MMIS goes live!

Note: Read your training material, put it in a safe place, and use it as a point of reference when the MMIS goes live.

Refer to Appendix for the [MMIS Implementation Training Schedule](#)

4.7 MMIS Project Communications

Watch for and read all MMIS replacement project updates.

Providers are encouraged to become more familiar with the MMIS Replacement Project Provider Resources Web site, which will provide information about the progress of the MMIS project, known issues and solutions, frequently asked questions (FAQ), communications, and more. Bookmark the following link and visit it regularly to stay informed about the projects progress:

www.oregon.gov/DHS/mmis

Sign-up to receive free MMIS Provider Resources updates via the following link:

http://service.govdelivery.com/service/subscribe.html?code=ORDHS_175

5.1 Acronyms

Following is a list of acronyms used in the MMIS Overview training module.

Acronym	Definition
837 P	The electronic equivalent of the CMS 1500 professional billing form.
837 I	The electronic equivalent of the UB-04 institutional billing form.
837 D	The electronic equivalent of the ADA dental billing form.
ADA	American Dental Association
AIS	Automated Information System
AMH	Addictions and Mental Health Division
ARC	Adjustment Reason Codes
AVR	Automated Voice Response
CAF	Children, Adults and Families
CMS	Center for Medicare and Medicaid Services
CPT	Current Procedural Terminology
DDE	Direct Data Entry
DHS	Department of Human Services
DMAP	Division of Medical Assistance Programs
DME	Durable Medical Equipment
DOB	Date of Birth
DOS	Date of Service
EDI	Electronic Data Interchange
EDS	Electronic Data Systems

Acronym	Definition
EEVS	Electronic Eligibility Verification Service
EFT	Electronic Funds Transfer (EFT)
EOB	Explanation of Benefits
FAQ	Frequently Asked Questions
FFS	Fee-for-Service
HIPAA	Health Insurance Portability and Accountability Act
HSC	Health Services Commission
ICF/MR	Intermediate Care Facility/Mentally Retarded
ID	Identification
MCO	Managed Care Organizations
MMIS	Medicaid Management Information Systems
NCPDP	National Council for Prescription Drug Programs
OAR	Oregon Administrative Rules
OCR	Optical Character Recognition
PA	Prior Authorization
PBM	Pharmacy Benefits Management
PIN	Personal Identification Number
POS	Point of Service
Pro-DUR	Prospective Drug Utilization Review
RA	Remittance Advice
SMAC	State Maximum Allowable Cost
SPD	Seniors and People with Disabilities
SSN	Social Security Number
TAD	Turn Around Document
TPR	Third Party Resources
UB-04	Uniform Bill -Version 04

Acronym	Definition
URL	Uniform Resource Locator

5.2 Training Schedule

Below is a listing of tentative training locations. A complete schedule for provider training will be communicated to providers when it is available.

County	Training Location	# of Training Days	Training Date(s)
Union	LaGrande	1	06/17/2008
Umatilla	Pendleton	1	06/18/2008
Washington State	Walla Walla	1	06/19/2008
Wasco	The Dalles	1	06/20/2008
Idaho State	Boise	1	06/24/2008
Malheur	Ontario	1	06/25/2008
Baker	Baker City	1	06/26/2008
Grant	John Day	1	06/27/2008
			07/01/2008
Deschutes	Bend	2	07/02/2008
Douglas	Roseburg	1	07/08/2008
Josephine	Grants Pass	1	07/09/2008
			07/10/2008
Jackson	Medford	2	07/11/2008
California State	Crescent City	1	07/14/2008
Curry	Gold Beach	1	07/15/2008
Coos	Coos Bay	1	07/16/2008
Lane	Florence	1	07/17/2008
			07/22/2008
			07/23/2008
Lane	Eugene	3	07/24/2008
Klamath	Klamath Falls	1	07/29/2008
Lake	Lakeview	1	07/30/2008
Harney	Burns	1	08/01/2008
Multnomah	Portland	2	08/04/2008

County	Training Location	# of Training Days	Training Date(s)
			08/15/2008
Marion	Woodburn	1	08/05/2008
Washington State	Vancouver	2	08/06/2008 08/07/2008
Yamhill	McMinnville	1	08/08/2008
Clackamas	Wilsonville	1	08/11/2008
Washington	Hillsboro	2	08/12/2008 08/14/2008
Polk	Dallas	1	08/13/2008
Lincoln	Newport	1	08/18/2008
Tillamook	Tillamook	1	08/19/2008
Clatsop	Astoria	1	08/20/2008
Washington State	Longview	1	08/21/2008
Columbia	St. Helens	1	08/22/2008
Marion	Salem	3	08/25/2008 08/26/2008 08/27/2008
Linn	Albany	2	08/28/2009 08/29/2008
Total	33	44	

5.3 Web Portal PIN Letter

Below is an example of the Provider Web Portal PIN letter.

Date

Provider name

Provider Address 1

Provider Address 2

Provider city, state ZIP

Subject: Your Personal Identification Number (PIN) for Accessing the Oregon DHS Medicaid Web Portal.

To: Oregon DHS Provider

As an approved Oregon DHS Provider, # ____ , (only the first and last digits of your Provider Number are shown) DHS has assigned you a PIN that you may use to access secure information.

The PIN (_____) is used to obtain free access to secure areas of Oregon's DHS and Medicaid Web Portal. It is recommended that you store your PIN in a safe place, as it will be needed for initial access to the system.

The Web Portal site is available at <insert web portal URL> under Providers/Secure Site Login.

The "Help" option in the menu bar at the top of the secure site's main page is available to assist you. The getting started instructions are included below. More comprehensive instructions available on the Web at: <insert DHS

website> will guide you through the process of establishing your provider account and setting up, if desired, Clerk accounts.

The relationship between you and DHS allows you, as a provider, to use this electronic system. This system contains protected health information (PHI) from DHS and is covered by the Electronic Communications Privacy Act, 18 U.S.C. Sec. 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164.

As always, we value your contribution to the Oregon Medicaid program and other DHS sponsored services and programs and hope that you find the Oregon DHS Medicaid Web Portal beneficial to your daily business activities.

If you have any questions about this letter, please contact the DHS Provider Services Unit at 800-336-6016.

DHS Provider Services Unit

Log On Instructions - Please follow these steps to access the DHS secure Internet site.

Things to Remember Before Logging On

- You received a Personal Identification Number (PIN) letter from DHS because you are authorized to log on to the secure website with your new PIN code.
- Once logged on, you can designate a representative to access account information. These representatives are called clerks.
- If you have several different accounts but want to designate the same clerk to access information from each one, you will have to grant rights to the clerk under each separate service location.
- Each page in the secure website has its own set of instructions. If you have any questions or need help throughout the site, choose the "?" button on the page.

Instructions for First-Time Log On for Providers

1. Access the secure website. Select the **"Setup Account"** button on the log on page and enter your complete 11- character Provider ID number (i.e., Medicaid number) along with the PIN that was issued to you in your letter. Click "Setup Account."
2. The "Account Setup - User Profile" page will display. Create a user name and password.
3. Type in a unique user name that you will be able to remember such as ABC Hospital, ABC Clinic, Dr. ABC, etc. Do the same for your password. Your password must have at least 8 characters, must contain at least one letter of the alphabet, at least one number, and have no special characters. Both the user name and password are case sensitive, so type them in each time exactly as they were originated. Enter a contact name, e-mail address and phone number in the fields provided.

4. Click "Submit." You now may log in to the site using your new user name and password.

Instructions for Creating a Clerk

1. Navigate to the Account/Clerk Maintenance page.
2. To create a new clerk, fill out the appropriate information and click on the "Submit" button. If you want to add an existing clerk, use the "Search" link to find the clerk and click the "Submit" button.
3. Assign functionality that the clerk can perform by checking the checkboxes in the "Roles" panel.

5.4 AVR PIN Letter

Below is an example of the AVR PIN letter.

Date

Provider name

Provider Address 1

Provider Address 2

Provider city, state ZIP

Subject: Your Personal Identification Number (PIN) for Accessing the Oregon DHS Medicaid Automated Voice Response System (AVR)

To: Oregon DHS Provider

As an approved Oregon DHS Provider, # _ _ _ _ , (only the first and last digits of your Provider Number are shown) DHS has assigned you a PIN that you may use to access secure information.

The PIN (_____) is for the purpose of accessing the Automated Voice Response System (AVR) at no cost. It is recommended that you store your PIN in a safe place, as it will be needed for initial access to the system. In order to use the system by telephone (800) XXX-XXXX or (503) XXX-XXXX, this PIN will be required with a touch tone phone.

The AVR can be used to perform the following functions:

- Recipient Eligibility Inquiry

- Recipient Claims Inquiry
- Prior Authorization Inquiry
- Provider Payment Inquiry
- Cumulative Limitation Inquiry
- Change PIN
- Provide caller manual and web address information

The relationship between you and DHS allows you, as a provider, to use this telephonic system. This system contains protected health information (PHI) from DHS and is covered by the Electronic Communications Privacy Act, 18 U.S.C. Sec. 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164.

As always, we value your contribution to the Oregon Medicaid program and other DHS sponsored services and programs and hope that you find the Oregon DHS Medicaid AVR beneficial to your daily business activities.

If you have any questions about this letter, please contact the DHS Provider Services Unit at 800-336-6016.

DHS Provider Services Unit

TOUCH TONE AUTOMATED VOICE RESPONSE SYSTEM (AVR)
1-800-XXX-XXXX or (503) XXX-XXXX

The Oregon Automated Voice Response System is accessed by first calling the above listed local or toll-free phone number.

The voice response caller manuals and Oregon administrative rules are available online. Visit our Web site at: http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml or call 1-800-527-5772 to order hard copies.

Main Menu Options

Recipient Eligibility Inquiry press 1

Recipient Claims Inquiry press 2

Prior Authorization Inquiry press 3

Provider Payment Inquiry press 4

Cumulative Limitation Inquiry press 5

Change PIN press 6

Provide caller manual and web address information press 7

Alpha to numeric conversion:

A=*21

B=*22

C=*23

D=*31

E=*32

F=*33

G=*41

H=*42

I=*43

J=*51

K=*52

M=*61

O=*63

Q=*11

S=*73

U=*82

W=*91

Y=*93

L=*53

N=*62

P=*71

R=*72

T=*81

V=*83

X=*92

Z=*12

5.5 RA Example

The below example is for illustration only and does not contain real provider data.

RA#: 4181
 OREGON DHS
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 PROVIDER REMITTANCE ADVICE
 CMS 1500 CLAIMS DENIED
 DATE: 11/15/2007
 PAGE: 1

MASON HEALTH PLAN INC
 2121 DEMING WAY
 SALEM, OR

PAYEE ID 400602131A
 NPI ID 2235100021
 CHECK/EFT NUMBER 0000000000
 ISSUE DATE 11/15/2007

--ICN--	SERVICE DATES		BILLED	TPL	SPENDDOWN
--PATIENT NUMBER--	FROM	THRU	AMOUNT	AMOUNT	AMOUNT
CLIENT NAME: JASON JOCOBE 7007362112301 55383	CLIENT NO.: 15667823 040507 040507		40.00	0.00	0.00
HEADER EOBS: 0092	SERVICE DATES RENDERING		BILLED	DETAIL EOBS	
PL SERV PROC CD MODIFIERS 11 99242	UNITS	FROM THRU PROVIDER	AMOUNT		
	1.00	040507 040507 MCD 320909002A	40.00	00A2	
CLIENT NAME: JASON JOCOBE 7007311612014 38355	CLIENT NO.: 89734567 040507 040507		40.00	0.00	0.00
HEADER EOBS: 0092	SERVICE DATES RENDERING		BILLED	DETAIL EOBS	
PL SERV PROC CD MODIFIERS 11 99242	UNITS	FROM THRU PROVIDER	AMOUNT		
	1.00	040507 040507 MCD 320909002A	40.00	00A2	
CLIENT NAME: JASON JOCOBE 7007362112015 38355	CLIENT NO.: 89734567 040507 040507		40.00	0.00	0.00
HEADER EOBS: 0092	SERVICE DATES RENDERING		BILLED	DETAIL EOBS	
PL SERV PROC CD MODIFIERS 11 99242	UNITS	FROM THRU PROVIDER	AMOUNT		
	1.00	040507 040507 MCD 320909002A	40.00	00A2	

RA#: 7181

OREGON DHS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS DENIED

DATE: 11/15/2007
PAGE: 2

MASON HEALTH PLAN INC
2121 DEMING WAY
SALEM, OR

PAYEE ID 400602131A
NPI ID 2235100021
CHECK/EFT NUMBER 0000000000
ISSUE DATE 11/15/2007

--ICN--		SERVICE DATES		BILLED	TPL	SPENDDOWN
--PATIENT NUMBER--		FROM	THRU	AMOUNT	AMOUNT	AMOUNT
CLIENT NAME: JASON JOBE		CLIENT NO.: 34567897				
7007312612018		040507	040507	40.00	0.00	0.00
38355						
HEADER EOBS: 0092						
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING		BILLED
				FROM	THRU	AMOUNT
11	99242		1.00	040507	040507	40.00
						00A2
CLIENT NAME: JASON JOBE		CLIENT NO.: 34567897				
7007312612020		040507	040507	40.00	0.00	0.00
38355						
HEADER EOBS: 0092						
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES RENDERING		BILLED
				FROM	THRU	AMOUNT
49	99242		1.00	040507	040507	40.00
						0092
TOTAL CMS 1500 CLAIMS DENIED:				240.00	0.00	0.00

RA#: 7181

OREGON DHS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS IN PROCESS

DATE: 11/15/2007
PAGE: 3

MASON HEALTH PLAN INC
2121 DEMING WAY
SALEM, OR

PAYEE ID 400602131A
NPI ID 2235100021
CHECK/EFT NUMBER 0000000000
ISSUE DATE 11/15/2007

--ICN--	SERVICE DATES	BILLED	TPL
--PATIENT NUMBER--	FROM THRU	AMOUNT	AMOUNT
CLIENT NAME: JACKIE JOHNSON		CLIENT NO.: 99945678	
6007413001001	092407 092407	93.00	0.00
TC43338111111111111111			

HEADER EOBS: 0016

PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING	BILLED	DETAIL	EOBS
				FROM THRU	PROVIDER	AMOUNT		
11	99213		1.00	092407 092407	MCD 039100000A	93.00		0016
TOTAL CMS 1500 CLAIMS IN PROCESS:						93.00	0.00	0.00

RA#: 7181

OREGON DHS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 11/15/2007
PAGE: 4

MASON HEALTH PLAN INC
2121 DEMING WAY
SALEM, OR

PAYEE ID 400602131A
NPI ID 2235100021
CHECK/EFT NUMBER 0000000000
ISSUE DATE 11/15/2007

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----

TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	RENDERING PROVIDER	SVC DATE FROM THRU	CLIENT NO.	CLIENT NAME
-----------------------	---------	----------------------	----------------	-----------------------	-----------------------	------------	-------------

NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS

-----NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS-----

--CCN--	PAYMENT --AMOUNT--	REASON CODE	CLIENT NO.	CLIENT NAME
---------	-----------------------	----------------	------------	-------------

NO NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	--BALANCE--	REASON CODE
-------------------	---------------	------------------------	--------------------	---------------------	-------------	----------------

NO OUTSTANDING ACCOUNTS RECEIVABLE

RA#: 7181

OREGON DHS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
SUMMARY

DATE: 11/15/2007
PAGE: 5

MASON HEALTH PLAN INC
2121 DEMING WAY
SALEM, OR

PAYEE ID 400602131A
NPI ID 2235100021
CHECK/EFT NUMBER 0000000000
ISSUE DATE 11/15/2007

-----CLAIMS DATA-----

	CURRENT NUMBER	CURRENT AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	0	0.00	11	249.44
CLAIM ADJUSTMENTS	0	0.00	1	0.00
TOTAL CLAIMS PAYMENTS	0	0.00	12	249.44
CLAIMS DENIED	6		17	
CLAIMS IN PROCESS	1			

-----EARNINGS DATA-----

PAYMENTS:

CLAIMS PAYMENTS	0.00	249.44
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00
ACCOUNTS RECEIVABLE (OFFSETS):		
CLAIM SPECIFIC:		
CURRENT CYCLE	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)
NON-CLAIM SPECIFIC OFFSETS	(0.00)	(0.00)
NET PAYMENT	0.00	249.44

REFUNDS:

CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)

OTHER FINANCIAL:

MANUAL PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00
VOIDS	(0.00)	(0.00)
NET EARNINGS	0.00	249.44

RA#: 7181

MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
EOB CODE DESCRIPTIONS

PAGE: 6

MASON HEALTH PLAN INC
2121 DEMING WAY
SALEM, OR

PAYEE ID 400602131A
NPI ID 2235100021
CHECK/EFT NUMBER 0000000000
ISSUE DATE 11/15/2007

HIPAA REASON CODE	HIPAA ADJ REASON CODE DESCRIPTION
0016	Claim/service lacks information which is needed for adjudication. Additional information is Supplied using remittance advice remarks codes whenever appropriate
0092	Claim Paid in full.
00A2	Contractual adjustment.

5.5 AVR Quick Reference Guide

Oregon Automated Voice Response (AVR) Quick Reference Guide

866-692-3864

This is a high-level overview of the AVR system.
For more information, please refer to the AVR Users Manual.



Press 1: Touch Tone Phone
If you have a rotary phone, call DHS Provider Services

Press 1: Enrolled Provider
Press 2: Non-enrolled Provider, call Provider Enrollment

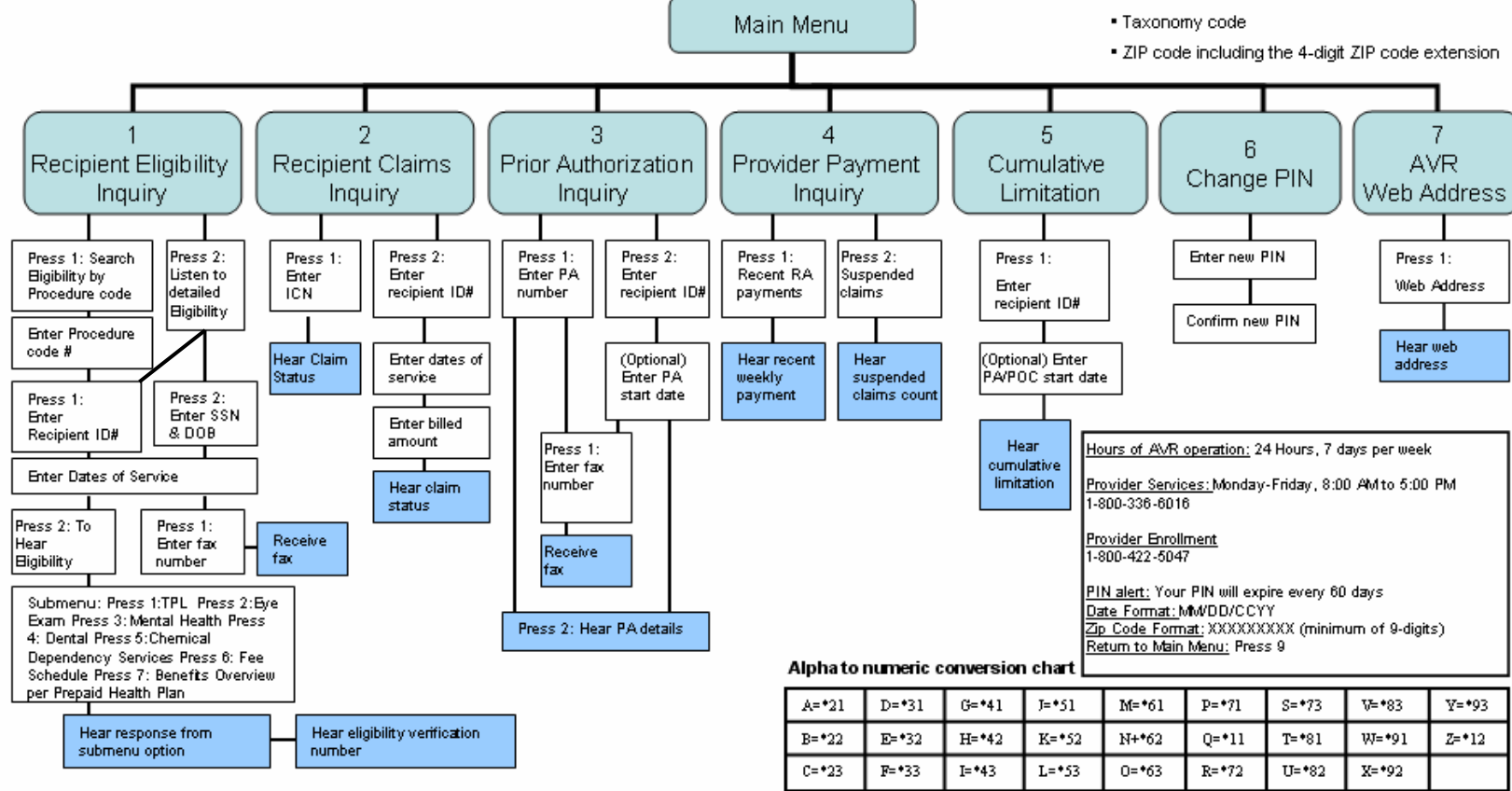
Press 1: Logon to AVR
Press 2: Reset a PIN

Press 1: Reset AVR PIN
Press 2: Reset Internet PIN

Press 1: Enter Provider Number
Press 2: Enter NPI Number *

*If you choose to access the AVR using your NPI, you may be prompted to enter the following information to conduct claim, prior authorization, or provider payment inquiries:

- Taxonomy code
- ZIP code including the 4-digit ZIP code extension



Alpha to numeric conversion chart

A=*21	D=*31	G=*41	J=*51	M=*61	P=*71	S=*73	V=*83	Y=*93
B=*22	E=*32	H=*42	K=*52	N=*62	Q=*11	T=*81	W=*91	Z=*12
C=*23	F=*33	I=*43	L=*53	O=*63	R=*72	U=*82	X=*92	

5.7 Claims Address Mailing List

Below is the DHS claims address mailing list.

Claim type	Service type	Address
CMS-1500	All professional provider	DMAP, PO Box 14955 Salem, OR 97309
	Speech/language pathology, audiology & hearing services; private duty nursing claims	DMAP, PO Box 14018 Salem, OR 97309
	SPD Contract RN claims	DMAP, PO Box 14957 Salem, OR 97309
DMAP 505	Medicare/Medicaid claims	DMAP, PO Box 14015 Salem, OR 97309
UCF 5.1 (Universal Claim Form)	Drug claims	DMAP, PO Box 14951 Salem, OR 97309
Any form used in conjunction with Death with Dignity	Death with Dignity claims	DMAP, PO Box 992 Salem, OR 97308-0992
ADA 2006	Dental claims	DMAP, PO Box 14953 Salem, OR 97309
UB-04	Hospital, Home Health, Hospice, NF/LTC claims	DMAP, PO Box 14956 Salem, OR 97309
DMAP 741 OMAP 742	Consent to hysterectomy Consent to sterilization	DMAP, PO Box 14958 Salem, OR 97309
Transplant claims	For any claim related to payment for prior authorized, covered transplant services.	DMAP CMU PO Box 14016 Salem, OR 97309

Claim type	Service type	Address
Out-of-state claims (all claim types)	For any claim from a provider located more than 75 miles beyond the Oregon border. If within 75 miles, send to the appropriate address listed above.	DHS Provider Services ATTN: Out of State Claims 500 Summer St NE, E44 Salem, OR 97301-1079
Administrative exams	For any claim related to payment for exams requested by DHS offices. Send reports to requesting DHS office; mail claims to DMAP.	DMAP, PO Box 14165 Salem, OR 97309
DMAP/DHS forms	To order DMAP or DHS forms	DHS Distribution Center 550 Airport Rd Salem, OR 97310
DMAP 1036 – Individual adjustment request	To use if you have received an incorrect payment (overpayment or underpayment) for a claim	DMAP, PO Box 14952 Salem, OR 97309
Problem claims including administrative errors and claims over one year old.	<ol style="list-style-type: none"> 1. Send copy of claim with letter explaining the problem 2. Attach paper RAs related to claim 3. Include complete documentation 	DHS Provider Services 500 Summer St NE, E44 Salem, OR 97301-1079
Appeals (Reconsideration of Non-covered services, CAWEM denials, and other appeals).	<ol style="list-style-type: none"> 1. Send a letter stating reasons for the appeal. 2. Attach the claim for denied services. 3. Include supporting medical record documentation. 	DHS Provider Services 500 Summer St NE, E44 Salem, OR 97301-1079
Addictions and Mental Health Division (AMH)	For General Correspondence	Addictions and Mental Health Division 500 Summer St. NE - E86 Salem, OR 97301-1118

5.8 Prior Authorization/Plan of Care Contact List

Below are the Fee-for-Service Prior Authorization (PA)/Plan of Care (POC) contact phone numbers.

PA/POC Contacts for FFS or open card Clients	
Use the appropriate agency listed below to authorize services in each section.	
Programs	Agency Authorizing Service
DME Equipment/Supplies Hearing Aid Services Home Health (Nursing only) Home Enteral /Parenteral Services (see below for Oral Nutritional Supplements) Physical/Occupational Therapy Private Duty Nursing Speech/Hearing/Audiology Vision Services	Medically Fragile Children’s (MFC) Unit: <ul style="list-style-type: none"> • 971-673-2985 • 971-673-3000 FFS high cost/high risk clients- Innovative Care Management 10117 SE Sunnyside Road, Box F409 Clackamas, OR 97015 <ul style="list-style-type: none"> • 800-862-3338 • 503-654-9447 All other clients—DMAP Medical Unit: <ul style="list-style-type: none"> • 800-642-8635 • 503-945-6821
Addictions and Mental Health Plan of Care	Addictions and Mental Health Division: <ul style="list-style-type: none"> • 503-945-5763 • 800-375-2863 TTY • 503-947-5546 Fax
Long term care and waived services for Seniors and People with Physical Disabilities (SPD).	All PA requests must go through the local office.

**PA/POC Contacts
for FFS or open card Clients**

Use the appropriate agency listed below to authorize services in each section.

Programs	Agency Authorizing Service
Dental Services	DMAP Dental Coordinator: <ul style="list-style-type: none"> • 800-527-5772 • 503-945-6506
Drugs/Pharmacy Home Enteral/Parenteral – (Oral meds & Nutritional Supplements only)	PBM Technical and Prior Authorization Center <ul style="list-style-type: none"> • 888-202-2126
Surgical Procedures	High cost/high risk clients—Innovative Care Management: <ul style="list-style-type: none"> • 800-862-3338 • 503-654-9447 All other clients- Acumentra Health: 2020 SW Fourth St. Ste 520 Portland, OR 97201-4960 <ul style="list-style-type: none"> • 800-452-1250 • 503-279-0159 Outside Oregon—non-emergent services: <ul style="list-style-type: none"> • 800-325-8933
Transplants Out-of –State Services	High-cost/high-risk clients- Innovative Care Management: <ul style="list-style-type: none"> • 800-862-3338 • 503-654-9447 All other clients- DHS Provider Services: <ul style="list-style-type: none"> • 800-336-6016 Mental Health- <ul style="list-style-type: none"> • 503-945-5763 • 800-375-2863 TTY • 503-947-5546 Fax

**PA/POC Contacts
for FFS or open card Clients**

Use the appropriate agency listed below to authorize services in each section.

Programs	Agency Authorizing Service
Non-Emergent Transportation	Contact the local branch office/brokerage

5.9 DHS Support Phone Numbers

Department	Phone Number	Hours
<p>Automated Voice Response (AVR)</p> <ul style="list-style-type: none"> ✓ Client eligibility, TPR, benefit packages, managed care, and more. ✓ Vision service history ✓ Claims & payment inquiry ✓ Prior Authorization 	866-692-3864	24 hours, 7 days a week
<p>Benefit RN Hotline</p> <ul style="list-style-type: none"> ✓ Information about OHP diagnosis/treatment pairs <p><i>If the patient is in a managed care plan and you have a question about whether the treatment is covered, call the patient's plan.</i></p>	800-393-9855	Mon-Fri – 8 a.m. to 5 p.m. PST
<p>Claims Management Unit</p> <ul style="list-style-type: none"> ✓ Information about transplant claims 	800-527-5772	Mon-Fri – 8 a.m. to 5 p.m. PST
<p>Electronic Data Interchange Support Team</p> <ul style="list-style-type: none"> ✓ Information about submitting claims electronically 	888-690-9888	Mon-Fri – 8 a.m. to 5 p.m. PST

Department	Phone Number	Hours
<p>PBM Technical and Prior Authorization Center</p> <ul style="list-style-type: none"> ✓ Prior Authorization for providers calling for prescriptions 	<p>888-202-2126</p> <p>Fax:</p> <p>888-346-0178</p>	<p>24 hours per day, seven days per week, 365 days per year</p>
<p>OHP Application Center</p> <ul style="list-style-type: none"> ✓ Patients may call to receive an OHP Application ✓ Provides general assistance in completing the OHP Application ✓ Patients may call to receive a Senior Prescription Drug Assistance Program Application 	<p>800-359-9517</p> <p>or TTY</p> <p>800-621-5260</p>	<p>Mon–Fri, 8 a.m. to 5 p.m. PST</p>
<p>Provider Services</p> <ul style="list-style-type: none"> ✓ Answers billing questions ✓ Processes provider appeals ✓ Discusses claim status ✓ Reviews out-of-state claims 	<p>800-336-6016</p>	<p>Mon–Fri, 8 a.m. to 5 p.m. PST</p>

5.10 DHS Fax Numbers

Document Type	Fax Number
<p><i>Immediate/Urgent Prior Authorizations</i></p> <ul style="list-style-type: none"> • PA • Supporting Docs <p>*A DHS approved cover sheet is required for <u>each</u> PA submitted.</p>	503-378-3435
<p><i>Routine Prior Authorizations</i></p> <ul style="list-style-type: none"> • PA • Supporting Docs <p>*A DHS approved cover sheet is required for <u>each</u> PA submitted.</p>	503-378-5814
<p>Contract RN Claims</p> <ul style="list-style-type: none"> • Claims <p>*Do not use a fax coversheet.</p>	503-373-1237
<p>Provider Enrollment</p> <ul style="list-style-type: none"> • Applications • Supporting Docs <p>*A DHS approved cover sheet is required.</p>	503-378-3074

<p>Correspondence</p> <ul style="list-style-type: none">• Solicited• Un-Solicited <p>*A DHS approved cover sheet is required.</p>	<p>503-378-3086</p>
---	---------------------