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# Oregon Health Plan Provider Web Portal

## **Institutional Claim**

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



Division of Medical Assistance Programs

August 2011

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# 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

Home Contact Us Directory Search Clients **Account** Providers  
home account setup logoff reset password **secure site**

## Login

The State Health Care Authority's secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)

If you're already a member and have set up your account or a provider has set one up for you, login here to enter our secure website.

User Name\*

Password\*

[login](#)

If you have forgotten your password please click the reset password button.

[reset password](#)

# Provider front page

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization **Providers** POC Help

home demographic maintenance drug search e Search g search links benefits and hsc inquiry

- Search
- Dental
- Institutional**
- Pharmacy
- Professional
- Roster Billing

Claims menu, click Institutional

This site is designed to be compatible with following bro



## What's New

Provider ID: 500603867 MCD  
 Taxonomy:  
 Zip Code: 97301 - 1063

Message center from Oregon Health Authority

Messages		
Category	Subject	Message
General Message	What do you think of the OHP Web site?	Help improve your online experience with DMAP by completing our quick survey at: < <a href="https://survey.emp.state.or.us/cgi-bin/qweb">https://survey.emp.state.or.us/cgi-bin/qweb</a> >
General Message	DMAP Electronic Communications	Help us improve them by taking the survey at: < <a href="https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?id=MZ37E5">https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?id=MZ37E5</a> >.
General Message	Reminder - EDI Registration Not Required for Web Portal	EDI registration is only required for providers who currently submit Medicaid claims using the ASC X12 transactions.
General Message	NDC Reporting Requirements	Starting July 1, you must report the National Drug Code and NDC quantity for most physician-administered drugs billed using HCP
General Message	PSU phones are currently not operating correctly	PSU phones are currently not operating correctly.
General Message	DMAP is unable to make outgoing calls	DMAP is unable to make outgoing calls to providers, clients and other customers due to a phone issue. The issue has been reporte
General Message - DMAP	New EDMS Coversheet	Make sure to use the most recent version at <a href="http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf">http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf</a> . DHS will only accept the 8/
General Message	Change to 8/28 weekend claim cycle	Submit claims by 10 p.m. Thursday for processing this weekend. Read more at < <a href="http://www.oregon.gov/DHS/healthplan/notices_provide">www.oregon.gov/DHS/healthplan/notices_provide</a> >
General Message	Web Claims Error Resolved 6/1/10	You can submit Web claims again. If you received the "communications error" message while submitting a claim, search for the cl
General Message	Web Claims Errors 6/1/10	Web claims are not processing this morning due to a "communications error." Do not try to submit claims at this time; DHS will ser



# 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

The screenshot shows a web-based form for an Institutional Claim. The form is divided into several sections, each indicated by a numbered callout:

- 1. Institutional Claim (header):** This section contains 'Billing Information' (ICN, Provider ID, Client ID, Last Name, First Name, Date of Birth, Patient Account #, Medical Record #, Attending Phys, Referring Phys, Facility Number, Other Physician, Insurance Denied) and 'Service Information' (Claim Type, Type Of Bill, From Date, To Date, Patient Status, Admit Source, Admission Type, Admission Date, Admission Hour, Discharge Time, Covered Days, Non Covered Days, Charges).
- 2. Additional sections menu:** A horizontal menu bar with the following items: 'Diagnosis, Condition, Payer, Procedure, Occurrence/Span, Value', 'TPL', 'Medicare Information', 'Detail', 'Hard-Copy Attachments', and 'Claim Status Information'.
- 3. TPL: Third-Party Liability:** A section titled 'TPL' with a message '\*\*\* No rows found \*\*\*' and a prompt 'Select row above to update.' It includes fields for Last Name, First Name, Date of Birth, Relationship, Policy Number, Plan Name, Plan ID, Adjustment Reason Code, Adjustment Group Code, and Adjustment Amount.
- 4. Medicare Information:** A section titled 'Medicare Information' with a table showing Medicare Paid Date, Coinsurance Amount, Deductible Amount, Medicare Allowed Amount, and Medicare Paid Amount. Below the table are input fields for Medicare Paid Date, Coinsurance Amount, Deductible Amount, and Medicare Allowed Amount.
- 5. Detail:** A section titled 'Detail' with a table showing Item, Revenue Code, HCPCS/Rates, Units, Charges, Non Covered Charges, Status, and Allowed Amount. Below the table are input fields for Item, From DOS, To DOS, Units, Charges, Non Covered Charges, Adjustment Reason Code, Adjustment Amount, Revenue Code, HCPCS/Rates, NDC, NDC UOM, and NDC Quantity. There are also fields for Modifiers, Units Of Measurement, Status, Allowed Amount, CoPay Amount, Medicare Paid Date, Deductible Amount, Coinsurance Amount, Medicare Paid Amount, Medicare Allowed Amount, and TPL Amount.
- 6. Hard-Copy Attachments:** A section titled 'Hard-Copy Attachments' with a message '\*\*\* No rows found \*\*\*' and a prompt 'Select row above to update -or- click Add button below.' It includes fields for Control Number, Transmission, Report Type, and Description.
- 7. Claim Status Information:** A section titled 'Claim Status Information' with a field for Claim Status, which is currently 'Not Submitted yet'.

# Institutional claim (header)

Billing Information		Service Information	
ICN		2 Claim Type*	I - INPATIENT CLAIMS
Provider ID	3742298683 NPI	3 Type Of Bill*	111 [ Search ]
1 Client ID*	OL31403G [ Search ]	4 From Date*	06/01/2011
Last Name	SAMUELS	5 To Date*	06/06/2011
First Name, MI	JENNIFER D	Patient Status	50 [ Search ]
Date of Birth	06/25/1973	Admit Source	5 [ Search ]
Patient Account #	1234567890	Admission Type	3 [ Search ]
Medical Record #	0987654321	Admission Date	06/01/2011
Attending Phys	1234512345 [ Search ]	Admission Hour	2300
Referring Phys	6789067890 [ Search ]	Discharge Time	1200
Facility Number	5432154321 [ Search ]	Covered Days	5
Other Physician	0987609876 [ Search ]	Non Covered Days	0
Insurance Denied	<input type="checkbox"/>	Charges	
		Total Charges	\$0.00

- Required fields:
1. Client ID
  2. Claim Type
  3. Type of Bill
  4. From Date
  5. To Date

Never required

Required for inpatient claims

Required if TPL was billed

Enter if necessary

Required for inpatient claims when the client has discharged

# Additional sections

Diagnosis Condition Payer Procedure Occurrence/Span Value

1 2 3 4 5 6

Sections:

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

Click the title to  
open the section

# Diagnosis

Diagnosis			
Sequence	Diagnosis	Description	Present on Admission
A 2	2712	HERED FRUCTOSE INTOLERAN	Y
A 1	5849	ACUTE KIDNEY FAILURE NOS	Y
A a	5849	ACUTE KIDNEY FAILURE NOS	Y

  

Sequence*	2	Diagnosis*	2712	[Search]
Present on Admission	Y	Description	HERED FRUCTOSE INTOLERAN	

- 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

Condition

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button

Sequence **2** Condition **3** [ Search ]

add **1**

Condition section is only required when applicable

- For each condition:
1. Click add
  2. Enter sequence
  3. Enter condition

# Payer

The screenshot shows a web form titled "Payer". At the top, there is a blue header bar with the text "Payer". Below the header, there is a message: "\*\*\* No rows found" and "Select row above to update -or-". The form contains several input fields: "Sequence" (with a callout 2), "Payer" (with a callout 3 and a drop-down arrow), "Prior Payment" (with a callout 4), and "Estimated Amount Due" (with a callout 5). On the right side of the form, there is a blue button labeled "add" with a callout 1.

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

Procedure

\*\*\* No rows found \*\*\*

Select row above to update -or- click

Sequence	Procedure	Procedure Date
	[ Search ]	

add

For each procedure:

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

# Occurrence/Span

Occurrence/Span \*\*\* No rows

Select row above to update -

Sequence	<input type="text" value="2"/>	From Date	<input type="text" value="4"/>
Occurrence Code	<input type="text" value="3"/> Search ]	To Date	<input type="text"/>

1

For each occurrence/span:

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

# Value

Value	
*** No rows found	
Select row above to update - or	
Sequence	2
Value	3 [ Search ]
Amount	4
[ delete ] [ add ] 1	

For each value:

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

# TPL

TPL					
Last Name	First Name	MI	Date of Birth	Relationship	Plan Name
A					
Select row above to update					
Last Name	<input type="text"/>				
First Name, MI	<input type="text"/>	<input type="text"/>			
Date of Birth	<input type="text"/>				
Relationship	<input type="text"/>			<input type="text"/>	
Policy Number	<input type="text"/>				
			Adjustment Reason Code	96 <sup>2</sup> [ Search ]	
			Adjustment Group Code	CO	
			Adjustment Amount	<input type="text"/>	\$0.00
				<input type="button" value="delete"/>	<input <sup="" type="button" value="add"/> 1

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

Medicare Information					
Medicare Paid Date	Coinsurance Amount	Deductible Amount	Allowed Amount	Paid Amount	
A	\$0.00	\$0.00	\$0.00	\$0.00	

Select row above to update.

Medicare Paid Date	<input type="text"/>	Coinsurance Amount	<input type="text"/>
Allowed Amount	<input type="text"/>	Deductible Amount	<input type="text"/>
Paid Amount	<input type="text"/>		

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

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

# Detail

Detail							
Item	Revenue Code	HCPCS/Rates	Units	Charges	Non Covered Charges	Status	Allowed Amount
A	1		0	\$0.00	\$0.00		\$0.00

Type data below for new record.

<b>Item</b>	1	<b>Modifiers</b>	[ Search ] [ Search ] [ Search ]
<b>1 From DOS*</b>	<input type="text"/>	<b>Units Of Measurement</b>	<input type="text"/>
<b>2 To DOS*</b>	<input type="text"/>	<b>Status</b>	<input type="text"/>
<b>3 Units*</b>	0	<b>Allowed Amount</b>	\$0.00
<b>4 Charges*</b>	\$0.00	<b>CoPay Amount</b>	\$0.00
<b>Non Covered Charges</b>	\$0.00	<b>Medicare Paid Date</b>	<input type="text"/>
<b>Adjustment Reason Code</b>	[ Search ]	<b>Deductible Amount</b>	\$0.00
<b>Adjustment Amount</b>	\$0.00	<b>Coinsurance Amount</b>	\$0.00
<b>5 Revenue Code*</b>	[ Search ]	<b>Medicare Paid Amount</b>	\$0.00
<b>HCPCS/Rates</b>	[ Search ]	<b>Medicare Allowed Amount</b>	\$0.00
<b>NDC</b>	<input type="text"/>	<b>TPL Amount</b>	\$0.00
<b>NDC UOM</b>	<input type="text"/>		
<b>NDC Quantity</b>	0		

- 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	<input type="text"/>
Transmission	<input type="text"/>
Report Type	<input type="text"/>
Description	<input type="text"/>

# Claim Status Information

Claim Status Information	
Claim Status	Not Submitted yet
<a href="#">Coversheet for supporting documentation</a>	

**Not Submitted yet**  
claim; provider may

- Submit
- Cancel

[submit](#)   [cancel](#)

Submits the claim for processing

Clears changes made during this session

# Claim status PAID

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

Coversheet for supporting documentation

**PAID** claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Clears changes made during this session

cancel   adjust   void   copy claim

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.

# Do you need further assistance?

## **Provider Services Unit (PSU)**

800-336-6016

[dmap.providerservices@state.or.us](mailto: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](mailto:provider-trng.dmap@state.or.us)

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