Oregon Health Plan
Provider Web Portal

Institutional Claim

Program-specific instructions are included in supplemental guides for each program

Oregon Health Authority

Division of Medical Assistance Programs

August 2011

Web portal home page

Begin at: https://www.or-medicaid.gov

Home Contact Us Directory Search Clients Account Providers

Welcome to the Medicaid Portal web site!

Providers - Login to set up your Web portal accounts and verify eligibility for OHP clients

Providers - What you need to know about the Web portal

OHP provider announcements

AMH Providers - View the Addictions and Mental Health home page

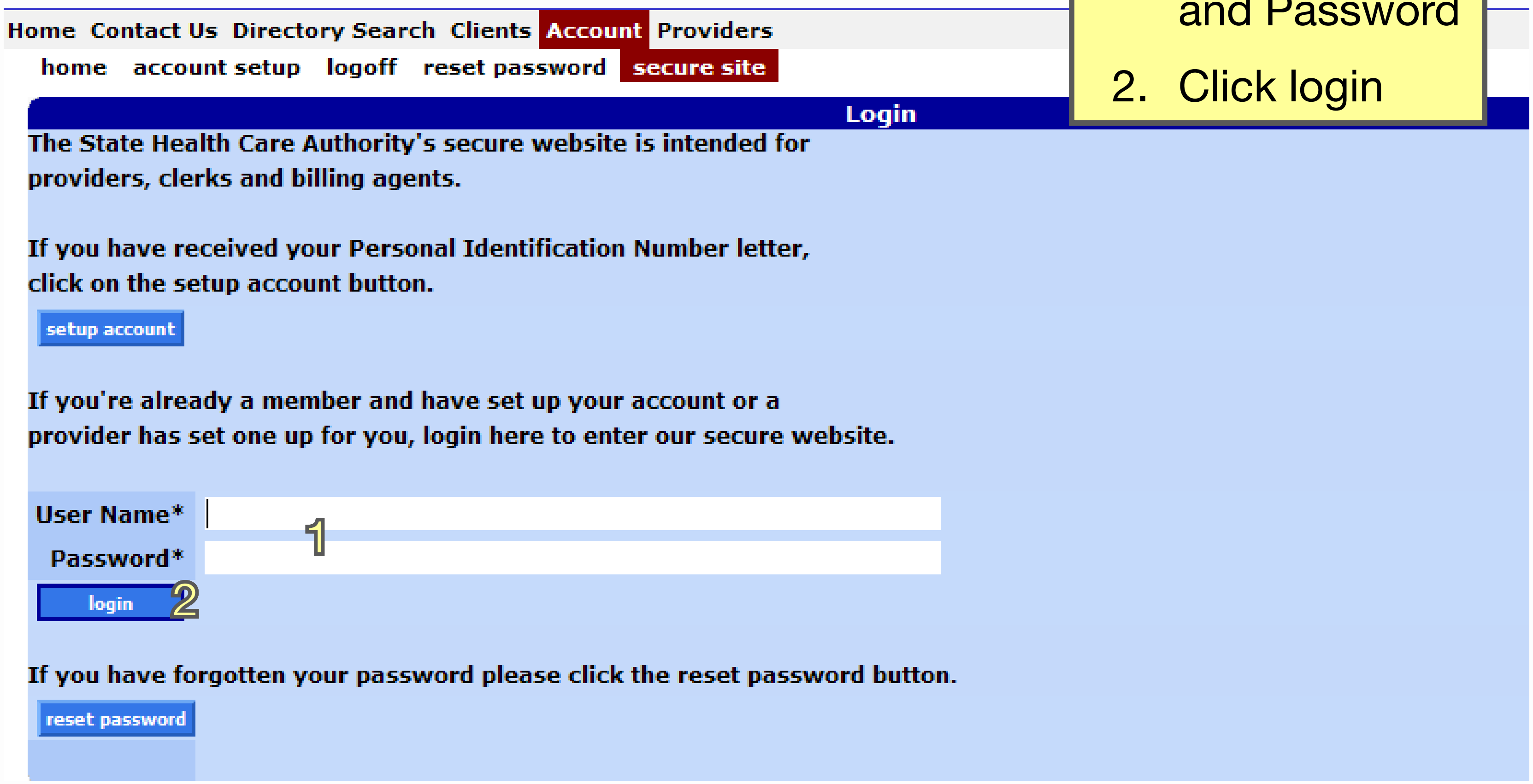
SPD Providers - View the Seniors and people with physical disabilities home page

Click here to log in

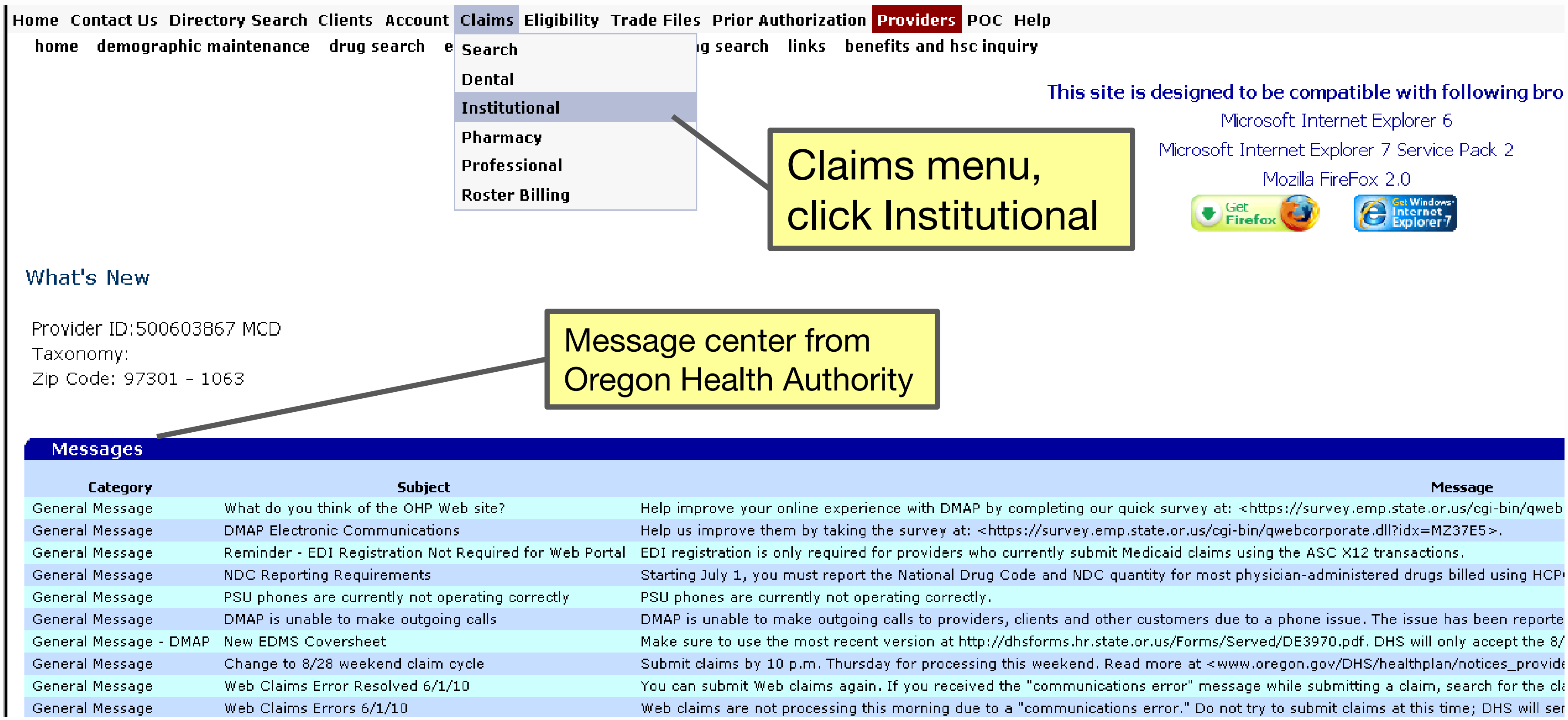
Links to OHA Web sites

Getting started

1. Enter your User Name and Password
2. Click login



Provider front page



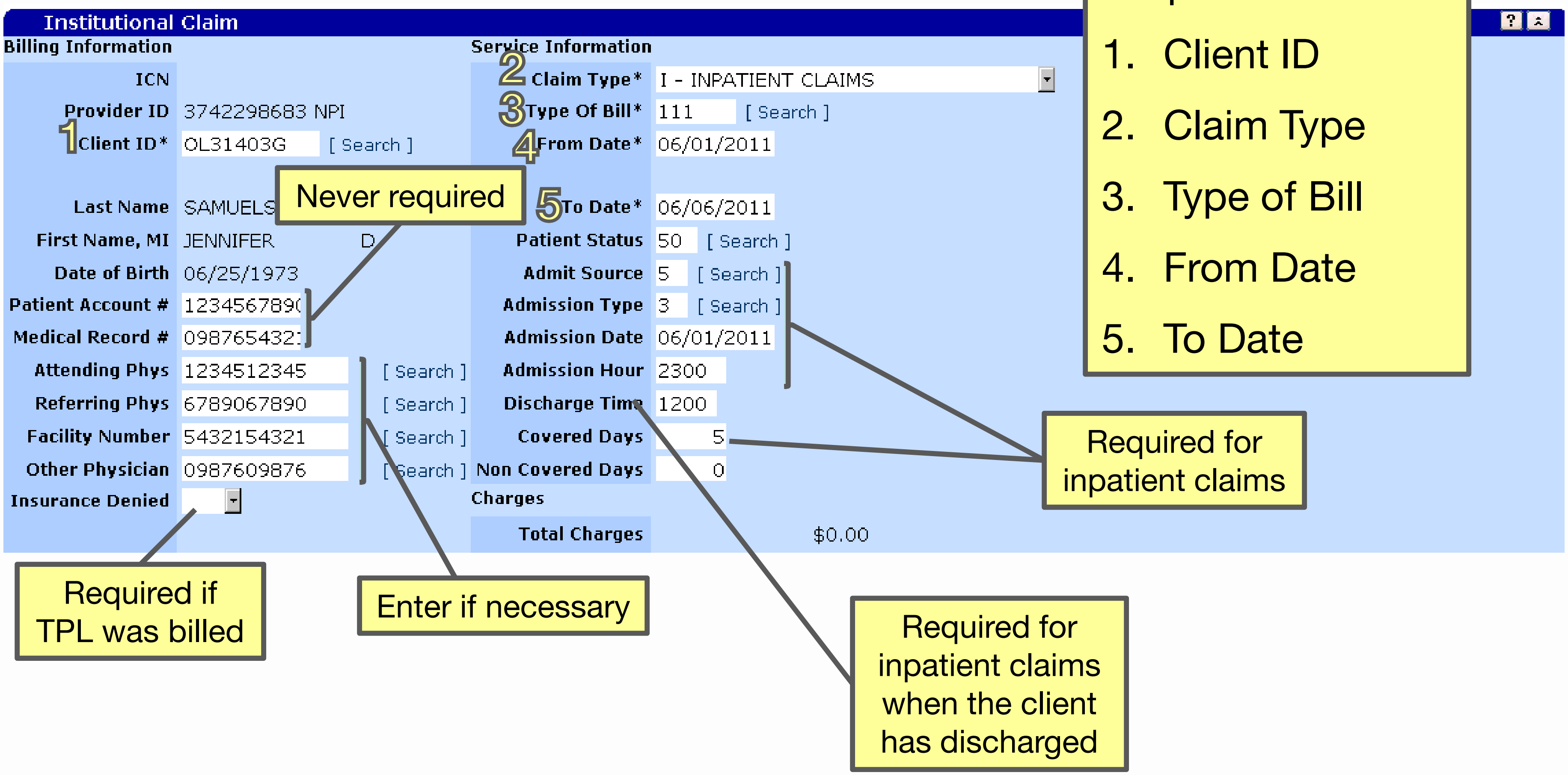
Oregon Health Authority

Institutional claim

Sections:

1. Institutional Claim (header)
2. Additional sections menu
3. TPL: Third-Party Liability
4. Medicare Information
5. Detail
6. Hard-Copy Attachments
7. Claim Status Information

Institutional claim (header)



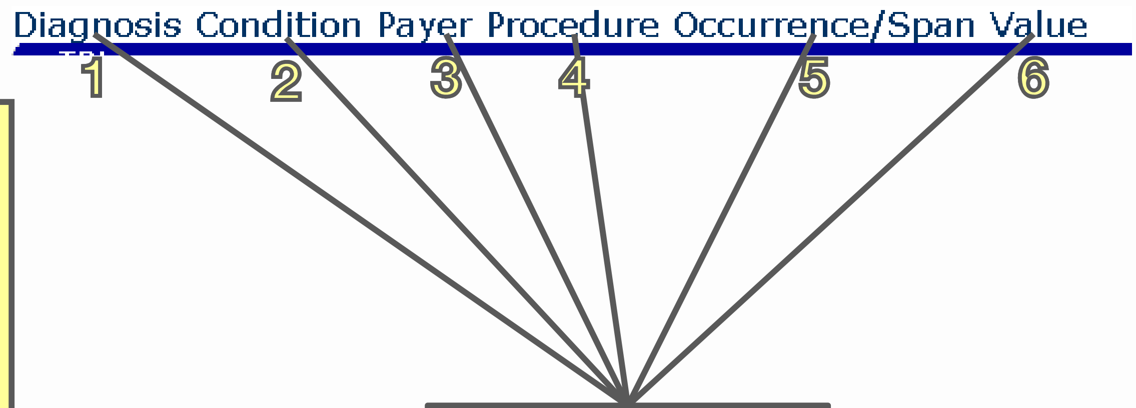
Required fields:

1. Client ID
2. Claim Type
3. Type of Bill
4. From Date
5. To Date

Additional sections

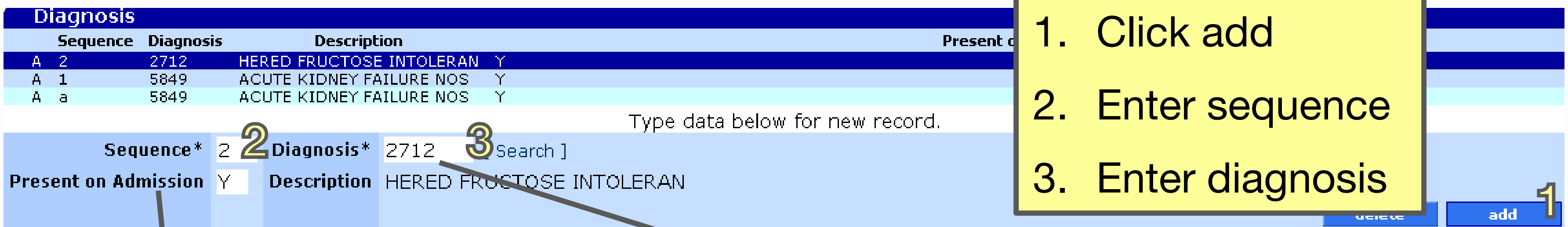
Sections:

1. Diagnosis
2. Condition
3. Payer
4. Procedure
5. Occurrence/ Span
6. Value



Click the title to open the section

Diagnosis



For each diagnosis:

1. Click add
2. Enter sequence
3. Enter diagnosis

Required for inpatient claims

Enter diagnosis code without the decimal

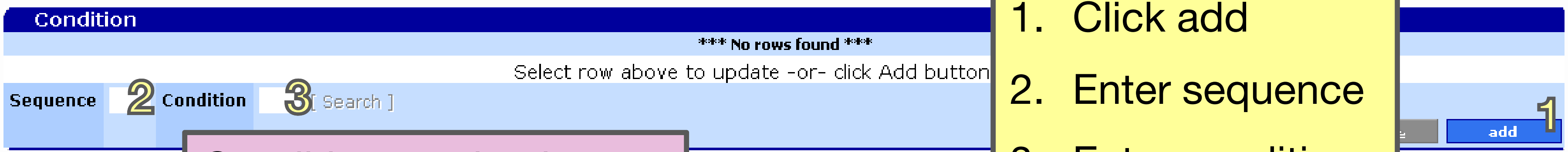
Present on Admission indicators:

- Y – Diagnosis was present upon admission
- N – Diagnosis was not present upon admission
- U – Documentation insufficient to determine
- W – Clinically undetermined

Condition

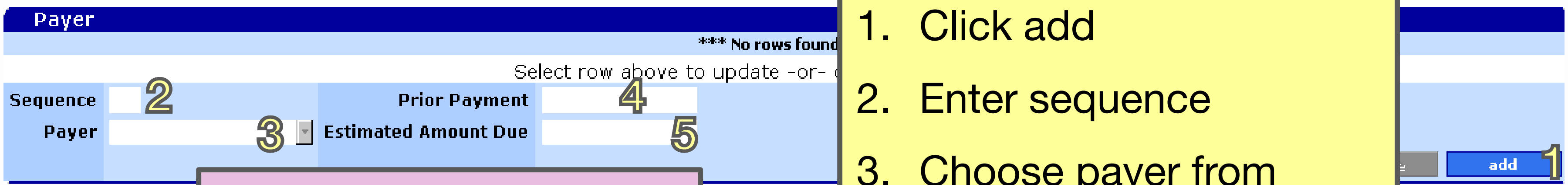
For each condition:

1. Click add
2. Enter sequence
3. Enter condition



Condition section is only required when applicable

Payer

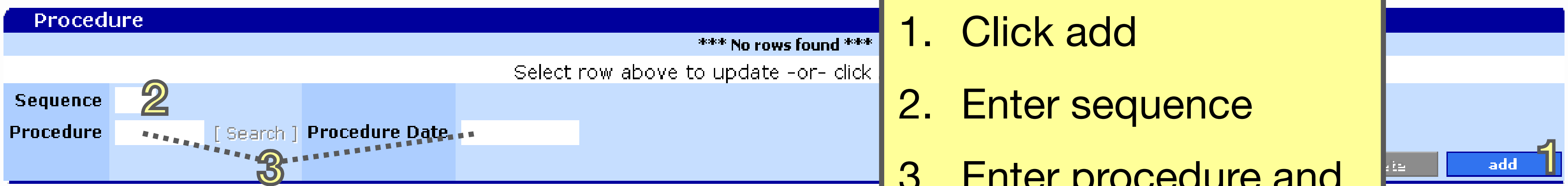


Payer section is only required when prior payments were received

For each payer:

1. Click add
2. Enter sequence
3. Choose payer from drop-down menu
4. Enter prior payment received from payer
5. Enter estimated amount due after prior payment

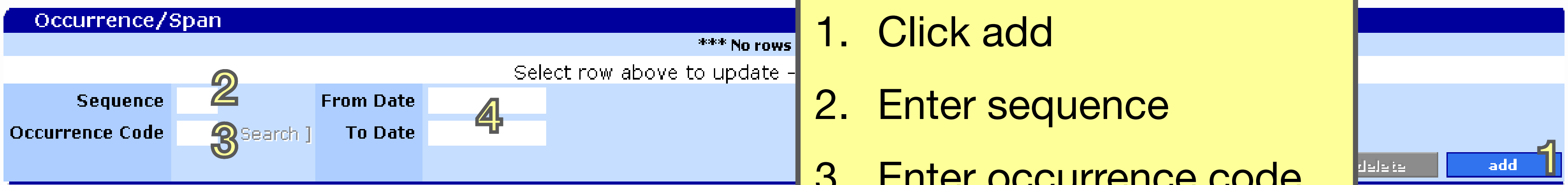
Procedure



For each procedure:

1. Click add
2. Enter sequence
3. Enter procedure and date

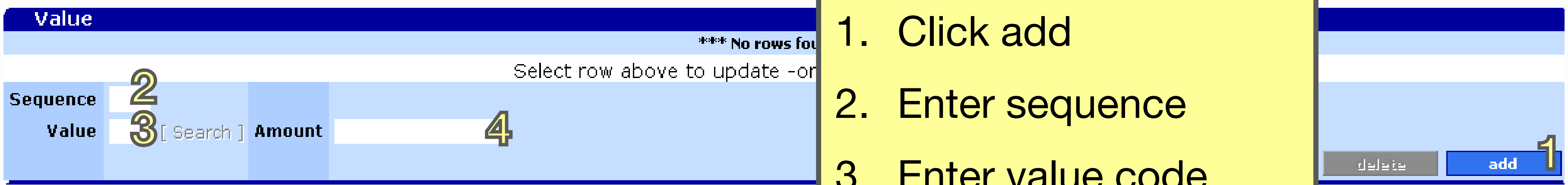
Occurrence/Span



For each occurrence/span:

1. Click add
2. Enter sequence
3. Enter occurrence code
4. Enter dates of the occurrence

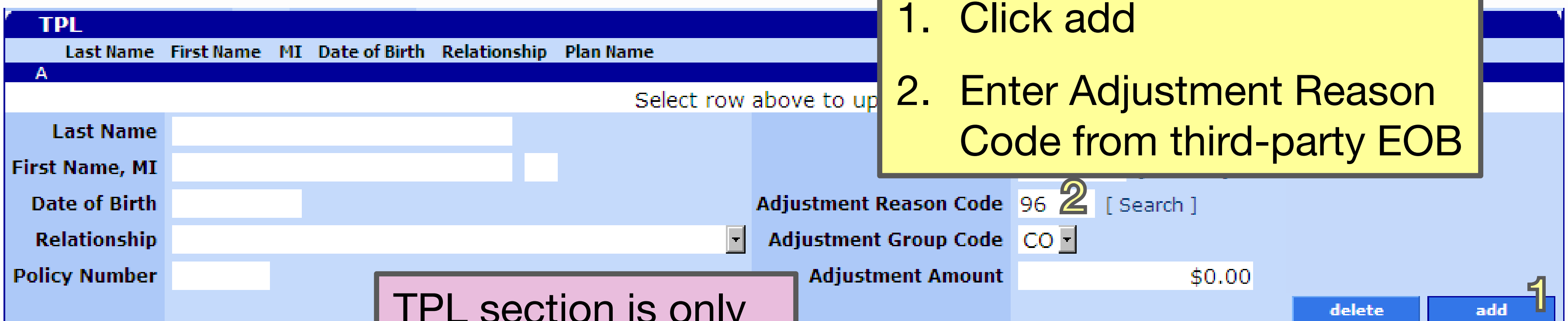
Value



For each value:

1. Click add
2. Enter sequence
3. Enter value code
4. Enter amount

TPL

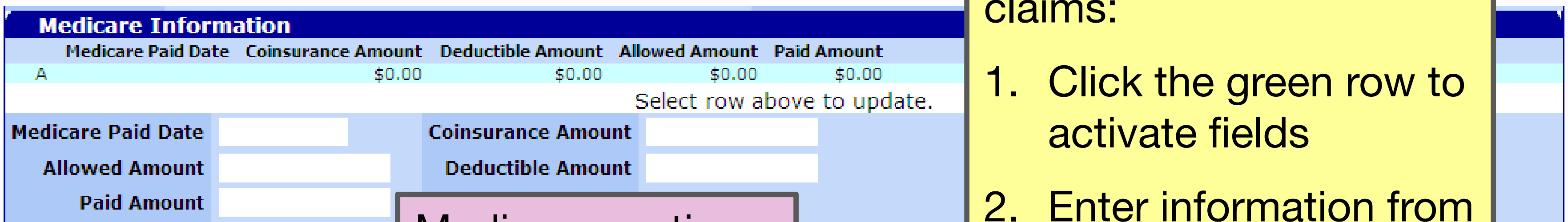


For each third-party:

1. Click add
2. Enter Adjustment Reason Code from third-party EOB

TPL section is only required when client has third-party (private) insurance

Medicare Information

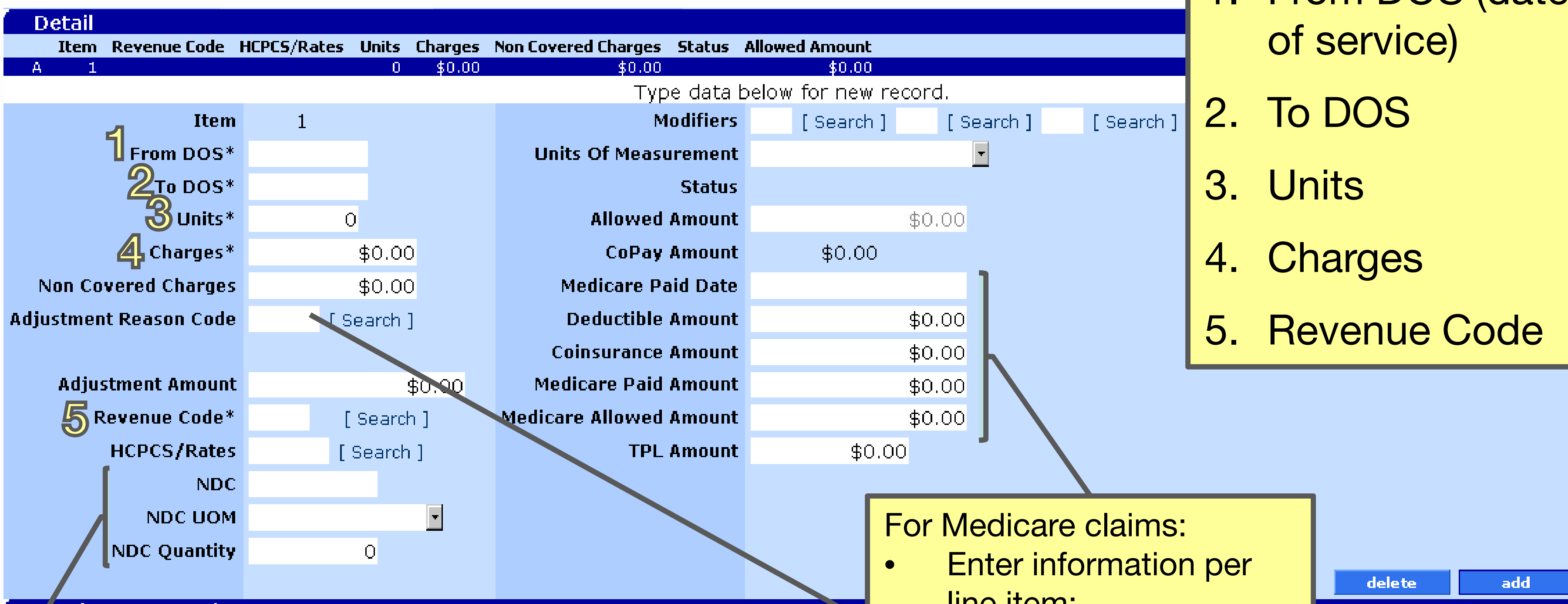


For Medicare secondary claims:

1. Click the green row to activate fields
2. Enter information from Medicare's EOB; all fields are required

Medicare section is only required for Medicare clients; all fields required

Detail



Required fields:

1. From DOS (date of service)
2. To DOS
3. Units
4. Charges
5. Revenue Code

For Medicare claims:

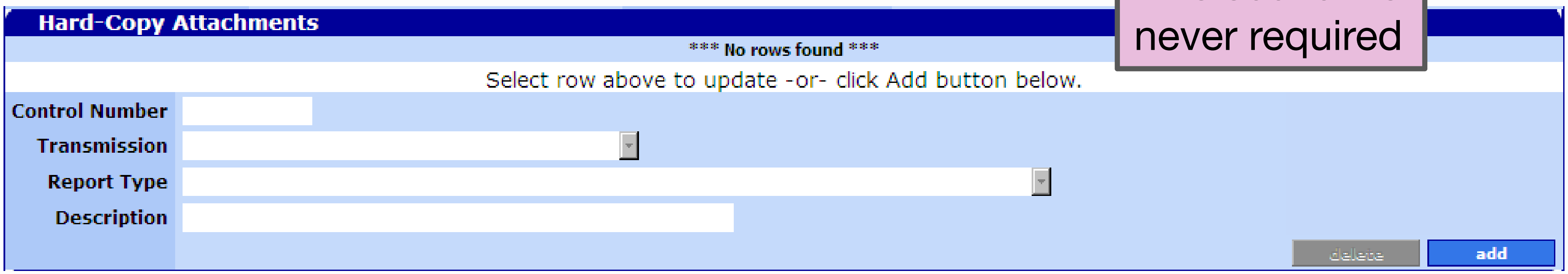
- Enter information per line item;
- Adjustment Reason Code from Medicare EOB is required

NDC fields are for physician-administered drugs only

- NDC (11-digit format)
- NDC UOM (Unit of measurement)
- NDC Quantity

Hard-copy attachments

This section is never required


Hard-Copy Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Control Number

Transmission

Report Type

Description

delete add

Claim Status Information

Not Submitted yet claim; provider may
- Submit
- Cancel

Submits the claim for processing

Clears changes made during this session

Claim status PAID

PAID claim; provider may
- Cancel
- Adjust
- Void
- Copy claim

Claim Status Information

Claim Status	PAID
Claim ICN	4006305850963
Paid Date	11/24/2006
Allowed Amount	$70.07

Coversheet for supporting documentation

cancel | adjust | void | copy claim

Clears changes made during this session

Adjusts the existing claim with changes made during this session

Cancels the existing claim; previous payments will be recouped

Duplicates the existing claim; status will change back to Not Submitted Yet

Claim status DENIED

DENIED claim; provider may
- Re-submit
- Cancel

Claim Status Information

Claim Status	DENIED
Claim ICN	4007100850871
Denied Date	04/13/2007
Allowed Amount	$0.00

Coversheet for supporting documentation

HIPAA Adjustment Reasons

Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate

re-submit | cancel

Submits a new claim with changes made during this session

Clears changes made during this session

*Claim status SUSPENDED: In some cases, a claim may suspend for internal review when our system is unable to determine if a claim should pay or deny. Providers may take no action on suspended claims. Claims are given a PAID or DENIED status after internal review. This process should never take longer than two weeks.

Oregon Health Authority

Do you need further assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

M-Th 8:30 a.m. to 4:30 p.m., F 10:00 a.m. to 4:30 p.m.

Webinar and classroom training:

DMAP Provider Training

503-945-6549

provider-trng.dmap@state.or.us

M-F 9:00 a.m. to 5:30 p.m.