

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, Nov. 27	Due to state budget cuts, DMAP will be closed on Friday, Nov. 27, 2009, and staff will be on unpaid furlough. The office will reopen on Monday, Nov. 30. For more information, go to these links: - DMAP's Office Closures Web page - October's provider announcement about office closures		

Billing issues

Area	Issue	Description	Workaround	Resolution
Billing	Claims with QW modifier	The system is incorrectly denying claims that contain the QW modifier.	N/A	DHS is researching this issue.


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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>
Billing	Performing provider numbers on paper claims	<p>For paper claims scanned into the MMIS, the NPI entered in the "NPI" section of field 24J may incorrectly scan into the line above it, which is reserved for the DHS provider number.</p> <p>When this happens, one or more lines on the claim may incorrectly deny due to no performing provider.</p>	<p>If your claim has denied due to a missing performing provider and you believe you entered the number(s) correctly, you can review and submit a corrected copy of the claim through the Provider Web Portal.</p>	<p>DHS is currently researching this issue.</p>
Medicare-Medicaid billing	Incorrect denials for FQHC-RHC-IHS providers who bill using the CMS-1500	<p>FQHC, RHC, and IHS providers traditionally bill Medicare-Medicaid claims on the CMS-1500. The system recently began denying these claims with an EOB requesting that they bill Medicare first.</p>	N/A	<p>DHS is investigating this issue.</p>

Area	Issue	Description	Workaround	Resolution
Pharmacy Point of Sale	EOBs seen when trying to bill for DME through Point of Sale (POS)	When billing DMAP for DME or diabetic supplies through POS, the following messages may appear: <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 	Providers cannot bill for DME supplies using Point of Sale. 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.	DHS has requested corrected EOBs that tell the provider to bill DME as a professional claim.
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.

Payment/remittance advice

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.

Provider Web Portal

Area	Issue	Description	Workaround	Resolution
Resubmitting claims	“Record is a duplicate” error message when attempting to resubmit denied claims that contain TPL	<p>Providers may be unable to resubmit denied claims with third-party liability (TPL) information using the Web portal.</p> <p>When you click “Submit” on the corrected claim, you may receive the error message saying, “A record is a duplicate.” This prevents the provider from submitting the claim.</p>	Resubmit denied claims using the appropriate paper claim or Electronic Data Interchange format.	DHS is testing a fix to this issue.
Provider Web Portal	Buttons not available at bottom of adjusted claim	<p>When adjusting a claim using the Provider Web Portal and clicking the “Submit” button, the screen may refresh without the following buttons at the bottom of the screen:</p> 	Pull up the claim through the search panel to see the buttons.	DHS is currently researching this issue.
Provider Web Portal	Verifying vision benefits for OHP clients	The Provider Web Portal is not allowing providers to verify vision benefits.	<p>First, verify client eligibility and enrollment. For fee-for-service clients, contact Provider Services to verify vision benefits; for clients enrolled in a DMAP medical plan, contact the plan.</p> <p>If sending an e-mail to Provider Services, ask them to send you a “secure e-mail” before you send your verification request.</p>	DHS is researching this issue.

Reminders

Topic	Reminder
Free Provider Web Portal training	<p>DMAP is scheduling free classroom trainings on how to set up and use your Provider Web Portal account at https://www.or-medicaid.gov throughout the state.</p> <ul style="list-style-type: none"> For more information, see the announcement at www.oregon.gov/DHS/healthplan/notices_providers/2009/web-training2009.pdf. These classes are open to all providers who serve Oregon Health Plan clients.
Local match rates	<p>The local match rate required for Targeted Case Management, School Based and Behavioral Rehabilitative service providers who serve Medicaid clients has decreased to 27.10% starting Oct. 1, 2009. More information is available on the OHP provider guidelines pages (click on “Targeted Case Management” or “School-Based Health Services”).</p>

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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