

Provider Matters gives providers a single place to look for the latest issues affecting claim processing and other transactions in the Medicaid Management Information System (MMIS). It includes general issues affecting all provider types and claims, as well as issues specific to certain providers or claim types. You can [eSubscribe to OHP Provider Announcements](#) to find out when a new issue is posted.

Once system corrections are in place, DHS will reprocess affected claims whenever possible. In the issues that follow, you will see when DHS can reprocess the claim(s), requiring no action on your part; and when DHS cannot and what steps need to be taken to get the claim processed.

If you need to submit a refund for an overpayment, transitional payment or other transaction, **do not send checks to DMAP**. Instead, send them to the following address. Include your DHS provider number and any documentation needed to link your check to the appropriate claim or transaction.

DHS Receipting Unit
ATTN: [Reason for check]
500 Summer St NE, 4th Floor
Salem, OR 97301

New this week

Area	Issue	Description	Workaround	Resolution
Reminder	DMAP will be closed on Friday, March 19	Due to state budget cuts, DMAP will be closed on Friday, March 19, and staff will be on unpaid furlough. The office will reopen on Monday, March 22. Remember that the Provider Web Portal and Automated Voice Response systems are available 24/7 for eligibility verification, claims/PA status, and more. For more information, go to these links: - DMAP's Office Closures Web page - October's provider announcement about office closures		
Reminder	New - Provider Web Portal Webinar training	Sign up for free Webinar trainings you can attend from your computer! A live trainer will walk you through Provider Web Portal basics and answer your questions during this free, interactive training. <ul style="list-style-type: none"> • March: March 23 (1-4 p.m.), March 30 (9 a.m.-Noon) • April : April 8 (9 a.m.-Noon), April 15 (1-4 p.m.), April 20 (1-4 p.m.), April 29 (9 a.m.-Noon) • May: May 4 (1-4 p.m.), May 13 (1-4 p.m.), May 18 (9 a.m.-Noon), May 27 (9 a.m.-Noon) 		

Area	Issue	Description	Workaround	Resolution
Reminder	Provider Web Portal classroom training for March 2010	<p>Sign up for free trainings on how to set up and use your Provider Web Portal account at https://www.or-medicaid.gov. These one-day sessions are from 9 a.m. to 3 p.m. in the following cities:</p> <ul style="list-style-type: none"> • Portland: March 12, 18, 24 • Salem: March 16, 22, 29 <p>These classes are open to all providers who serve Oregon Health Plan clients. For more information, see the updated schedule at www.oregon.gov/DHS/healthplan/tools_prov/training.shtml.</p>		
Reminder	Only use the EDMS Coversheet on all faxes sent to 503-378-5814, 503-378-3435 and 503-378-3084	<p>When you use your business fax cover sheet instead of the EDMS Coversheet on faxes sent to these central fax numbers, your documents do not automatically enter the system for processing. Instead, staff must route the faxed requests to DMAP to review and manually enter into the system.</p> <ul style="list-style-type: none"> • To avoid such delays, make sure to use the EDMS Coversheet on faxes sent to 503-378-5814, 503-378-3435 and 503-378-3084. • Instructions on how to submit prior authorization requests available in the supplemental information for your program, and in the instructions posted at http://dhsforms.hr.state.or.us/Forms/Served/DE3971IN.pdf. • Instructions on how to submit provider enrollment requests are available on the Provider Enrollment page at www.oregon.gov/DHS/healthplan/tools_prov/providerenroll.shtml. • Send supporting documentation for claims to Provider Services by fax or mail. Enter the ICN for the claim on the EDMS Coversheet so that Provider Services can look up the appropriate claim. Their fax number is 503 945-6873 (Salem). 		

Billing issues

Area	Issue	Description	Workaround	Resolution
Billing	Billing for procedures that require CLIA certification	<p>CLIA claims may deny on one date and process on another day because the system now looks for three pieces of information:</p> <ul style="list-style-type: none"> • Valid CLIA certification; • Lab certification code for the procedure; • Effective dates on the lab certification code that correspond with the date of service billed. <p>All three must be valid on date of service for procedures to successfully pay.</p>		<p>DMAP is researching how providers should resolve this issue.</p> <p>In some cases, DMAP may ask you to contact CLIA for resolution.</p>
Billing	Paid claims that haven't actually paid	<p>Providers may have claims listed in the Provider Web Portal in "paid" status, but with no paid date.</p> <p>When this happens, the claims will not show on the paper RA. Providers may try to void, rebill or adjust the claim on the Provider Web Portal, which may further delay or prevent payment for these claims.</p>	<p>If you are waiting for a claim to pay and cannot find it on your paper RA, look it up using the claim search screen on the Provider Web Portal.</p> <p>If there is no paid date listed on the Web claim, do not void, rebill or adjust the claim. If you cannot find the claim, contact Provider Services.</p>	<p>DHS is aware of this issue and is resolving affected claims on a case-by-case basis.</p> <p>Once the claims are resolved, they will appear on your paper RA and show a paid date on the Web portal.</p>

Area	Issue	Description	Workaround	Resolution
Crossover claims	Include your NPI taxonomy code when submitting claims to Medicare	<p>DMAP has found that crossover claims from Medicare that do not indicate provider taxonomy may not crosswalk to the provider's DHS provider number.</p> <p>This means if you submitted claims to Medicare that you expect DMAP to process as a crossover, but did not include taxonomy information, you may not receive a paid/denied status or remittance advice information for those claims.</p>	<p>Include the taxonomy information for all claims you bill Medicare and expect DMAP to process as a crossover claim.</p> <p>You can verify that DHS has the correct NPI and taxonomy information for your DHS provider numbers by contacting Provider Enrollment (800-422-5047).</p>	DHS has submitted a request to fix this error and will let you know when this issue is resolved.
Pharmacy Point of Sale	EOB 1124 – “Cannot Prioritize Recipient’s Programs”	DHS is unable to determine payment due to the benefit plans listed for the client on the claim.	Report this error to the Oregon Pharmacy Call Center at 888-202-2126. Ask the client to contact their DHS caseworker.	Once DHS updates the client records that caused the error, rebill . The claims will then process appropriately.
Pharmacy Point of Sale	EOBs seen when trying to bill for DME through Point of Sale (POS)	<p>When billing DMAP for DME or diabetic supplies through POS, the following messages may appear:</p> <ul style="list-style-type: none"> • EOB 0154 – Bill Medicare D [even if the client does not have Medicare Part D coverage] • EOB 1100 – Non-participating manufacturer 	<p>Providers cannot bill for DME supplies using Point of Sale.</p> <p>If you attempt to bill DME through POS, please know that EOBs 0154 and 1100 mean that you should bill DME using the professional claim format, not POS.</p>	DHS has requested corrected EOBs that tell the provider to bill DME as a professional claim.

Electronic data interchange

Area	Issue	Description	Workaround	Resolution
835/Electronic Remittance Advice	Adjustment Reason Codes (ARCs)	835s contain Adjustment Reason Codes only; DHS is currently unable to send all adjustment reason codes in the outgoing 835.	Refer to your paper RA for more detailed EOB information.	DHS is currently testing corrected 835s that include all applicable adjustment reason codes.
270/271 Eligibility Inquiry and Response	Slow response times	Providers are reporting slow response times with the 271 eligibility response.	If you have questions or concerns with the 271, contact EDI Support Services (888-690-9888).	DHS continues to identify and correct issues related to 271 slowness as they are identified.

Resolved issues

Area	Issue	Description	Workaround	Resolution
Billing	Changes to reversing pharmacy Point of Sale claims	When attempting to reverse POS claims over 30 days after the date of service, the system would return NCPDP Response 81 (“Claim too old”) or EOB message 0076 (“Claim past timely filing limit”).	Pharmacies will no longer receive these error messages when reversing claims older than 30 days; they will only see these messages when attempting to reverse claims older than 365 days.	

Reminders

Topic	Reminder
1099 questions? E-mail Provider Enrollment	If you received a 1099 from DHS and have questions about it, e-mail your questions to provider.enrollment@state.or.us . Include your Tax ID number, a brief description of your problem and your telephone number so that DMAP can research and follow-up your questions/1099 issues as needed.
Billing for consult codes 99241-99255 effective Jan. 1, 2010	For services provided on and after 1/1/10, DMAP will continue to accept consultation codes 99241-99255 for services provided to clients who do <u>not</u> have Medicare. For clients who have Medicare (dual-eligibles), follow Medicare guidelines on billing consultation codes. Do <u>not</u> bill consultation codes 99241-99255 to DMAP for dual-eligibles.

Topic	Reminder
Corrected March fee schedules posted	<p>DMAP has posted the corrected March 2010 fee schedule at www.oregon.gov/DHS/healthplan/data_pubs/feeschedule/downloads.shtml.</p> <ul style="list-style-type: none"> • Rates of 0.00 for J- codes and codes in the 90000 range were corrected. • ASC rates that were off by a few cents were corrected. • A few new G- codes and codes in the 90000 range were added.

Resources

- **Provider guidelines (rulebooks and supplemental information):** Make sure you are using the current provider guidelines available for your provider type. To find the guidelines you need, go to www.oregon.gov/DHS/healthplan/tools_prov/newproviders.shtml.
- **Provider Web Portal:** Find everything you need to know about the Provider Web Portal at [this link](#), including guides for all current functions, and quick references about set up, eligibility, and HSC List inquiries.
- **Remittance Advice:** Updated tutorials about how to read the paper RA and EOB information are [now available](#).
- **Sign up for Electronic Funds Transfer (EFT)** – Don't want to wait for a paper check? Just complete the [Direct Deposit Authorization form](#), attach a canceled check for the account you want your payments to go to, and return to DHS by certified mail. For more information, go to www.oregon.gov/DHS/healthplan/notices_providers/2009/enrollineft.pdf.

Need help?

For all the latest provider contacts, download the current [Provider Contacts List](#).

- **Specific claims and client eligibility** - Call Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us
- **EDI and the 835 ERA** - Call EDI Support Services at 888-690-9888 or e-mail dhs.edisupport@state.or.us.
- **EFT information and updates** - Contact Provider Enrollment at provider.enrollment@state.or.us.
- **Pharmacy and prescriber questions (for technical help and fee-for-service prescription PAs)** - Contact the Oregon Pharmacy Call Center at 888-202-2126.
- **Prior authorization status** – Call the DMAP PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Web portal help and resets** - Call Provider Services at 800-336-6016 or e-mail team.provider-access@state.or.us.



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